

Rural-Urban Disparities in Family Planning Service Availability and Utilization Among Women in Bayelsa State

Dakolo, Ineye Becky^{#1}, Israel Jeremiah^{*2}

[#] Student, department of Maternal and Child Health Nursing, Faculty of Nursing Sciences Niger Delta University, Wlberforce Island Bayelsa State Nigeria designation & Department & University
Proffessor, **Professor of Obstetrics & Gynaecology** affiliated with the Niger Delta University, Wlberforce Island Bayelsa State Nigeria
Inenyebecky@gmail.com ²Isrealjeremiah@ndu.edu.ng ,

Abstract:

This study investigated and compared the utilization of family planning (FP) services among women in rural and urban areas of Bayelsa State, Nigeria. Data collected from 422 respondents revealed significant disparities in FP use between the two settings. Overall, 51.2% of women had ever used FP services, with higher utilization among urban women (63.5%) than rural women (38.9%). Current FP use was also greater in urban areas (54.0%) compared to rural areas (30.3%). The leading reason for non-use was the desire for more children (21.8%), followed by fear of side effects (19.0%) and lack of access (18.2%). Oral contraceptives were the most commonly used method (40.4%), and 77.0% of users reported regular use. The main motivator for adoption was perceived health benefits to mothers (37.0%). The findings highlight a clear urban advantage in FP utilization, emphasizing the need for improved rural access, awareness, and health service delivery.

Keywords: Family Planning, Utilization, Availability, Rural-Urban Disparities, Bayelsa State, Nigeria, Healthcare Infrastructure, Socio-Cultural Barriers

Introduction

It has been established that non-use and availability of family planning services mainly result to incidence of unintended pregnancy, related morbidity and mortality (Oguche *et al*, 2022). Globally, family planning (FP) remains a cornerstone of reproductive health, reducing maternal mortality, preventing unintended pregnancies, and promoting socioeconomic development. The World Health Organization (WHO, 2021) reports that over 218 million women of child bearing age in low- and middle-income countries (LMICs) still do not have access to modern contraceptive methods, even though they need them. These inequalities remain evident across both rural and urban areas, with rural women particularly disadvantaged due to geographic, infrastructural, and cultural constraints (United Nations Population Fund [UNFPA], 2022). The Sustainable Development Goals (SDGs), especially Goal 3, which focuses on good health and well-

being, and Goal 5, which aims for gender equality, are designed to create a healthier, more equitable world for everyone, emphasize universal access to FP services as a critical priority (United Nations, 2020). However, evidence shows that contraceptive prevalence rates are significantly higher urban areas than in rural areas, underscoring inequities that hinder global progress (Ahmed *et al*, 2021).

and rms do not have to be defined. Do not use abbreviations in the title or heads unless they are unavoidable.

Units

Objectives

Investigate and compare the utilization of FP services in rural and urban dwelling women in Bayelsa State.

Research Questions

What is the rate of utilization of FP services among rural and urban dwelling women in Bayelsa State?

Literature Review

The use of family planning is influenced by several socio-demographic and systemic factors. One major determinant is the **desire for more children**, as women who have not reached their ideal family size or prefer to have male offspring often avoid contraceptive use. Conversely, women with larger families tend to adopt family planning to limit childbirth (Egede et al., 2015; Omo-aghoja et al., 2019; Adefalu et al., 2019). **Educational level** also plays a significant role; women with higher education are more informed about contraceptive benefits and are, therefore, more likely to use them than those with little or no formal education (Eluwa et al., 2016).

Partner disapproval remains a strong barrier, particularly in patriarchal settings where men dominate reproductive decisions (Nwachukwu & Obasi, 2018). Similarly, **fear of side effects** discourages women from adopting or continuing contraceptive methods, highlighting the need for counseling and medical support. **Religious and cultural disapproval** further hinders uptake, as traditional beliefs and misinformation often stigmatize contraceptive use. **Marital status** also affects utilization; married women generally access family planning more freely than unmarried women, who may face stigma and limited support (Schwant et al., 2017). Socioeconomic factors like the **wealth index** influence access—women from wealthier households are more likely to afford and utilize contraceptives (Eluwa et al., 2016). Limited **knowledge of contraceptives** and **domestic violence** also reduce utilization, with some women avoiding family planning due to fear of abuse. From a systemic perspective, **health system barriers** such as poor accessibility, distance to clinics, and lack of modern contraceptive supplies restrict utilization (Obubu et al., 2023). Moreover, the **high cost** of family planning services limits access, particularly among rural and low-income populations, thereby contributing to unmet reproductive health needs (UNFPA, 2017).

Methodology

This study used a mixed-method research design, combining quantitative and qualitative approaches. The quantitative component adopted a comparative

cross-sectional design to examine differences between rural and urban women's utilization of family planning (FP) services, while the qualitative component employed an exploratory descriptive design to explore FP service availability in Bayelsa State. The mixed-methods approach provided both numerical data and deeper insights, consistent with earlier studies by Akinso et al. (2014) and Duru et al. (2018). Bayelsa State, the study area, lies in the Niger Delta region and consists of eight Local Government Areas (LGAs). It is predominantly riverine, with a population engaged mainly in fishing, farming, and trading. The study population comprised women aged 15–49 years and Family Planning Service Providers (FPSPs). Using Cochran's formula, a sample of 422 women (211 rural, 211 urban) and nine FPSPs was selected. A multi-stage sampling technique ensured representativeness.

Data were gathered using a 14-item interviewer-administered questionnaire and an interview guide for FPSPs. The instrument's validity was confirmed by experts, yielding a Scale Validity Index of 0.80, and reliability testing produced a correlation coefficient (r) of 0.84. Qualitative credibility, transferability, dependability, and confirmability were ensured through peer review, triangulation, and audit trails.

Data collection involved face-to-face interviews and in-depth discussions with FPSPs. Quantitative data were analyzed using SPSS Version 28, while qualitative data were thematically analyzed with NVivo 12 following Creswell's six-step framework. Ethical approval was obtained from the Bayelsa State Ministry of Health, and confidentiality and informed consent were strictly maintained.

Results

Utilization of FP Services by Respondents in Rural and Urban Areas

Question	Rural (n = 211)	Urban (n = 211)	Total (n = 422)
Ever used family planning services			
Yes	82 (38.9%)	134 (63.5%)	216 (51.2%)
No	129 (61.1%)	77 (36.5%)	206 (48.8%)
Currently using any family planning method			

Yes	64 (30.3%)	114 (54.0%)	178 (42.2%)
No	147 (69.7%)	97 (46.0%)	244 (57.8%)
Reasons for not currently using family planning services			
Want more children	55 (26.1%)	37 (17.5%)	92 (21.8%)
Fear of side effects	39 (18.5%)	41 (19.4%)	80 (19.0%)
Lack of access	63 (29.9%)	14 (6.6%)	77 (18.2%)
Religious/cultural beliefs	36 (17.1%)	31 (14.7%)	67 (15.9%)
Others (e.g., partner opposition)	18 (8.5%)	20 (9.5%)	38 (9.0%)
Current family planning methods used	24 (37.5%)	48 (42.1%)	72 (40.4%)
Oral contraceptives			
Condoms	18 (28.1%)	32 (28.1%)	50 (28.1%)
Implants	13 (20.3%)	19 (16.7%)	32 (18.0%)
IUDs	6 (9.4%)	10 (8.8%)	16 (9.0%)
Others (e.g., natural methods)	3 (4.7%)	5 (4.4%)	8 (4.5%)
Frequency of family planning use			
Regularly	43 (67.2%)	94 (82.5%)	137 (77.0%)
Occasionally	21 (32.8%)	20 (17.5%)	41 (23.0%)
Reasons that would make respondents use family planning services			
Health benefits for the mother	69 (32.7%)	87 (41.2%)	156 (37.0%)
Economic reasons	53 (25.1%)	67 (31.8%)	120 (28.4%)
Desire to space children	42 (19.9%)	33 (15.6%)	75 (17.8%)
Partner agreement	28 (13.3%)	12 (5.7%)	40 (9.5%)
Others (e.g., advice from health workers)	19 (9.0%)	12 (5.7%)	31 (7.3%)

presents the data on the utilization of FP services among respondents in rural and urban settings. A total of 216 respondents (51.2%) reported having ever used family planning services, with a higher proportion in urban areas (63.5%) compared to rural areas (38.9%). Currently, 178 respondents (42.2%) indicated using a family planning method, with urban respondents (54.0%) outnumbering rural

respondents (30.3%). Among those not using family planning services, The leading reason given for not using family planning was the desire to have more children, reported by 92 respondents (21.8%). Among those who practiced family planning, oral contraceptives were the most commonly used method (40.4%), followed by condoms (28.1%). Most users 137 respondents (77.0%) indicated that they used family planning methods consistently. When asked about factors that could encourage greater uptake, the health benefits for mothers ranked highest, with 156 respondents (37.0%) highlighting this point. Additional details are provided in Table 4.2.

Summary

This study investigated and compared the utilization of family planning (FP) services among rural and urban women in Bayelsa State. Findings revealed that FP utilization was significantly higher among urban women, with 63.5% having ever used FP services and 54.0% currently using a method, compared to 38.9% and 30.3% among rural women, respectively. The disparity was linked to differences in access, awareness, and service availability. Urban women benefited from better-equipped facilities and trained personnel, while rural women faced challenges such as limited access, socio-cultural barriers, and lack of information. The results highlight substantial urban–rural gaps in FP utilization.

Conclusion

The study concluded that there is a clear disparity in family planning utilization between rural and urban women in Bayelsa State. Urban women are more likely to access and use FP services due to improved infrastructure, better awareness, and availability of trained providers. In contrast, rural women experience barriers such as poor access to healthcare facilities, cultural restrictions, and limited knowledge of contraceptive options. These findings underscore the need for targeted strategies to bridge the urban–rural divide, ensuring that women in all communities have equitable opportunities to access and utilize effective family planning services.

Recommendation

To address the identified disparities in FP utilization between rural and urban women, health facilities in rural areas should be strengthened with adequate infrastructure, consistent contraceptive supplies, and trained providers. Culturally sensitive community education programs should be implemented to raise awareness and dispel misconceptions about family planning. Collaboration with local leaders and organizations can enhance acceptance and participation. Additionally, mobile health outreach and subsidized FP services should be introduced to overcome access barriers. These measures will help promote equitable utilization of family planning services and improve reproductive health outcomes across both rural and urban communities in Bayelsa State.

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