

Determinants of Compliance to Family Planning Methods Among Female Teachers of Selected Primary Schools in Ogun State

AUTHOR(S): OJO, Eunice Abimbola (RN, RM, RNA, B.Sc, M.Sc.
Soc, M.Sc. Nurs), AJAYI, Titilope Omoyemi (RN, RM, RPHN, BNSc),
AND

AGBONJIMI, Lawrence Adewale (RN, RM, RPHN, HND, BNSc, MPH)

Abstract

The objective of the study was to evaluate the factors affecting the compliance to family planning methods among female teachers of selected primary schools in Abeokuta South Local Government, Ogun State. A descriptive design was used for the study and a multistage sampling procedure was used to select 83 participants for the study. A self-administered questionnaire was used to gather data from research participants. Result of the study revealed that out of 83 respondents, 44.6% continuously practice family planning because it is easily affordable, 47% did not practice family planning unless their partner gives approval, 41% accepted that they cannot practice family planning until they have a male child, 10.8% did not practice because their religious inclination is against family planning, 13.3% practice family planning because of their job, 43.4% practice family planning because it is effective for them. It was also revealed that the female teachers of the selected schools obtained most of their information from media, family and friends. The factor that most influence their compliance to family planning methods is their partner's approval. The result of the study further revealed that there was a positive relationship between the knowledge and compliance of family planning methods ($r=0.799$, $p<0.00$). There was also a significant relationship between identified

E.G.C.S.J

Accepted 5 April 2021
Published 15 April 2021
DOI: 10.5281/zenodo.5034826



factors and the compliance to family planning methods. ($r=0.694$, $p<0.00$). It was recommended among others that teachers should be encouraged through health enlightenment programmes by government or health facilitators on the benefits of child spacing.

Keywords: Compliance, Determinant, Family Planning, Female Teachers,

**ABOUT
AUTHOR**

Author(s):

OJO, Eunice Abimbola (RN, RM, RNA, B.Sc, M.Sc. Soc, M.Sc. Nurs)

School of Nursing Science,
Babcock University, Ilishan-Remo, Ogun State, Nigeria.
E-mail: ojoe@babcock.edu.ng

AJAYI, Titilope Omoyemi (RN, RM, RPHN, BNSc)

E-mail: titilopeajayi88@yahoo.com

And

AGBONJIMI, Lawrence Adewale (RN, RM, RPHN, HND, BNSc, MPH)

School of Nursing Science,
Babcock University, Ilishan-Remo, Ogun State, Nigeria.

Introduction

Family planning which is also referred to as contraception is an important consideration among women of childbearing age. Contraception is a mechanism or means by which conception can be prevented or made less likely following sexual intercourse. Family planning reduces the need for unintended pregnancies, and abortion, especially unsafe abortion (Dixon-Mueller, 2010). Family planning is the voluntary, responsible decision made by individuals and couples as to the desired family size and timing of births (Okonofua, 2013). Therefore, we can say, the concept of family planning insinuates that children are born because they are wanted and provided for and it contributes to the betterment of human life. Family planning services are the educational, comprehensive, medical or social activities which enables individuals, including minor to determine freely the number and spacing of their children and to select the means by which this may be achieved (Chizoma, Olubunmi & Gbemisola, 2018) Family planning may involve the choice of the number of children and also to have no children and also the age in which to have them. However, family planning is used by many who wish to use contraception but are not necessarily planning a family which includes unmarried adolescents, young married couples delaying childbearing while trying to build a career.

It also includes raising a child with methods that require significant amount of resources namely time, social, financial and environmental resources. Family planning measures are designed to regulate the number and spacing of children within a family, largely to curb population growth and ensure each family has access to limited resources. The first attempt to offer family planning services began with private groups and often aroused strong opposition but eventually there was a success in establishing clinics for family planning and health care. Today, many countries have established national policies and encouraged the use of family planning methods (The United Nations 2015).

The issue of low use and non-compliance to family planning has been in existence for a long time in most African countries. About 214 million women of reproductive age in developing countries who want to avoid pregnancy are not using modern contraceptive or are not compliant (Chizoma, Oluwabunmi & Gbemisola, 2018). In Nigeria, studies were carried out between April and June 2008, in certain states, Bauchi state and Ogun state, the contraceptive use was 26% and 23% respectively and cultural factors, religion, and spouse support were key determinants of non-compliance to family planning methods which brought about an increase in unintended pregnancies, unsafe abortions, maternal and infant mortality (Kana, et al, 2016). Studies have shown that Nigeria accounts for 14% of global burden of maternal and child mortality of 1549 deaths per every 100,000 live births which is more than 5 times the global average (NPC, 2012).

Family planning aims at preventing conception after sexual intercourse. The process of family planning is optimized for the woman to regain her health after delivery, given enough time and opportunity to love and provide attention to her husband and children, make the children have more attention, security, love and care they deserve. It also enables the father to support his family and carry out his fatherly duties effectively because he has lesser mouths to feed. Unfortunately, despite the serious awareness on family planning to sensitize women of reproductive age to take up contraceptives and its benefits, there is still a rise in non-compliance and increase number of child birth thereby leading to increased maternal and infant death, ill health, increase number of children on the street, complications during labor amongst others (United Nations, 2015).



The researchers observed that many mothers who came to the health centre for health care services came in with children of little age spacing between them. The mothers were either backing a few months old child or trying to breastfeed or change the diaper of a crying toddler, at the same time trying to prevent an older toddler from falling. Surprisingly, while imputing the daily data, the researchers discovered that next in line to the traders, the teachers of this community had an increased number of children with limited child spacing. This caught the attention and interest of the researchers and they wondered if a higher percentage of teachers in that community have the knowledge of family planning methods.

Therefore, this study seeks to assess the determinants influencing the compliance to family planning methods and identify measures that can be put in place to improve the utilization and compliance of women. This would inform more committed efforts at improving family health and wealth in the society. In view of the above, this study specifically:

1. determined the level of knowledge of female teachers about family planning;
2. identified the source of knowledge of female teachers about family planning;
3. assessed the type of family planning method used by female teachers; and
4. identified the factors that affect compliance of female teachers to family planning.

Research Questions

The following research questions were raised for this study:

1. What is the level of knowledge of female teachers about family planning?
2. What is the source of knowledge of female teachers about family planning?
3. What type of family planning method is frequently used by female teachers?
4. What are the factors that affect compliance of female teachers to family planning?

Research Hypothesis

This hypothesis was postulated for this study:

1. There is no significant difference between the knowledge of contraception and the compliance to family planning methods.
2. There is no significant difference between the identified factors and the compliance to family planning methods.

Methodology

This study utilized a descriptive research design that identifies the factors affecting the compliance of family planning among women of reproductive age in 5 selected primary schools, Abeokuta south, Ogun State. The target population for this study consisted of 104 female school teachers. The sample consisted of 83 participants from the selected 5 schools in Abeokuta South Local Government, Ogun State. A multistage sampling procedure was adopted to select 83 participants from the selected 5 schools in Abeokuta south local government, Ogun state.

Data collection was done by the use of a self-designed questionnaire with closed-ended questions. The questionnaire consisted of four sections; A, B, C, D. Section A contained the socio-demographic data of the participants including the age, income, highest educational attainment, and number of children. Section B examined the knowledge of the women about family planning. Section C contained the knowledge on the use of family planning methods. Section D contained factors that affect compliance to family planning. Face and content validity was used to ensure the validity of this research. Test re-test method was used to determine the reliability of the instrument which yielded coefficient value of 0.781.

The researchers visited the locations of the participants to distribute the questionnaire. The purpose of the research and the questionnaire was explained to the

participants prior to distribution of the questionnaire for clarity and to promote the participants' cooperation. The questionnaire was then distributed to the participants and retrieved upon completion. After retrieval of the questionnaire, the data generated was analyzed using the Statistical Package for Social Science. Descriptive analysis (frequencies, mean, standard deviation and percentages) were used to provide answers to the research questions of the study. Pearson Correlation Coefficient was used to test the hypotheses at 0.05 level of significance.

Results

Research Question 1: What is the level of knowledge of female teachers about family planning?

Table 1: Teacher's level of knowledge about family planning

Variables	Categories	Frequency	Percentage%
I have sufficient knowledge about family planning	Yes	38	45.8
	No	23	27.7
	Unsure	22	26.5
Family planning is the voluntary, responsible decision made by individuals and couples as to the desired family size and timing of births	Yes	45	54.2
	No	12	14.5
	Unsure	26	31.3
I have never heard about family planning	Yes	17	20.5
	No	45	54.2
	Unsure	21	25.3
Family planning is good for me	Yes	45	54.2
	No	37	44.6
	Unsure	1	1.2
Family planning can kill me	Yes	49	59.0
	No	21	25.3
	Unsure	13	15.7
Where did you obtain information about family planning	Clinics	13	15.7
	Health personnel	19	22.9
	Family and friends	22	26.5
	Media	29	34.9
I am aware of the following family planning methods	Oral contraceptive	11	13.3
	Barrier method	14	16.9
	Implants	13	15.7
	Injectable	19	22.9
	Vasectomy	3	3.6
	Tubal ligation	2	2.4
	Withdrawal method	16	19.3
	Emergency contraception	5	6.0

Results presented in table 1 above reveals the knowledge of teachers towards family planning methods. Majority of the teachers had sufficient knowledge about family planning while 26.5% are not sure. 54.2% of the respondents agreed that family planning is voluntary, responsible decision made by an individual and couples as the desired family size and timing of births while 31.3% are unsure. Most of the respondents accounting for 54.2% of the population reported to have heard about some of the family planning methods while 25.3% are unsure. 59% of the respondents had the misconception that family planning methods have tendencies to kill while 15.7% are not sure. Most of the teachers which account for 34.9% of the population reported media as major source information about family planning, 26.5% reported family and friends has source of family planning, 22.9% reported health care personnel as major source of information about family planning. 15.7% also reported clinics as source of information about family planning. 22.9% of the teachers are aware of injectable as family planning method, while 19.3% are aware of the withdrawal methods of family planning, 15.7% reported to be aware of implants as a method of family planning.

Table 2: Summary of level of knowledge about family planning

Knowledge of family planning	Frequency	Percentage
Good Knowledge	61	73.5%
Poor Knowledge	22	26.5

The result of the analysis showed that majority of the teachers which accounts for 73.5% of the population had good knowledge about family planning while 26.5% of the teachers had poor knowledge about family planning methods.

Research Question 2: What is the source of knowledge of female teachers about family planning?

Table 3: Knowledge of teachers about use of family planning methods

Variables	Categories	Frequency	Percentage
Have you ever used a family planning method	Yes	59	71.1
	No	24	28.9
Why do you use family planning	To limit family size	10	12.0
	Space birth	25	30.1
	To prevent pregnancy	48	57.8
Reasons for using family planning method of choice	Minimal side effect	16	19.3
	Affordable	12	25.3
	Convenient	14	16.9
	Partner's choice	20	24.1
	No reason	21	14.5
I stopped using family planning?	Yes	13	15.7
	No	70	84.3
Why did you stop using family planning methods	Socioeconomic factor	21	25.3
	Religion	6	7.2
	Side effect	34	41.0
	Partners involvement	14	16.9
	Cultural norms	8	9.6

Based on the results presented in the table 3, majority of the teachers which accounts for 71.1% of the population have used a family planning method before, while 28.9% of the teachers have never used any family planning method. Most of the teachers reported they use family planning to prevent pregnancy while 30.1% reported the use of family planning because of child spacing while 12% reported the use of family planning to limit family size. Majority of the respondents use family planning method of choice because it is easily affordable while 24.1% reported partner's choice, 16.9% reported convenient, 14.5% reported it is for no reason and 19.4% reported it is because of its minimal the side effect. Majority of the teachers reported to still use the family planning. 41% of the teachers gave reasons for stopping family planning methods as the side effect, 16.9% reported partner's involvement, and 25.3% reported socioeconomic factor while 9.6% reported cultural norms.

Research Question 3: What type of family planning method is frequently used by female teachers?

Table 4: Current use of family planning methods

Family planning currently used	Yes	No
Oral contraceptive	34(40.9%)	49(59%)
Condom	18(21.6%)	50(60.2%)
Implants	5(6%)	78(93.9%)
Injectable	8(9.6%)	75(90.3%)
Tubal ligation	2(2.4%)	81(97.5%)
Withdrawal method	12(14.4%)	71(85.5%)
Emergency contraceptive	4(4.8%)	79(95.1%)

The table presented above on the current use of family planning methods by teachers in the study area revealed that 40.9% of the teachers use the oral contraceptive pills as family planning method, while also more than 21% of the teachers uses condom, 6% of the teachers use implants, more than half of the teachers does not use the injectable while 2.4% of the teachers use tubal ligation, more than 14% of the teachers use the withdrawal method of family planning and more than 4% of the teachers uses the emergency contraceptive.

Research Question 4: What are the factors that affect compliance of female teachers to family planning?

Table 5: Factors affecting compliance to family planning methods

Questions	Strongly agree	Agree	Disagree	Strongly Disagree	Mean	S.D
Some family planning methods are effective than others, so I use family planning method based on its effectiveness	36(43.4%)	4(4.8%)	20(24.1%)	23(27.7%)	2.36	1.29
All family planning method is easily affordable	37(44.6%)	1(1.2%)	27(32.5%)	18(21.7%)	2.31	1.25
I cannot practice family planning unless my partner gives approval	39(47%)	7(8.4%)	19(22.9%)	18(21.7%)	2.19	1.24

I will not continue with any family planning method until I have a male child	34(41%)	4(4.8%)	29(34.9%)	16(19.3%)	2.33	1.20
Family planning is against my moral values	34(41%)	11(13.3%)	26(31.3%)	12(14.5%)	2.19	1.13
Family planning service is easily accessible in my environment	16(19.3%)	24(28.9%)	21(25.3%)	22(26.5%)	2.59	1.08
I am satisfied with the way the health care providers interact with me during service	23(27.7%)	26(31.3%)	22(26.5%)	12(14.5%)	2.28	1.03
Family planning is against my religious practice	9(10.8%)	22(26.5%)	31(37.3%)	21(25.3%)	2.77	0.95
My job does not give me the opportunity to get pregnant, so I practice family planning because of my job	11(13.3%)	3(3.6%)	48(57.8%)	21(25.3%)	2.95	0.91
Family planning is against my cultural belief, so I practice family planning on a need basis	4(4.8%)	16(19.3%)	41(49.4%)	22(26.5%)	2.98	0.81

The frequencies and mean scores represented in table 5 revealed the descriptive statistics of factors influencing compliance to family planning methods among teachers where majority of the respondents strongly agreed that some family planning methods are effective than other, so they use family planning method based on its effectiveness with the mean score of 2.36 and S.D=1.29), some of the teachers agreed that all family planning is easily affordable with mean score of 2.31 and S.D=1.25, followed by the fact that most of the teachers cannot practice family planning unless their partner gives them approval mean score of 2.19 and S.D=1.24, some of the teachers strongly agreed that they will not continue with any family planning method until they have a male child mean score of 2.33 and S.D=1.20. some of the teachers also reported family planning as against their moral values mean score of 2.19 and S.D=1.13, some disagreed that family planning service is easily accessible in their environment with mean score of 2.59 and S.D=1.08. 31.3% of the teachers are satisfied with the with the way health care provider interact with them during service with mean score of 2.28 and S.D=1.03. 37.3% of the teachers disagreed that family planning is against their religious practice with mean score of 2.77 and S.D=0.95. some of the teachers disagreed that their job does not give them the opportunity to get pregnant, so they practice family planning because of their job with mean score of 2.96 and S.D=0.91 and some of the teachers which accounts for 49.4% disagreed that family planning is against their cultural belief, so they practice family planning on a need basis with mean score of 2.98 and S.D=0.81.

Test of Hypotheses

Hypothesis 1: There is no significant relationship between the knowledge and compliance of family planning methods.

Table 6: Pearson Product Moment correlation showing the relationship between knowledge and compliance of family planning methods

Variables	Mean	Standard Deviation	N	R	p	Decision
Knowledge of contraception	15.4819	3.82023	83	0.799	0.00	Sig
Compliance of family planning methods	20.3735	2.03452				

$r=0.799$ $p=0.000$

The result of the analysis presented in table 6 above showed that, there was a positive relationship between the knowledge of contraception and the compliance of family planning methods ($r=0.799$, $p<0.00$). The result rejected the null hypothesis while the alternate hypothesis was accepted which states that, there is a significant relationship between the knowledge of contraception and the compliance of family planning methods.

Hypothesis 2: There is no significant relationship between the identified factors and the compliance to family planning methods.

Table 7: Pearson Product Moment correlation showing the relationship between identified factors and compliance with family planning methods

Variables	Mean	Standard Deviation	N	R	p	Decision
Identified factors	24.9518	8.50237	83	0.694	0.00	Sig
Compliance with family planning methods	20.3735	2.03452				

$r=0.694$ $p=0.000$

Based on the result presented in table 7 above which revealed that, there was a significant relationship between identified factors such as economic factor, religion, permanence, partner's involvement, fear of side effects and the compliance to family planning methods. ($r=0.694$, $p<0.05$). The result rejected the null hypothesis while the alternate hypothesis was accepted which states that, there is a significant relationship between the identified factors and the compliance to family planning methods.

Discussion

The study showed that over 73% of the teachers had good knowledge about family while 26.5% of the teachers had poor knowledge about family planning. The result of the analysis is consistent with the findings of Aisien (2009) that, there is a higher level of awareness about modern family planning methods among teacher. The result also corroborated the findings of Robert, et al (2015), which state that, there is a significant high level of knowledge about modern family planning in low and middle income economy.

The result of the study showed that majority of the teacher has used a family planning method in their life time while most of the teachers also reported the use of family planning to prevent pregnancy. Most of the teachers reported partner's choice as major reason for

choice of family planning. The result of the analysis is consistent with the findings of Oye-Adeniran, et al (2010) that family planning is a significant tool for the reduction of the over 210 million pregnancies that occur annually worldwide, about 80 million (38%) are unplanned, and 46 million (22%) end in abortion. The result also supported the findings of Okonofua (2013) that choice of family planning had significant correlation with maternal mortality as it is shown in most low and middle income countries of the world. The result also corroborated the findings of Ahmed, et al (2012) family planning is a tool for reducing maternal mortality especially among teachers in China. The implication of the result is that family planning methods provides avenue to develop an idea about choice of family size.

The result indicated that compliance with family planning requires some certain factors which include economic, religion social and spousal decision. This is consistent with the findings of Olaitan (2009), that financial state of the family determines the capacity of a household to use any form of family planning methods. Okonofua (2013) families in rural area mostly does not have financial means for minor surgery (like vasectomy), carry a fairly significant amount of one's time and is very cost as compared to other options, such as condom or the calendar cycle methods which are less expensive; therefore, they prefer to go for a contraceptive method according to their economic status.

Olaitan (2011) reported that family experiencing some financial difficulty sees family planning methods as expensive, and some couples cannot afford to use or purchase them due to their financial situations in the society. For instance, people in rural areas cannot afford to use the expensive contraceptive methods of family planning such as vasectomy, Intra-uterine devices (IUD) (which are small, flexible, plastic frame inserted in the vagina of women) and female sterilization method let alone be compliant to its utilization.

Furthermore, similar study was reported by Dixon-Muller (2010) that religious believers or observers might choose to avoid certain methods of family planning and its compliance, such as birth control pill, in an effort to live their lives according to the teachings of their religion. Additionally, Olaitan (2009), that teacher's willingness to be involvement in family planning methods as a result of the increasing rate in the population is mostly subjected to decision of their spouse. The study also reported that willingness to use modern family planning is as a result of spouse's choice, as there is need for good communication among couples on contraception and their reproductive goals. This suggests an egalitarian relationship between husband and wife.

The result of hypothesis one revealed there was a significant relationship between the knowledge of contraception and the compliance of family planning methods. This is in tandem with the findings of Chizoma, et al., (2018) that knowledge influence compliance with family planning methods.

The result of hypothesis two showed a positive relationship between the identified factors and the compliance to family planning methods. The result is consistent with the findings. The result corroborates the findings of Oye-Adeniran, et al (2010) found that, knowledge has significant influence on willingness to uptake family planning methods or utilization family planning services. In a similar study, it was reported by Kana, et al (2016) that some of the identified factor for teachers towards the update of toward family planning in rural region of India is very low as the study reported that this is lack of information, inaccessibility to the services and the desire to have more children were found to be the reasons for low male involvement in family planning services utilization.

Conclusion



It can be concluded that, there is much benefit in involving and promoting family planning methods among teacher, as it will go a long way in determining the number of children a woman can have enhancing child's health and growth as well as enhancing the health of women. It is important therefore that, we all join our hands to make our society a better place for both men and women as family planning is a complementary act for a better reproductive health and healthy family and nation.

Recommendations

Based on the findings of the study, the following recommendations were made:

1. The religious leaders should be involved in the campaign for adoption of modern family planning methods.
2. The mass media should also help in public enlightenment, most especially in rural areas to increase teachers' utilization of family planning clinics.
3. Teachers should be encouraged through health programmes by government or health facilitators on the benefits of child spacing.
4. There is a need for serious intervention programme that will stimulate the use of contraceptive among teachers in the study area.

References

- Ahmed S., Li Q., Liu L., Tsui A., (2012). Maternal deaths averted by contraceptive use: an analysis of 172 countries. *HBJ*, 380 (98), 111-125.
- Aisien A.O. (2009) Intrauterine Contraceptive device (IUCD), acceptability and effectiveness in a tertiary institution. *African journal of medicine and Medical Science*, 36(3), 193-200.
- Ambareen R.A. (2011) Managing the Nigerian Rural Environment through Participatory Rural Appraisal. *Ilorin Journal of Business and Social Sciences*, 8(1&2), 32-39.
- Chizoma N., Oluwabunmi C.O., & Gbemisola B.O., (2018). Women's choice, satisfaction and compliance with contraceptive methods in selected Hospitals of Ibadan, Nigeria. *Journal of Practical Nursing*, 6(1), 1113-1121.
- Daulaire N., Leidl P., Mackin L., Murphy C., & Stark L. (2012). Promises to Keep: The Toll of Unintended Pregnancies on Women's Lives in the Developing World. *Global Health Council*, 31-46.
- Dixon-Mueller R. (2010). Fertility Regulation and Reproductive health in the Millennium Development Goals: The Search for a Perfect Indicator. *American Journal of Public*, 97, (1), 45-51.
- Dixon-Mueller R. & Germain A. (2011). Fertility Regulation and Reproductive health in the Millennium Development Goals: The Search for a Perfect Indicator. *American Journal of Public* 98(1), 45-51.
- Kana, M.A., Tagurum, Y.O., Hassan Z.I., Afolaranmi T.O., Ogbeyi G.O., Difa J.A., Amede P., Chirdan O.O. (2016). Prevalence and determinants of contraceptive use in rural Northeastern Nigeria. *Qualitative and Quantitative Assessment*, 1(10), 3-10.
- National Population Commission (NPC) [Nigeria], (2013). *Nigeria Demography and Health Survey*, 2013. Calverton, Maryland: National Population Commission and ORC/Macro.
- Okonofua F.E. (2013) The case against new reproductive techniques in developing countries, *International Journal of Obstetrics and Gynecology*, 103 (10), 957-962



- Okoroafor, O.E. (2013). *Large Families: Causes, consequences and cures*. Owerri: Spring Field Publishers Ltd.
- Olaitan O. L. (2009). HIV/AIDS' Knowledge and condom usage as preventive measures among university students in South West Nigeria. *Egypt. Acad. J. Biol. Sci.*, 1(1), 1-5 www.eajbs.eg.net
- Olaitan, O.L. (2011). Factors Influencing the Choice of Family Planning among Couples in Southwest, Nigeria. *Academic Journals*, 3(7), 228-229.
- Osokoya, E.O. (2010). *Educational Standard and Teacher's Qualification in Nigeria*. Ikeja: God's Will Publishers
- Oye-Adeniran F., Adewole I.F., Odeyemi O.O., Ekanem L.O & Umoh F.O (2010). Family Bites in the choice of contraceptive methods. *African Journal of Reproductive Health*, 3(7) 112-221.
- Robert M.K., Taratisio N., Stephen O. (2015). The Use of Modern Contraceptives Among Women of Child Bearing Age Attending MCH/FP Clinic at Uasin Gishu Sub-county Hospital, Uasin-Gishu County, Kenya. *Science Journal of Public Health*, 3(4), 500-507.
- Sebastian E., John K.O., Cecelia E., Jacob N., Justice N., and Moses A. (2014). Reproductive Health. *Journal of Practical Nursing*, 11(1), 65-74.
- United Nations, Department of Economic & Social affairs. (2015). Trends in contraceptive use worldwide. 16(13), 3-5
- Westhoff C., Heartwell S., Edwards S., et al. (2007). Initiation of oral contraceptives using a quick start as compared with a conventional start. *Obstet Gynecol* 10(9), 1270-1276.
- Zareen J.T., Harlene L.S., Alyanna I.P. (2016). Factors Affecting Compliance to Family Planning Program; *Basis for Health Intervention*, (87), 27.

Cite this article:

Author(s), OJO, Eunice Abimbola (RN, RM, RNA, B.Sc, M.Sc. Soc, M.Sc. Nurs), AJAYI, Titilope Omoyemi (RN, RM, RPHN, BNSc), AGBONJIMI, Lawrence Adewale (RN, RM, RPHN, HND, BNSc, MPH), (2021). "Determinants of Compliance to Family Planning Methods Among Female Teachers of Selected Primary Schools in Ogun State". **Name of the Journal:** International Journal of Academic Research in Business, Arts and Science, (EGCSJ.COM), P, 1- 13. **DOI:** <http://doi.org/10.5281/zenodo.5034826> , Issue: 1, Vol.: 1, Article: 1, Month: April, Year: 2021. Retrieved from <https://www.ijarbas.com/all-issues/>

Published by



AND

ThoughtWares Consulting & Multi Services International (TWCMSI)

