



**DETERMINING CONSUMER PATRONAGE:  
A CRITICAL EVALUATION OF  
USE METHODS IN FAMILY PLANNING IN MAIDUGURI**

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**ABSTRACT**

*This research study is aimed at examining the effect of use methods on consumer patronage of family planning products in Maiduguri. Likert scale was used to analyse the responses of the respondents while multiple linear regression analysis was used to test the hypothesis. The results showed that there was a high patronage of condom in the study area while withdrawal method is revealed to reduce the patronage for condom. The results have also shown that there was significant effect of use methods of family planning products on customer patronage. It is recommended that use methods should be maintained and enhanced by social marketing efforts for sustainability of customer patronage of family planning products.*

**Key words:** Soups, Moringa, Marugbo, Cotton seed.

**INTRODUCTION:**

Consumer patronage is described by Chen, Chen and Huang, (2012) as the commitment of consumers to use a particular brand. However, this commitment is usually sustained by the extent to which the brand meet customers want and expectations. Continuous consumer patronage is about subjective evaluations of their

experiences and outcomes as they buy or use products or services. This explains the service link process which culminates in purchase with post-purchase phenomenon such as attitude change, loyalty, and purchases (Odindo & Delvin, 2008). This means that elements existing before exposure to product or service have an impact on the evaluation that takes place after consumption. This

suggests that pre-purchase elements are compared by consumers against some baseline derived from the purchase experience.

In commercial marketing, competition refers to products and companies that try to satisfy similar wants and needs as the product being promoted. In social marketing, promotion refers to the behavioural options that compete with public health recommendations and services, e.g. sex with condom versus sex without condom or breast-feeding versus bottle-feeding (Hastings & Saren, 2003a). To marketing mind-set, the question is what behaviours compete with those being promoted and how do the benefits compared to these offered by competing behaviours. Answers to these questions enable social marketers to offer benefits that best distinguish healthy behaviours from competition and develop a sustainable competitive advantage that maximizes their products attractiveness to consumers (Hastings, 2003) for behavioural change.

An assessment of the competition may also be useful in determining which behaviours are

best to promote and which segments are best to target. To get to this, marketing mix is the best option to look at in order to win the hearts and souls for healthier public health behaviour change for family planning audience. In this case the use methods which translates to products in this study is the element of marketing mix.

Social marketing was born as a discipline when Kotler and Zaltman (1971), realized that the same marketing principles that were being used to sell products to consumers could be used to "sell" ideas, attitudes, and behaviours. They defined social marketing as "differing from other areas of marketing only with respect to the objectives of the marketer and his or her organization. Social marketing seeks to influence social behaviours not to benefit the marketer but to benefit the target audience and the general society". This technique has been used extensively in international health programmes, especially for contraceptives and Oral Rehydration Therapy (ORT), and is being used with more frequency in the US for such diverse

topics as drug abuse, heart disease, HIV/AIDS and organ donation (Weinreich, 2013).

"Social marketing is the use of marketing principles to influence human behavior in order to improve health or benefit society" (Turning Point, 1997). While more definitions of social marketing exist, they all share certain common elements of "Know your audience" "it's about action, and "there must be an exchange".

Know your audience and put them at the Centre of every decision one makes. Social marketing begins and ends with the target audience. In order to understand why an audience is not doing what they are expected to do, the social marketer must understand the barriers along their ways.

### **Objective of the Study**

The objective of the study is to examine the effects of use methods of family planning products (FPP) on customer patronage in Maiduguri Metropolitan.

### **Research question**

- i) What are the effects of use methods of FP products on customer patronage in Maiduguri Metropolis?

### **Literature Review**

#### **Concept of Customer Patronage**

Consumer patronage requires an internal acceptance and conceptual structure of the mind from exterior medium. Jingles and promotional brands such as "wear our facemask", "wash your hands regularly", "breastfeed your seat baby", "fasten your seat belt regularly", "eat more fruits", "don't litter", "get ART drug" and "get mammogram" and many other appeals for behavioural change (Population Services International, 1998). All these actions require individuals or community to change a behaviour in order to improve the quality of life for that individual or for the community as a whole. Active social marketing leads to customer patronage..

Social marketing concept and study cut across various disciplines such as health and societal well-being. It is known to be viable for political

campaigns, economic awareness advocacy, community and ward sensitization on social issues. A case in hand is the Ebola outbreak in Nigeria; the control and management of Ebola patients was utmost through setting up of emergency camps, surveillance and monitoring of patients and during supplies at a cost or no cost at all. To control corruption in the economy, social marketing components are there to control and eliminate corruption and its tendencies through demonstration, social media, moral suasion and whistle alert. These are possible through social marketing components aimed at changing peoples' behaviour for the good of the individual and the society. Part of strategic planning in organisations includes social marketing strategy which is a major instrument for socializing the target audience to adopt family planning methods.

### **Social Marketing Mechanism**

Social marketing is the adaptation of commercial marketing techniques to achieve social goals. Using the traditional commercial marketing techniques, social

marketing makes needed products available and affordable to low-income people while encouraging the adaption of family planning. Many of the materials developed in line with social marketing programs are used by the organizations of family planning programmes in on-going information, education and communications as an integral aspect of the social market approach. As stand-alone interventions, their effectiveness is limited; together they represent an effective tool for success (PSI, 1996; AIDSCAP, 1997). Social marketing has been shown to be effective and cost-efficient approach in addressing the health needs of low-income populations of the world.

Social marketing is also the application of marketing philosophy and methodology to social causes including family planning, which has emerged as a separate discipline christened social marketing. The social marketing concept embodies the philosophy of marketing which seems to be “a customer needs and wants orientation backed by integrated marketing efforts aimed at generating customer satisfaction

patronage as the key to achieving organizational goals” (Kotler, 1984). Social marketing is the use of management techniques to identify, plan, execute, monitor, and appraise behavioural change for social issues for the benefit of individuals and the society at large in accepting or rejecting goods and services. Social marketing makes the product accessible; customers become aware of the products by perception, choice, method, and practice of the use of family planning products. The end-result is patronage - the repurchase action.

Social marketing programmes do not operate in a vacuum; government support is a key component of a successful programme. Many government agencies have recognized the valuable role, which social marketing programmes can play and have extended financial and political support to the activities. In Nigeria, government gives grants to Society for Family Health, supports and cooperates with the Family Planning Program.

Family planning is a social

issue, which requires social marketing to change customer behaviour that will make its products (contraception, condom, and sterilization, pills, implants, and IUD) accessible and acceptable. Family planning program utilizes the social marketing infrastructure to make the family planning products available to low-income respondents and target audience when and where they are needed. The Marginal success of Family Planning is the driven by ignorance, poverty, and disease. For example, to effectively tackle the menace in this poverty-stricken zone of Nigeria, social marketing for family planning comes into focus (Garbati,Abba,Kabrang&Yusuph,2011). It is a fact that without knowledge and information, all efforts to check the menace will be in vain. Acceptance of modern contraceptives and other modern family planning techniques have remained very low despite advocacy on family planning by government and non-governmental bodies(National Survey Finding Report,2018). Therefore, it is the intent of this study to examine the effect of social marketing on

consumer patronage of family planning methods in Maiduguri Metropolis.

Product refers to the set of benefits associated with the desired behaviour or service usage. Kotler, Roberto and Lee (2002) as cited in Grier and Bryant (2005) distinguished between the core product and the actual product used to facilitate behaviour change. To be successful, social marketers believe the product must provide a solution to problems that consumers consider important or offer them the benefits they value. As such, the product must be such that will provide the target group's aspirations, preferences, and other desires, in addition to their health needs. In some cases, professionals in public health change their recommendations or modify their programs in order to provide the actual benefits to those concerned (Grier & Bryant, 2005).

### **Use Methods and Family Planning Product Patronage.**

Prevailing low awareness, societal attitude and inadequate access to family planning products have an

implication to various available methods of application of the family planning practice among the women in Nigeria and Borno state in particular. Use methods of FP products that ranged from condom, injectable, insert-able pills etc., are perceived to determine the acceptance and patronage of the products. African continent and Nigeria is the society that is ruled by myths, beliefs, custom and tradition some of which disallow piecing of the skin, insertion of objects into the female's body.

Use method of FP products has been used as determinants of patronage in several studies (Uwameiy & Erua, 2016; Babalola, & John, 2012). Level of civilization is one factor that is known to affect the choice of family planning methods. Accordingly, Gaur, Goel, and Goel, (2008) studied the use of contraceptive as method of family planning among females in predominantly rural Muslim area of North India. They found that rural women are known to show reluctance towards utilization of modern methods of family planning. A study in rural western Kenya found that rural

women had low perception regarding modern family planning services offered by Community Health Workers (Juma, Mutombo, & Mukiira, 2015). Modern family planning methods include female and male sterilization, oral hormonal pills, Intrauterine Device (IUD), male condom, female condom, injectables, implant (including Norplant), vaginal barrier methods, emergency contraception, standard days method, basal body temperature method, two-day method, lactational amenorrhea method, and sympto-thermal method (World Health Organization, 2015). Most women, especially semi educated ones act in ignorance or fear of complications or side effects using family planning methods, especially the contraceptives (Orji, Onwudiegwu, 2002; Onwuhafua, Kantiok, Olafimihan, & Shittu, 2005). Further, poor awareness about contraception and its methods, incomplete or erroneous information about their use affects its acceptance (Saluja, Sharma, Choudhary & Gaur, 2009). From the foregoing, we hypothesise that

**H1:** Use methods have significant effect on the customer patronage of family planning products

**H 1 a :** Condom Use (CDMU) has significant effect on the customer patronage of family planning products

**H 1 b :** Withdrawal Method (WRWM) has significant effect on the customer patronage of family planning products

**H1c:** Intra-Uterine Device (IUD) has significant effect on the customer patronage of family planning products

**H1d:** Injectable (IJT) method has significant effect on the customer patronage of family planning products

**H1e:** Implant (IMTP) method has significant effect on the customer patronage of family planning products

**H1f:** Use of Pills (UPIL) has significant effect on the customer patronage of family planning products

## Research Method

### Sample Size and Sampling Technique

The total population of the target audience was 2123 women out of which 327 women were drawn

using Krejcie and Morgan (1977). Purposive sampling technique was employed. The average intercept of ten minutes of first-in-first-out (Ndubuisi, Hambagda & Msheliza, 2006) and the waiting room was adequately utilized to administer questionnaires in each of the five designated hospitals and family planning units in three days each.

### Method of Data Analysis

The study employed both descriptive and inferential statistics for data analysis. Frequency, and simple percentages were employed to analyse the responses of respondents and the inferential statistics of Multiple Linear Regression Analysis was used to test the hypothesis formulated using the Statistical Package for Social Sciences (SPSS) version 21.

### Model Specification

The multiple regression formula is expressed implicitly as;

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 \dots X_n + e$$

(multiple regression model), where

Y = Dependent variable

$X_1, X_n$  = Independent variables

e = error term

$B_0$  = Constant or intercept of the regression line

$B_1 - B_n$  = Estimates or slopes of the regression line

### For hypothesis

$$CTMP = B_0 + B_1 CDMU + B_2 WRWM + B_3 IUD + B_4 IJT + B_5 IMPT + B_6 UPIL + e$$

Y = Customer Patronage (CTMP)

$X_1$  = Condom Use (CDMU)

$X_2$  = Withdrawal Method (WRWM)

$X_3$  = Intra-uterine Device (IUD)

$X_4$  = Injectable (IJT)

$X_5$  = Implant (IMPT)

$X_6$  = Use of Pills (UPIL)

### Data Presentation and Analysis

**Research Question:** What is the effect of use method of FP products on customer patronage in Maiduguri Metropolis?



**Table 1: Effect of Use Methods of FP Products on Customer Patronage in Maiduguri Metropolis**

S/n	Statement	SA	A	DA	SDA
1.	Condom use is effective	<b>139(42.9)</b>	112(34.6)	41(12.7%)	32(9.9%)
2.	Withdrawal method is my preferred method	<b>185(57.2)</b>	112(34.6)	25(7.7%)	2(0.6%)
3.	Intra-uterine device(IUD) use is less risky	142(43.8)	<b>158(48.8)</b>	10(3.1%)	14(4.3%)
4.	Injectable has less failure rate	<b>127(39.2)</b>	178(54.9%)	13(4.0%)	6(1.9%)
5.	Implant is preferred to pills	22(6.8%)	2(0.6%)	132(40.7%)	<b>168(51.9%)</b>
6.	Use of pills cause weight gain	<b>138(42.6)</b>	152(46.9)	24(7.4%)	10(3.1%)
7.	Lactational amenorrhea method is not common	25(7.7%)	2(0.6%)	<b>185(57.2)</b>	112(34.6)
8.	Traditional methods (charms,rings) is useful	10(3.1%)	14(4.3%)	142(43.8)	<b>158(48.%)</b>

**Source: Field Survey, 2019**

Table 1 shows the effect of use method of FP products on customer patronage in Maiduguri Metropolis. Item one above show that, (42.9%) and (34.6%) of the respondents strongly agreed and agreed respectively with the statement, while 12.7% and 9.9% disagreed and strongly disagreed respectively with the statement. This suggests that there is high patronage of condom in the

study area. From statement two above, (57.2%) strongly agreed, (34.6%) agreed, while 7.7% disagreed and 0.6% strongly disagreed with the research statement. This means that withdrawal method reduces the patronage for condom. Item three above show that, (43.8%) and (48.8%) of the respondents strongly agreed and agreed respectively with the statement while 12.7% and 9.9% disagreed and

strongly disagreed respectively with the statement. This means that intra-uterine device(IUD) use is less risky.

Item four above shows that, (39.2%) and (54.9%) of the respondents strongly agreed and agreed respectively with the statement, while 4.0% and 1.9% disagreed and strongly disagreed respectively with the statement. It can be deduced that injectable increases customers' patronage. From statement five above, 40.7% strongly agreed, 51.9% agreed, while 6.8% were disagreed and 0.6% strongly disagreed with the research statement respectively. It can be inferred that implant is not preferred to pills in study area. Item six above show that, 7.4% and 3.1% of the respondents strongly agreed and agreed respectively with the statement, while (42.6%) and (46.9%) disagreed and strongly disagreed respectively with the statement.

It can be generalized that use of pills cause weight gain. Item seven above show that, 7.7% and 0.6% of the respondents strongly agreed and agreed respectively with the statement while 57.2% and 34.6% disagreed and

strongly disagreed respectively with the statement. It can be deduced that lactational amenorrhea method is not common. From statement eight above, 3.1% strongly agreed, 4.3% agreed, while 43.8% disagreed and 48.8% strongly disagreed with the research statement respectively. It can be inferred that traditional methods (charms, rings) is not useful

**Hypothesis (H0):** There is no significant effect of use methods of FP products on customer patronage in Maiduguri Metropolis.

**Table 2: Summary of ANOVA on Effect of Use Method of FP Products on Customers Patronage in Maiduguri Metropolis**

Model	Sum of Squares	Df	Mean Square	F	P-value
Regression	19.652	3	6.551	5.381	0.000
Residual	389.472	320	1.217		
<b>Total</b>	<b>409.124</b>	<b>323</b>			

Sources: Computed Using SPSS Version 21

**Table 2** shows the results of the ANOVA technique employed to test the null hypothesis against alternative hypothesis. There is asignificant effect of use method of FP products on customers' patronage in Maiduguri Metropolis. This is because the probability value ( $P = 0.000$ ) is less than alpha ( $\alpha = 0.05$ ) level of significance ( $P < \alpha$ ).

**Table 3: Summary of Multiple Regression Analysis on Effect of Use Method of FP Products on Customers Patronage in Maiduguri Metropolis**

Variables	B	Standard Error	t-value	P-value	Remark
Constant	0.451	0.151	2.987*	0.001	S
CDMU ( $X_1$ )	0.877	0.366	2.396*	0.002	Supported
WRWM ( $X_2$ )	-2.161	0.174	-12.419**	0.000	Supported
IUD ( $X_3$ )	0.190	0.619	0.31	0.758	Not Supported
IJT( $X_4$ )	0.019	0.003	5.041**	0.000	Supported
IMTP ( $X_5$ )	0.855	1.259	0.681	0.497	Not Supported
UPIL( $X_6$ )	0.360	0.06	6.021**	0.000	Supported
$R^2$	0.783				
N	324				

**Note:** \*\* indicates significant at 1% level, \* indicates significant at 5% level,

**Dependent variable:** CTMP

**Independent variable:** CDMU, WRWM, IUD, IJT, IMTP and UPIL

**Linear model:**  $CTMP = B_0 + B_1CDMU + B_2WRWM + B_3IUD + B_4IJT + B_5IMTP + B_6UPIL + e$

The result of the multiple regression in Table 3 shows that use method of FP products has significant effect on customer patronage in Maiduguri Metropolis. This is because the probability values (P = 0.002, 0.000, 0.001, 0.000, 0.000 and 0.000) are less than alpha level of significance (P<0.01; 0.05). The combined variables were significant in explaining the variation in the dependent variable. The R<sup>2</sup> is 0.783 and implies that 78% of the variation in CTMP is accounted for by CDMU, WRWM, IUD, IJT, IMTP and UPIL. Other factors outside the scope of this study accounted for the remaining 22%. Furthermore, the t-values for the independent variables are all significant at 1% and 5% and show significant effect on customer patronage in Maiduguri Metropolis. The Table also shows that IJT (t = 5.041) has the greatest positive effect on CTMP. The equation of the fitted model is defined as:

$CTMP = 0.451 + 0.877*CDMU + 2.161*WRWM + 0.262*IUD + 0.019*IJT + 0.136*IMTP + 0.360*UPIL + e$ . For of the explanatory variables included in the model were significant in explaining the effect of use method of FP products on customer patronage in Maiduguri Metropolis. These variables are:

**Condom Use (CDMU)**

The coefficient of CDMU was positive and significant at 5% level. This implies that CDMU has positive effect on customer patronage in Maiduguri Metropolis. This may be as a result of the fact that CDMU increases patronage for condom.

**Withdrawal Method (WRWM)**

The coefficient of MDAwas negative and significant at 1% level as expected. This implies that WRWM has negative effect on customer patronage in Maiduguri Metropolis. This is because WRWM does not require the use of contraceptives.

**Injectable (IJT)**

The coefficient of the variable IJT was found to be positive and significant at 1% level. This means that IJT has positive effect on

customer patronage in Maiduguri Metropolis. This is because the use of IJT for planning family increases patronage for injectable.

### Use of Pills (UPIL)

The coefficient of the variable UPIL was found to be positive and significant at 1% level. This means that UPIL has positive effect on customer patronage in Maiduguri Metropolis. This is because the use of pills for planning family increases patronage for pills.

### Discussion of Findings

The finding revealed a significant effect of use method of FP products on customer patronage in Maiduguri Metropolis ( $P < \alpha$ ). This finding is in agreement with the finding of Anyanwu, Ezebe and Eskay (2013), using 600 reproductive active women reported that the extent of engagement in family planning in Nkanu Local Government Area was low with a low patronage of 2.25 against the Likert Scale of 2.5. It was reported that methods of family planning practices were abstinence, 200 (33.3%); withdrawal method, 150 (25%); prolonged breast feeding, 100 (16.7%); use of rhythm/safe period method, 50 (8.3%); use of local drugs, 25 (4.2%). Others were reported to be

pills, 15 (2.5%); condom (barrier method), 50 (8.3%); intra-uterin contraceptive device, 5 (0.8%); use of injectable hormones, 5 (0.8%) and sterilization, vasectomy and douching, nil each. From this result, it is observed that a greater number of respondents prefer to use traditional method to modern contraceptive devices. Some of these results are accentuated by WHO (2013) study on family planning.

### Conclusion and Recommendation

It has also established that there is significant effect of use method of FP products on customers' patronage in Maiduguri Metropolis. This is because the probability value is less than alpha level of significance. The result also established that multiple regression shows that use method of FP products has significant effect on customer patronage in Maiduguri Metropolis. The combined variables of condom use, withdrawal method, intra-uterine device, injectables, implant pills and use of pills show significant effect on customer patronage in Maiduguri Metropolis. The study concludes therefore that certain products and services as mentioned are very popular with the target groups and such products must be made readily

available to end users.

In Maiduguri Metropolis, the study has revealed that methods currently in use have significant effect on customer patronage of FP products. In other words, this implies that condom use, withdrawal method, intra-uterine device, injectables and implant to pills have significant effect on customer patronage in Maiduguri Metropolis. It is therefore, recommended that the methods should be maintained and enhanced by social marketing efforts for sustainability of customer patronage of FP products.

**Originality:** The study added knowledge to the existing literature in social marketing for the care and protection of active reproductive group and provided information on knowledge and use methods practice of family planning methods in Maiduguri. It is an embodiment of learning and communication to all concerned. It provided practical and theoretical information that can be used by policy makers of Federal Ministry of Health (FMH), and Family Planning

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