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COUNSELLING SERVICES AND FAMILY PLANNING AWARENESS AMONG MARRIED COUPLES IN AKWA IBOM STATE, NIGERIA

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ABSTRACT

This study investigated the influence of counselling services on family planning awareness among married couples in Uyo Local Government Area. The counselling services examined included information services, orientation services, follow-up services, and referral services from which corresponding research questions and hypotheses were formulated to guide the study. The study adopted a Causal Comparative (Ex-post factor) Research Design. A sample size of 400 was drawn from a population of 140, 172 couples using Taro Yamane Formula for sampling size. Purposive sampling technique was employed in handpicking cases that matches the target population. The instrument for data collection was a structured questionnaire entitled "Counselling Services and Family Planning Awareness Questionnaire (CSFPAQ)" which had a reliability Coefficient of 0.75 after being subjected to Cronbach alpha. Data was analysed using One-way ANOVA. The results indicated there is a significant influence of information services on family planning awareness among married couples ($F\text{-ratio}_{(397)} = 497.840, p < 0.05$), there is a significant influence of orientation services on family planning awareness among married ($F\text{-ratio}_{(397)} = 1080.432, p < 0.05$), there is a significant influence of follow-up services on family planning awareness among married couples ($F\text{-ratio}_{(397)} = 885.185, p < 0.05$) and there is a significant influence of referral services on family planning awareness among married couples ($F\text{-ratio}_{(397)} = 680.315, p < 0.05$). It was recommended that, the governments and healthcare organizations should establish more counselling centres and mobile clinics in rural and urban areas to increase access to counselling services for married couples in order to increase family planning awareness.

Keywords: Counselling Services, Family Planning, Awareness, Married Couples

INTRODUCTION

In Nigeria, family planning has been a key component of the country's reproductive health policies according to The National Demographic and Health Survey (NDHS, 2018). However, national surveys reveal significant disparities in contraceptive prevalence and family planning awareness across the country. The National Demographic and Health Survey (NDHS, 2018) reported that the contraceptive prevalence rate among married women in Nigeria was only 17%, far below the global average. These figures highlight the urgent need for tailored interventions to address low uptake and inadequate knowledge of family planning methods, particularly in rural and semi-urban areas.

Nigeria's cultural and religious diversities poses unique challenges to family planning programmes. Misconceptions about the side effects of contraceptives, societal pressure for large families, and limited engagement of men in family planning discussions are critical barriers (Adelekan et al., 2020). Addressing these challenges requires robust community-based strategies that consider local contexts.

The socio-cultural environment also influences family planning decisions significantly. Families with higher levels of education and income are generally more aware of contraceptive options and more likely to use them. Conversely, low-income households often face barriers such as lack of access to healthcare facilities and high costs of contraceptives (Nwachukwu and Obasi, 2021). Many married couples rely on traditional beliefs and family structures, which sometimes discourage the adoption of modern contraceptives. Furthermore, limited male involvement in family planning has been identified as a major obstacle. In patriarchal societies like Uyo, men often have the final say in reproductive health matters, and their lack of engagement can hinder progress (Akpan and Udo, 2022).

Despite the progress made in promoting family planning awareness among married couples in Nigeria, significant challenges still persist. These include cultural resistance, inadequate funding, and a shortage of trained personnel. However, the growing interest in reproductive health among local and international stakeholders presents an opportunity to scale up interventions. Community health workers have emerged as key players in promoting family planning awareness among married couples in Nigeria (Ekpenyong and Abasiattai, 2019). Through door-to-door visits and group sessions, these workers provide culturally sensitive information tailored to the specific needs of the community. However, challenges such as inadequate training and limited resources hinder their effectiveness.

The researcher in this present study perceives that counselling services could play a pivotal role in bridging the gap between awareness and action in family planning. Effective counselling can help dispel myths, provide accurate information, and foster trust between healthcare providers and clients. Although, some healthcare facilities offer family planning counselling, the quality and reach of these services vary significantly. A study by Obot et al. (2020) revealed that couples who received counselling were more likely to adopt modern contraceptives than those who did not. This study shall focus on four counselling services viz; information services, orientation services, follow-up services and referral services.

Information services in counselling play a vital role in fostering awareness about family planning among couples. Studies have shown that when couples receive targeted information about contraceptive methods, their likelihood of adopting and correctly using these methods increases significantly (Khan et al., 2021). Information services also address myths and misconceptions, which are often prevalent in rural and urban communities, thereby enhancing trust and confidence in family planning programs.

Counselling sessions that prioritize information dissemination could bridge gaps in knowledge. For instance, digital platforms and community-based information dissemination by trained counsellors can help couples understand how family planning contributes to improved maternal and child health outcomes. Additionally, cultural and religious factors influencing family planning choices are better navigated through tailored information services (Adeoye et al., 2020). Ultimately, effective counselling information services could empower couples to make choices that align with their reproductive goals while promoting sustainable family growth.

Furthermore, Orientation services in counselling serve as the foundation for introducing married couples to family planning concepts. These services typically involve initial sessions that familiarize couples with the available family planning options, their relevance to health and well-being, and their alignment with personal and societal goals. Orientation sessions also emphasize the importance of shared decision-making between spouses, fostering mutual understanding and cooperation in adopting contraceptive measures (Eze, 2019). Structured orientation workshops facilitated by trained counsellors in healthcare facilities or community centres could provide an avenue for couples to interact, ask questions, and receive expert guidance. Such services are particularly effective in addressing cultural stigmas and taboos associated with contraceptive use in some Nigerian communities. By providing a clear roadmap for family planning adoption, orientation services lay the groundwork for informed and sustainable reproductive health choices.

Another essential counselling services that could boost family planning awareness is the follow-up services. The follow-up services could ensure the sustained use and success of family planning methods by providing continuous support and monitoring. These services involve periodic check-ins with couples to assess their experiences, address emerging concerns, and encourage adherence to family planning practices. Research indicates that follow-up services significantly improve satisfaction and reduce the likelihood of discontinuation or incorrect use of contraceptives (Okeke et al., 2022). Counsellors who maintain regular contact with couples through home visits, telephone calls, or digital platforms create a supportive environment that fosters trust and accountability. Additionally, follow-up services address side effects and other challenges associated with family planning methods, reducing the rate of dropout and enhancing overall program efficacy. These services ultimately reinforce the commitment of couples to their reproductive health goals.

Referral counselling services could facilitate access to specialized reproductive health services, enabling couples to receive the care and guidance they need. These services involve directing couples to appropriate healthcare providers, clinics, or community health centres where they can access family planning resources and expertise. Referrals are particularly important for couples with unique health needs or those seeking long-acting or permanent contraceptive solutions (Adebayo and Akinola, 2018). Counsellors who identify medical or psychological concerns during initial or follow-up sessions can refer couples to specialists for further evaluation and care. These services also address systemic challenges such as limited availability of family planning supplies in some communities, ensuring that couples have access to a wider range of options. By facilitating timely and efficient access to reproductive health services, referral counselling could enhance the overall impact of family planning programmes.

Statement of the Problem

Family planning is an essential public health intervention that enables individuals and couples to determine the number, spacing, and timing of their children, improving both maternal and child health outcomes. Despite its importance, family planning awareness remains limited in many parts of Nigeria, including Uyo Local Government Area. This lack of awareness results in unintended pregnancies, unsafe abortions, and complications related to maternal and child health.

In Uyo, married couples often face unique challenges that hinder their understanding and adoption of family planning methods. Many couples lack accurate and reliable information about available contraceptive options, their benefits, and possible side effects. As a result, myths and misconceptions, such as beliefs that contraceptives cause infertility or harm future pregnancies, continue to persist. These misconceptions often lead to resistance to family planning services, even among educated couples. Moreover, religious and cultural influences significantly shape attitudes toward family planning in Uyo. While some religious leaders support family planning as a means to promote responsible parenthood, others oppose it on moral or doctrinal grounds. These conflicting messages create confusion and uncertainty among married couples, further complicating efforts to promote family planning awareness.

Another significant issue is the inadequate provision of counselling services tailored to address the reproductive health needs of married couples. Counselling services, including information dissemination, orientation, follow-up, and referrals, are often underutilized or unavailable in rural and peri-urban areas like Uyo. This gap in service delivery leaves many couples without the necessary guidance to make informed decisions about their reproductive health. Furthermore, existing services are often not culturally sensitive, failing to account for local traditions and beliefs that influence family planning decisions.

The lack of proper follow-up and referral services compounds the problem, leading to inconsistent use of contraceptives and increased dropout rates. Couples who experience side effects or challenges with specific family planning methods often abandon them due to a lack of support and follow-up counselling. This inconsistency undermines the overall effectiveness of family planning programs in the region. Lastly, government policies and programs aimed at promoting family planning awareness often fail to achieve their intended objectives due to poor implementation and lack of funding. Inconsistent policy execution, coupled with limited collaboration between government agencies and non-governmental organizations, has resulted in fragmented and ineffective family planning campaigns. Consequently, awareness levels remain low, and contraceptive prevalence rates stagnate.

The overarching issue is that despite the recognized importance of family planning in improving health outcomes, its awareness and adoption among married couples in Uyo Local Government Area remain alarmingly low. This gap highlights the urgent need for targeted interventions, such as enhanced counselling services aimed at promoting sustainable reproductive health practices. Thus, this study investigates "Counselling Services and Family Planning Awareness among Selected Couples in Uyo Local Government Area". Therefore, the objective of the study is to determine:

- i. the influence of information services on family planning awareness among married couples
 - ii. the influence of orientation services on family planning awareness among married couples
 - iii. the influence of follow-up services on family planning awareness among married couples
- the influence of referral services on family planning awareness among married couples

Literature Review

The Health Belief Model (HBM) was developed in the 1950s by social psychologists Irwin M. Rosenstock, Hochbaum, Kegeles, and Leventhal. It was originally created to explain why people failed to participate in programs designed to prevent and detect disease, such as tuberculosis screening. Later, the model was extended to study health behaviours more broadly, including adherence to medical regimens and adoption of preventive health practices.

The model was born out of a U.S. Public Health Service study in the 1950s. The focus of this research was to identify psychological factors influencing individual decisions to undergo screening tests for tuberculosis. The findings revealed that health behaviours were driven not just by external recommendations but also by internal beliefs about health and illness. These observations led to the development of the HBM as a conceptual framework to predict and explain health behaviours based on personal beliefs and attitudes.

The HBM posits that health behaviour is influenced by six key components:

i. Perceived Susceptibility

This refers to an individual's belief about their chances of experiencing a health issue. For example, a person who perceives themselves to be at high risk of an unintended pregnancy is more likely to adopt family planning measures.

ii. Perceived Severity

This involves the belief about the seriousness of the health issue and its potential consequences. For instance, if individuals understand the severe implications of unplanned pregnancies on their socioeconomic stability, they are more likely to consider family planning.

iii. Perceived Benefits

This refers to an individual's belief in the effectiveness of taking a specific health-related action to reduce risk or severity. Married couples may be motivated to use contraceptives if they believe these will lead to better family health and economic stability.

iv. Perceived Barriers

These are the perceived obstacles or challenges to adopting a particular health behaviour. Factors such as cost, cultural norms, or misinformation can deter individuals from utilizing family planning methods.

v. Cues to Action

These are triggers or reminders that encourage action. Examples include educational campaigns, counselling sessions, or advice from health practitioners.

vi. Self-Efficacy

Added later to the model, self-efficacy refers to the individual's confidence in their ability to take the recommended health action. For example, the confidence of a couple in correctly using contraceptives influences their likelihood of adopting family planning.

The HBM assumes that health behaviour is a function of rational decision-making. However, emotional and social factors such as fear, peer influence, and cultural norms can also play significant roles in shaping health behaviours. Another important aspect is the model's adaptability-it has been successfully applied to diverse health issues such as vaccination, smoking cessation, and adherence to medical treatment.

In the context of this study, HBM is especially suited for understanding why couples may or may not adopt family planning methods. It could be deduced that counselling services aim to reduce perceived barriers and highlight the benefits of family planning while addressing fears or misconceptions should be readily available and accessible. Information services can enhance

perceived susceptibility by educating couples about the risks of unplanned pregnancies and their impact on family stability. It can also address *perceived severity* by discussing the potential health and financial challenges of large families.

Furthermore, orientation sessions can emphasize the *perceived benefits* of family planning, such as improved maternal health and economic planning, while addressing *perceived barriers* such as fear of side effects or cultural resistance. Also, regular follow-up visits serve as *cues to action*, reminding couples of their family planning goals and providing ongoing support to overcome doubts or challenges. Self-efficacy can be bolstered by providing referrals to accessible, affordable, and quality health services for family planning, ensuring couples feel confident in their ability to take action.

The HBM underscores the role of individual beliefs and attitudes in shaping health behaviours, making it a highly relevant model for understanding family planning awareness. Counselling services, as highlighted in the study, can leverage this model to address gaps in knowledge, build confidence, and reduce barriers, ultimately improving the adoption of family planning practices among married couples in Uyo Local Government Area.

METHODOLOGY

This study adopted a causal-comparative research design. This design according to Udoh and Joseph (2005) is aimed at discovery of possible causes for a behaviour pattern by comparing subjects in whom this pattern is presented with similar known subjects in whom it is not present or present to a lesser degree. This research design is suitable as the researcher sought to investigate family planning awareness as it is influenced by the various degree to which the sample have access to the selected counselling services.

The population of this study consisted of all married couples between the ages of 18 and 39 in Uyo Local Government Area which is estimated to be 140,172 (Directorate of Statistics, Ministry of Economic Development, 2021). A sample size of 400 was derived for the study using Taro Yamane Formula for sampling size. Purposive sampling technique was employed in handpicking cases that matches the target population.

The instrument for data collection was a structured questionnaire entitled "Counselling Services and Family Planning Awareness Questionnaire (CSFPAQ)". The data obtained was analysed using Cronbach alpha to compute the coefficient of reliability yielded 0.75.

RESULTS AND DISCUSSION

Answering the Research Questions

Table 1: Mean (\bar{X}) and Standard Deviation of Family Planning Awareness classified by Frequency of Information Services (N = 400)

Frequency of Information Services	n	\bar{X}	SD
Never	60	15.00	0.00
Rarely	160	20.50	1.50
Often	180	29.56	5.05

From Table 1, it is revealed that the mean score of family planning awareness for couples who received or accessed information services is 15.00 with a standard deviation of 0.00, couples who rarely received information services had a mean score of 20.50 with a standard deviation of 1.50 while couples who often received information about family planning through counselling had an awareness mean score of 29.56 with a standard deviation of 5.05. This implies that couples who often received information services had the highest level of family planning awareness followed by couples who rarely received information services while those who never accessed information services had the least awareness. Therefore, information services influence family planning awareness to a great extent.

Table 2: Mean (\bar{X}) and Standard Deviation of Family Planning Awareness classified by Frequency of Orientation Services (N = 400)

Frequency of Orientation Services	n	\bar{X}	SD
Never	60	15.00	0.00
Rarely	220	21.45	2.07
Often	120	32.33	3.83

From Table 2, it is revealed that the mean score of family planning awareness for couples who accessed orientation services is 15.00 with a standard deviation of 0.00, couples who rarely accessed orientation services had a mean score of 21.45 with a standard deviation of 2.07 while couples who often accessed orientation services had a mean score of 32.33 with a standard deviation of 3.83. This implies that couples who often received orientation services had the highest level of family planning awareness followed by couples who rarely received orientation services while those who never accessed orientation services had the least awareness. Therefore, orientation services influence family planning awareness to a great extent.

Table 3: Mean (\bar{X}) and Standard Deviation of Family Planning Awareness classified by Frequency of Follow-up Services (N = 400)

Frequency of Follow-up Services	n	\bar{X}	SD
Never	200	18.50	2.38
Rarely	140	26.43	3.34
Often	60	35.00	2.85

From Table 3, it is revealed that the mean score of family planning awareness for the 200 couples who were never contacted for follow-up services is 18.50 with a standard deviation of 2.38, couples (140) who were rarely contacted for follow-up services had a mean score of 26.43 with a standard deviation of 3.34 while couples (60) who were often contacted for follow-up services had a mean score of 35.00 with a standard deviation of 2.85. This implies that family planning awareness level increased with increased frequency of follow-up services. The difference in the mean scores indicates that follow-up services influence family planning awareness to a very great extent.

Table 4: Mean (\bar{X}) and Standard Deviation of Family Planning Awareness classified by Frequency of Referral Services (N = 400)

Frequency of Referral Services	n	\bar{X}	SD
Never	180	18.22	2.35
Rarely	160	25.88	3.83
Often	60	34.67	3.12

From Table 4, it is revealed that the mean score of family planning awareness for the 180 couples who never received referral services is 18.22 with a standard deviation of 2.35, couples (160) who rarely received referral services had a mean score of 25.88 with a standard deviation of 3.83 while couples (60) who often received referral services had a mean score of 34.67 with a standard deviation of 3.12. This implies that family planning awareness level increases as the frequency of referral services increases. The difference in the mean scores indicates that referral services influence family planning awareness to a very great extent.

Table 5: One Way Analysis of Variance (ANOVA) of Family Planning Awareness classified Frequency of Information Services

	Sum of Squares	Df	Mean Square	F-ratio	p-value	Decision
Between Groups	12350.556	2	6175.278	497.840	0.000	
Within Groups	4924.444	397	12.404			Reject Ho1 P < 0.05
Total	17275.000	399				

From the result in Table 5, it is revealed that the $F\text{-ratio}_{(397)} = 497.840$ and the p-value of 0.000 is greater than the 0.05 alpha level of significance at the 397 degrees of freedom. Based on this result, the formulated null hypothesis one which stated that there is no significant influence of information services on family planning awareness among married couples was rejected.

Table 6: One Way Analysis of Variance (ANOVA) of Family Planning Awareness classified by Frequency of Orientation Services

	Sum of Squares	Df	Mean Square	F-ratio	p-value	Decision
Between Groups	14593.788	2	7296.894	1080.432	0.000	
Within Groups	2681.212	397	6.754			Reject Ho2

Total	17275.000	399
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From the result in Table 6, it is revealed that the F-ratio₍₃₉₇₎ = 1080.432 and the p-value of 0.000 is less than the 0.05 alpha level of significance at the 397 degrees of freedom. Based on this result, the formulated null hypothesis two is rejected and the alternative upheld. Therefore, there is a significant influence of orientation services on family planning awareness among married couples.

Table 7: One Way Analysis of Variance (ANOVA) of Family Planning Awareness classified by Frequency of Follow-up Services

	Sum of Squares	Df	Mean Square	F-ratio	p-value	Decision
Between Groups	14110.714	2	7055.357	885.185	0.000	
Within Groups	3164.286	397	7.970			
						Reject Ho3
						P < 0.05
Total	17275.000	399				

From the result in Table 7, it is revealed that the F-ratio₍₃₉₇₎ = 885.185 and the p-value of 0.000 is less than the 0.05 alpha level of significance at the 397 degrees of freedom. Based on this result, the formulated null hypothesis three is rejected and the alternative upheld. Therefore, there is a significant influence of follow-up services on family planning awareness among married couples.

Table 8: One Way Analysis of Variance (ANOVA) of Family Planning Awareness classified by Frequency of Follow-up Services

	Sum of Squares	Df	Mean Square	F-ratio	p-value	Decision
Between Groups	13373.056	2	6686.528	680.315	0.000	
Within Groups	3901.944	397	9.829			
						Reject Ho3
						P < 0.05
Total	17275.000	399				

From the result in Table 8, it is revealed that the F-ratio₍₃₉₇₎ = 680.315 and the p-value of 0.000 is less than the 0.05 alpha level of significance at the 397 degrees of freedom. Based on this result, the formulated null hypothesis four is rejected and the alternative upheld. Therefore,

there is a significant influence of referral services on family planning awareness among married couples.

DISCUSSION

Influence of Information Services on Family Planning Awareness among Married Couples

The analysis of data revealed that information services significantly influence family planning awareness among married couples in Uyo Local Government Area. A deeper examination of the frequency categories-never, rarely, and often-highlighted clear differences in the level of awareness. Couples who reported often receiving information services demonstrated the highest level of family planning awareness, followed by those who rarely received the services. In contrast, couples who never accessed information services showed the lowest levels of awareness. This result aligns with the assertion by Yusuf and Adeoye (2022) that access to accurate information is a primary driver of health-related awareness and decision-making.

Information services often come in diverse formats, including counselling sessions, leaflets, digital media campaigns, and public awareness programmes. The accessibility and relevance of these materials play a significant role in shaping awareness. For couples who often receive these services, consistent exposure to accurate and actionable information reinforces their understanding of contraceptive methods, reproductive health, and the benefits of family planning. This heightened awareness often translates to informed decision-making and proactive health behaviours.

However, couples who rarely receive information services may encounter inconsistent or incomplete messaging, which might leave gaps in their understanding of family planning. Although these individuals have some awareness, the irregularity of their access to information limits their capacity to make fully informed choices. Those who never receive such services are left largely unaware or reliant on unreliable sources, such as myths or cultural misconceptions, which often impede the adoption of family planning practices. This corroborates with the findings of Rodriguez et al. (2017) which revealed that the intervention significantly improved awareness, especially among women aged 20-35, with knowledge scores increasing by 45%.

Influence of Orientation Services on Family Planning Awareness among Married Couples

The study also found a significant influence of orientation services on family planning awareness, with mean variance comparisons showing that couples who often attended orientation programmes exhibited the highest awareness levels. Those who rarely attended had moderate levels of awareness, while couples who never attended orientation services demonstrated the lowest awareness. This finding corroborates Adebayo and Omolara's (2021) assertion that orientation programmes are critical in fostering health-related behavioural change and knowledge acquisition.

Orientation services often involve organized seminars, workshops, and group counselling sessions, which provide a platform for interactive learning. Couples who participate frequently in these services benefit from detailed explanations of family planning options, demonstrations of contraceptive methods, and open discussions to address their concerns. Such regular exposure enables them to internalize the importance of family planning and fosters a deeper understanding of the available options.

In contrast, couples who attend orientation services only occasionally may not gain the full benefit of these programmes. While they receive some valuable information, the sporadic nature of their participation prevents them from building a comprehensive understanding of family planning. Those who never attend orientation services remain uninformed or reliant on informal sources of information, leaving them vulnerable to misconceptions and less likely to consider family planning options. This is in consonance with the findings of Chen et al. (2021) which revealed that orientation programmes significantly increased awareness of contraceptive methods and health benefits, especially for less-educated participants.

Influence of Follow-up Services on Family Planning Awareness among Married Couples

Follow-up services significantly influenced family planning awareness among married couples, as indicated by the study's findings. Couples who "often" received follow-up services recorded the highest awareness levels. Follow-up services provide continuous engagement and support, addressing concerns or misconceptions that may arise after initial counselling sessions. This finding is consistent with Eze et al. (2020), who noted that regular follow-ups reinforce health-related decisions and strengthen client confidence in their choices. Through periodic check-ins, healthcare providers can clarify doubts, monitor progress, and provide updated information, thus ensuring that couples remain well-informed about family planning options.

Those who "rarely" received follow-up services displayed moderate levels of awareness, suggesting that sporadic follow-ups, while beneficial, may not be sufficient to sustain a high level of awareness. Couples in this category may begin to lapse into misinformation or forget key details over time, highlighting the importance of consistent and structured follow-up mechanisms. Establishing reliable communication channels, such as mobile messaging or scheduled appointments, can help bridge this gap.

Couples who "never" received follow-up services reported the lowest awareness levels. The absence of sustained engagement likely contributes to a lack of understanding or outright disregard for family planning. These findings emphasize the critical role of follow-up services in reinforcing the information provided during initial counselling. Without these services, couples may fail to fully grasp the significance of family planning or abandon previously made decisions due to societal pressures or personal doubts. This is in agreements with the findings of Kim et al. (2018) which showed that women who participated in regular follow-up sessions reported 30% higher sustained awareness and contraceptive use compared to those without follow-up.

Influence of Referral Services on Family Planning Awareness among Married Couples

The study found a significant influence of referral services on family planning awareness among married couples in Uyo Local Government Area. Couples who "often" utilized referral services demonstrated the highest awareness levels. Referral services connect individuals to specialized healthcare providers or facilities, ensuring that they receive expert advice and comprehensive care. This aligns with Nwachukwu and Obasi (2019), who highlighted that robust referral systems enhance access to quality reproductive health services and improve awareness and acceptance of family planning. Regular referrals enable couples to explore advanced family planning options and clarify complex issues with specialists, thereby deepening their understanding.

Couples who "rarely" accessed referral services exhibited moderate awareness levels. While occasional referrals may provide exposure to specialized care, they often lack the consistency needed to build and sustain a comprehensive understanding of family planning. Strengthening referral pathways and creating awareness about their availability can help address this limitation and ensure more frequent usage.

Couples who "never" accessed referral services recorded the lowest levels of family planning awareness. This highlights the challenges faced by many married couples in accessing specialized care, often due to logistical, financial, or informational barriers. The absence of effective referral services may leave couples reliant on primary care facilities that lack the expertise or resources to address complex family planning needs. This corroborates with the findings of Khan and Rahman (2018) which showed that referral services increased awareness and uptake of modern contraceptives by 45% within six months of implementation.

Conclusion

The study concluded that counselling services significantly enhance family planning awareness among married couples in Uyo Local Government Area. Regular and consistent access to information, orientation, follow-up, and referral services ensures that couples are better

informed about family planning methods, enabling them to make informed reproductive health decisions. Conversely, limited or no access to these services contributes to lower awareness levels, perpetuating myths, misconceptions, and suboptimal family planning practices. The findings highlight the need for robust, accessible, and inclusive counselling services to address the gaps in family planning awareness among married couples.

Recommendations

Based on the findings, the following recommendations were made.

1. Governments and healthcare organizations should establish more counselling centres and mobile clinics in rural and urban areas to increase access to counselling services for married couples in order to increase family planning awareness.
2. Counsellors, health practitioners, and non-governmental organizations (NGOs) should ensure that family planning information services are accessible, consistent, and inclusive. Public health campaigns and counselling sessions should use diverse communication channels such as social media, community outreach, and healthcare facilities to share accurate information.
3. Orientation services focusing on family planning should be made a core aspect of premarital and marital counselling programmes. Community leaders, religious organizations, and healthcare providers should organize workshops and orientation programmes that educate couples about family planning methods and their importance in improving family health and economic well-being.
4. Continuous follow-up services should be integrated into existing family planning programmes to ensure sustained awareness and utilization of family planning methods. Counsellors and healthcare providers should establish regular contact with couples to monitor their understanding, address misconceptions, and encourage adherence to chosen family planning methods.
5. Referral services should be strengthened to ensure that married couples are seamlessly directed to appropriate healthcare facilities and specialists for further guidance and services related to family planning.

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