

**Original Article**

## Perceived Benefits and Barriers of Family Planning Among In-School Teenagers in Adewole Ilorin, Kwara State

Faoziyat Oyindamola Akintola, Bode Oluyinka Kayode, Abdulhaleem Yusuf, Khadijat Olajumoke Alaro, Hameedat Shiru Yusuf, Munirat Motunrayo Oloyin and Fridaus Damilola Abdulkabir

Department of Public Health, Faculty of Basic Medical Sciences, Al-Hikmah University, Ilorin, Kwara State, Nigeria.

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**ABSTRACT**

**Background:** Adolescents constitute a key population in reproductive health interventions but remain highly vulnerable to unintended pregnancies, misinformation, and unsafe sexual practices. This study assessed the perceived benefits and barriers of family planning among in-school teenagers in Adewole, Ilorin West Local Government Area, Kwara State, to inform adolescent-focused reproductive health programming.

**Methodology:** A descriptive cross-sectional study was conducted among 275 in-school teenagers aged 13–19 years selected from three secondary schools in Adewole using a multistage sampling technique. Data were collected using a structured self-administered questionnaire and analyzed using descriptive statistics and Chi-square tests at a 5% level of significance.

**Results:** Overall awareness of family planning was low (41.8%). Schools (65.8%) and the media (21.8%) were the primary sources of information, while healthcare providers contributed minimally (1.5%). Although respondents generally acknowledged the benefits of family planning, utilization remained poor; only 16.7% had ever used any contraceptive method and 18.5% knew where services could be accessed. A statistically significant association was found between awareness of family planning and willingness to use contraceptive methods ( $\chi^2 = 42.35$ ,  $p < 0.05$ ).

**Corresponding Author:****Faoziyat Oyindamola Akintola**

Department of Public Health, Faculty of Basic Medical Sciences, Al-Hikmah University, Ilorin, Kwara State, Nigeria.

Phone number: +2347025253327

Email: akintolaoyindamolafaoziyat@gmail.com

**Conclusion:** Despite positive perceptions of family planning benefits, in-school teenagers in Adewole face substantial socio-cultural and access-related barriers that limit utilization. Strengthening school-based sexuality education and expanding adolescent-friendly health services are strongly recommended.

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**Introduction**

Family planning is the adopted strategy by an individual or couple to determine if and when to have children, and is fundamental to the health of women and critical to the equal functioning of women in society. Adolescents constitute a critical population in

sexual and reproductive health programming due to their vulnerability to unintended pregnancies, unsafe sexual practices, and sexually transmitted infections (STIs) (WHO, 2020; UNFPA, 2021). Globally, an estimated 21 million adolescent pregnancies occur annually in developing regions, with nearly half being

unintended. Sub-Saharan Africa bears a disproportionate burden due to limited access to adolescent-friendly services, socio-cultural constraints, and inadequate sexuality education. In Nigeria, approximately 23% of girls aged 15–19 have begun childbearing, with adolescent contraceptive prevalence remaining below 15% (Sedgh *et al.*, 2016; Oni *et al.*, 2017). Socio-cultural and religious norms significantly influence adolescent reproductive health behavior (Chandra-Mouli *et al.*, 2014), particularly in conservative communities where discussions about sexuality are discouraged. Fear of stigma, misconceptions about infertility, and judgmental attitudes from healthcare providers further deter teenagers from accessing contraceptive services (Asekun-Olarinmoye *et al.*, 2016). In Ilorin metropolis, limited empirical evidence exists on how in-school teenagers perceive the benefits and barriers of family planning.

This study, therefore, examined the level of awareness, perceived benefits, barriers, and access to family planning among in-school teenagers in Adewole, Ilorin West Local Government Area, Kwara State, with the aim of generating evidence to inform adolescent-focused reproductive health interventions.

### Methodology

This study adopted a descriptive cross-sectional design to assess the perceived benefits and barriers of family planning among in-school teenagers in Adewole, Ilorin West Local Government Area, Kwara State. This design was appropriate because it enabled the collection of data on awareness, perceptions, and willingness to use family planning methods at a single point in time without manipulating variables. Cross-sectional designs are widely used in adolescent reproductive health research to examine associations between variables such as knowledge and behavioral intentions

### Study Area

The study was carried out in three secondary schools: College of Arabic and Islamic Studies, Unilorin Secondary School, and Iqra College in Adewole community, Ilorin West Local Government Area, Kwara State, Nigeria.

### Study Population

The study population comprised in-school teenagers aged 13–19 years attending selected secondary schools in Adewole, which are: College of Arabic and Islamic Studies, University of Ilorin Secondary School, and Iqra College.

### Sample Size Determination

The sample size was determined using Cochran's formula for populations greater than 10,000. Assuming a 20% prevalence of awareness or use of family planning among teenagers, a confidence level of 95%, and a margin of error of 5%, a minimum sample size of 246 was obtained. A 10% non-response rate was added, resulting in a final sample size of 275 respondents (Cochran, 1977).

### Sampling Technique

A multi-stage sampling technique was employed to ensure representativeness and minimize sampling bias.

Three secondary schools in Adewole were selected using simple random sampling by balloting from a list of eligible schools. This ensured that each school had an equal chance of selection, thereby reducing selection bias. The total sample size (275) was proportionally allocated to each selected school based on student population size to ensure fair representation. Within each school, students were selected using systematic random sampling. Class registers served as the sampling frame. The sampling interval ( $k$ ) was calculated using a random starting point between 1 and  $k$ , after which every  $k$ th student was selected. This approach ensured randomness, reduced clustering effects, and enhanced internal validity.

### Instrument for Data Collection

Data were collected using a structured, pre-tested questionnaire consisting of five sections: socio-demographic characteristics, knowledge of family planning, perceived benefits, perceived barriers, and attitudes/willingness to use family planning. The instrument demonstrated good reliability (Cronbach's  $\alpha = 0.79$ – $0.82$ ).

#### Validity and Reliability

The questionnaire was reviewed by public health experts to ensure content and face validity. A pilot study was conducted among students outside the study area. This pre-test was conducted to assess the clarity and reliability of the questionnaire. The reliability of the instrument was evaluated, which yielded a Cronbach's  $\alpha$  coefficient above 0.7. Based on the pre-test feedback, some adjustments were made to ensure the validity and appropriateness of the research instruments (Bello *et al.*, 2023).

### Data Analysis

Data were analyzed using SPSS version 25. Descriptive statistics were used to summarize variables.

The Chi-square ( $\chi^2$ ) test was employed to examine the association between awareness of family planning

(independent variable) and willingness to use contraceptive methods (dependent variable). This test was appropriate because: Both variables were categorical. The study aimed to test association rather than causation. The sample size met Chi-square assumptions. The level of significance was set at  $p < 0.05$ .

### Ethical Consideration

Ethical principles were upheld at the Kwara State Ministry of Health with approval reference: ERC/MOH/2025/08/492. Ethical approval was obtained from the Al-Hikmah University Ethics Review Committee. Additional permission was sought and obtained from the school authorities and teachers-in-charge of the selected secondary schools before data collection commenced. Given that the study population comprised in-school teenagers aged 13–19 years, many of whom are legally considered minors, institutional consent was obtained through the school authorities, who act in loco parentis (in place of parents) during school hours.

### Results

A total of 275 copies of the questionnaire were administered to the respondents, all of which were properly filled out and were used for the analysis.

### Socio-demographic Characteristics (n=275)

Most respondents were aged 16–17 years (44.0%), the population being female (56.4%), had secondary education (94.9%), were single (91.6%), identified as Muslims (65.8%), and resided in urban areas (59.3%). In measuring awareness and knowledge of family planning, which are available to the teenagers in Adewole, parameters such as, awareness, where they learn about the information, and the types of family planning they are aware of. The findings indicate that overall awareness of family planning was low, as less than half of the respondents (41.8%) reported having heard about family planning. Among those who were aware, the school environment was identified as the primary source of information, accounting for 65.8% of respondents, followed by media sources such as television, radio, and social media (21.8%). A much smaller proportion reported learning about family planning from friends or peers (6.9%), parents or family members (4.0%), and healthcare providers (1.5%), indicating limited involvement of families and health professionals in adolescent reproductive health education.

**Table 1: Perceived Benefits of Family Planning**

**Legend: SD = Strongly Disagree; D = Disagree; N = Neutral; A = Agree; SA = Strongly Agree.**

STATEMENTS	SD	D	N	A	SA	Mean	Std.	Remark
Family planning helps prevent unintended pregnancies.	37	31	15	18	174	3.95	1.535	Agree
Family planning improves maternal and child health.	112	23	49	54	37	2.57	1.506	Agree
It allows teenagers to continue their education.	29	27	62	33	124	3.71	1.394	Agree
It reduces the financial burden on young parents.	41	24	66	29	115	3.56	1.47	Agree
It helps reduce the risk of sexually transmitted infections (STIs).	41	44	15	37	138	3.68	1.564	Agree
It empowers teenagers to make informed reproductive health choices.	117	22	58	34	44	2.51	1.522	Agree

Table 1: Respondents generally acknowledged the benefits of family planning. Mean scores indicated

agreement that family planning: Prevents unintended pregnancies, and Lowers risk of STIs.

**Table 2: Perceived Barriers to Family Planning****Legend: SD = Strongly Disagree; D = Disagree; N = Neutral; A = Agree; SA = Strongly Agree.**

STATEMENTS	SD	D	N	A	SA	Mean	Std.	Remark
Family planning is against my religious beliefs.	60	50	34	22	109	3.25	1.632	Agree
Parents and elders discourage the use of contraceptives.	38	53	33	26	125	3.53	1.543	Agree
I fear that using contraceptives may cause infertility.	31	12	48	52	132	3.88	1.355	Agree
I do not have access to family planning services.	34	26	29	30	156	3.9	1.47	Agree
I am afraid of being judged by healthcare providers.	35	29	45	51	115	3.66	1.429	Agree
I do not use contraceptives because my partner disapproves.	131	34	48	30	32	2.27	1.439	Agree

Major perceived barriers included: Religious and cultural opposition, Parental and elder discouragement, Fear of infertility and side effects, Limited access to youth-friendly services, and Fear of judgment by healthcare providers.

A significant association existed between awareness of family planning and willingness to use contraception ( $\chi^2 = 42.35$ ,  $df = 1$ ,  $p < 0.05$ ). Teenagers who were aware of family planning were approximately 3.7 times more likely to express willingness to use contraceptives.

### Discussion

The findings of this study have important implications for adolescent reproductive health policies in Kwara State. The low level of awareness and utilization of family planning services among in-school teenagers indicates gaps in the implementation of existing adolescent health policies, consistent with previous studies conducted in Nigeria and other sub-Saharan African countries (Asekun-Olarinmoye *et al.*, 2016; Mutua *et al.*, 2020). Although sexuality education exists within school curricula, the narrow focus on condoms and limited method diversity suggests that comprehensive sexuality education (CSE) is not being fully implemented or effectively delivered.

The Kwara State Ministry of Health and Ministry of Education should strengthen school-based reproductive health programs by integrating age-appropriate, culturally sensitive, and method-diverse family planning education into secondary school curricula. Policies should mandate collaboration between schools and primary healthcare facilities to facilitate regular school outreach programs by trained healthcare providers. Despite this positive perception, uptake remains constrained by sociocultural and structural barriers. Religious beliefs, fear of side effects, and stigma reported in this study mirror findings by Oni and Alabi (2017) and UNFPA (2021).

The significant association between awareness and willingness to use contraceptives confirms that knowledge is a critical determinant of contraceptive intention. This finding supports the Health Belief Model, which posits that perceived benefits and awareness influence health-seeking behavior (Rosenstock *et al.*, 1988). However, awareness alone may not translate into use without addressing access and social barriers. Adolescent-friendly services should be redesigned to include: Confidential and non-judgmental care environments, ensuring privacy during consultations, Flexible service hours that accommodate school schedules, Trained adolescent health providers who communicate in simple, age-appropriate language, Method-diverse counselling, moving beyond condoms to include accurate information on pills, injectables, implants, and emergency contraception, Peer educators and youth ambassadors, who can bridge trust gaps between teenagers and healthcare systems.

### Conclusion

The study concludes that awareness, knowledge, and utilization of family planning among in-school teenagers in Adewole are generally low. While teenagers recognize the benefits of family planning, multiple barriers, including cultural and religious beliefs, misinformation, fear of side effects, and limited youth-friendly services, significantly hinder access and utilization. Awareness was found to significantly influence willingness to use contraceptive methods.

### Recommendations

Based on the findings of this study, the following recommendations are made:

1. Strengthen and expand comprehensive sexuality education within the curriculum of secondary schools.

2. Encourage open communication between parents and teenagers about reproductive health.
3. Train healthcare providers to deliver adolescent-friendly and confidential family planning services.
4. Intensify awareness campaigns through schools, radio, television, and social media to counter misinformation.

### Public Health Impact

This study provides evidence-based insights into adolescent reproductive health challenges in Adewole, Ilorin West LGA. Addressing the identified barriers can reduce teenage pregnancy, unsafe abortions, and school dropouts, thereby improving adolescent health outcomes and contributing to national reproductive health goals and Sustainable Development Goals related to health, education, and gender equality.

### Conflict of Interest

The authors declare no conflict of interest regarding the publication of this manuscript.

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