



## **Exposure to Radio Advertisements and Knowledge and Practice of Family Planning among Married Couples of Reproductive-Age in Ikere Local Government Area, Ekiti State, Nigeria**

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### **ABSTRACT**

**Background:** Persistent high fertility rates and low contraceptive prevalence in sub-Saharan Africa, particularly in Nigeria, have prompted sustained efforts by governmental and non-governmental organisations to promote family planning. These initiatives seek to educate couples about the benefits of family planning and encourage the adoption of modern contraceptive methods. Radio remains one of the most accessible and cost-effective channels for health communication; however, empirical evidence regarding its effectiveness in promoting family planning behaviour at the community level remains limited.

**Objective:** This study investigated married couples' exposure to radio advertisements on family planning, their level of knowledge of family planning, and the extent of family planning practice among married couples of reproductive age in Ikere Local Government Area (LGA), Ekiti State, Nigeria.

**Method:** The study adopted a descriptive survey design. A multistage sampling procedure involving stratified, purposive, and simple random sampling techniques was used to select 400 respondents from a population of 147,355, based on Yamane's sample size formula. Data were collected using a structured questionnaire and analysed using descriptive statistics (mean and standard deviation) and inferential statistics (Chi-square) at a 0.05 level of significance.

**Results:** The findings revealed that respondents had a high level of exposure to radio advertisements on family planning (mean = 3.39), demonstrated substantial knowledge of family planning methods (mean = 3.39), and reported moderate-to-high levels of family planning practice (mean = 3.14). Furthermore, a statistically significant relationship was found between exposure to radio advertisements and knowledge of family planning ( $\chi^2 = 21.56, p = 0.002$ ).



**Conclusion:** Although radio remains an effective medium for disseminating family planning information in rural and semi-urban communities, increased exposure and knowledge alone are insufficient to promote consistent family planning practice.

**Recommendation:** Government agencies and non-governmental organisations should increase investment in radio-based family planning campaigns while strengthening community stakeholder engagement and developing culturally sensitive programming to maximise their effectiveness and promote sustained behaviour change.

**Keywords:** Radio advertisements, married couples, family planning, reproductive health, health communication, behaviour change, Nigeria.

## INTRODUCTION

Radio remains one of the most enduring and accessible platforms for health communication in sub-Saharan Africa. It bridges literacy gaps, transcends geographical barriers, and reaches diverse populations regardless of age, income, or educational attainment. Its extensive coverage and affordability make it a strategic medium for disseminating public health information in developing countries. For decades, radio has been widely utilised in campaigns promoting HIV/AIDS prevention, childhood immunisation, oral rehydration therapy, and reproductive health (Omoyajowo, 2019). In Nigeria, increased government and non-governmental organisation (NGO) investment in health broadcasting, coupled with the widespread availability of radio receivers, has further strengthened the medium's role in family health communication. Recent studies have reinforced this position. For example, Akin-Morakinyo and Ogunniyi (2026) and Nwafor et al. (2024) reported that broadcast media, when effectively deployed within appropriate regulatory frameworks, remain vital for equitable information dissemination and the promotion of sustainable health behaviours across Nigerian communities.

Family planning is a fundamental component of public health strategy, enabling individuals and couples to determine the number, spacing, and timing of their children through the use of safe and effective contraceptive methods. According to the World Health Organization (WHO, 2023), family planning is essential to achieving Universal Health Coverage and the Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being) and SDG 5 (Gender Equality). Its benefits include reductions in maternal and infant mortality, prevention of unintended pregnancies and unsafe abortions, improved educational and economic opportunities for women, and enhanced socioeconomic development (Upadhyay & Robey, 2019). Despite these well-established benefits, contraceptive prevalence in Nigeria remains comparatively low. The Nigeria Demographic and Health Survey (NDHS, 2018) reported that only 15% of married women used any contraceptive method, with approximately 10% using modern contraceptives. More recent estimates indicate only modest improvement, with contraceptive prevalence among married women increasing to 16.6% by 2021 (United Nations Population Fund [UNFPA], 2023). These figures remain substantially below global averages despite sustained investments in reproductive health programmes and media campaigns.



In Ikere Local Government Area (LGA) of Ekiti State, where the present study was conducted, radio-based family planning campaigns have been implemented through both community and commercial radio stations. Nevertheless, behavioural change among married couples has not kept pace with these communication efforts. Cultural norms, religious beliefs, misconceptions about contraceptive methods, and entrenched gender dynamics continue to impede the adoption of family planning practices (Nyekwere & Nyekwere, 2019). Furthermore, empirical evidence on the effectiveness of radio advertisements in promoting family planning within Ikere LGA remains limited (Igbe-Arase, 2023), creating an important gap in the literature. This study addresses that gap by examining married couples' exposure to radio advertisements on family planning, their level of family planning knowledge, the extent of family planning practice, and the challenges that constrain the effectiveness of radio-based family planning campaigns in Ikere LGA, Ekiti State, Nigeria.

## **OBJECTIVES OF THE STUDY**

This study examines the role of radio advertisements in promoting family planning among married couples of reproductive age in Ikere LGA, Ekiti State. Specifically, it aims to:

1. determine the extent of respondents' exposure to radio advertisements on family planning in Ikere LGA;
2. assess the level of knowledge about family planning methods acquired through radio advertisement exposure;
3. evaluate the extent of family planning practice among married couples following radio advertisement exposure; and

A null hypothesis was tested:

H<sub>0</sub>: There is no significant relationship between exposure to radio advertisements and family planning knowledge among married couples of reproductive age in Ikere LGA.

## **LITERATURE REVIEW**

### **Family Planning: Concept and Methods**

Family planning encompasses deliberate practices that enable individuals and couples to control the number and spacing of their children. Somulo (2020) defines it as the exercise of reproductive choice guided by maternal health, child welfare, and economic capacity, while Nwangoro (2019) underscores child spacing as central to preserving maternal and infant health. Family planning methods are broadly categorised as traditional or modern. Traditional approaches, including prolonged breastfeeding, post-partum abstinence, and rhythm-based methods, have deep historical roots in African societies (Ayeni, 2019). Modern methods, as outlined by Mandani (2021), include temporary options such as oral contraceptives, intrauterine



contraceptive devices (IUCDs), injectable hormones (for instance, DEPO-PROVERA), implants, and condoms; permanent methods such as vasectomy and tubectomy; and natural techniques such as the withdrawal and calendar methods. Each category carries distinct implications for accessibility, cultural acceptability, and effectiveness.

The benefits of family planning extend beyond demographic objectives. They include reducing unsafe abortion rates, lowering maternal and child mortality, empowering women through reproductive autonomy, and facilitating broader socio-economic participation (Upadhyay & Robey, 2019). The WHO (2023) estimates that approximately 20 million unsafe abortions occur annually, most preventable through effective contraceptive use. These realities underscore the urgency of robust family planning communication programmes.

### **Radio as a Medium for Family Planning Communication**

Mass media, particularly radio, plays a pivotal role in health promotion by disseminating information, shaping public perceptions, and reinforcing social norms (Downing, 2019). Akin-Morakinyo and Oggunniyi (2026) emphasised that radio programming remains a reliable source of information that is crucial for equitable and sustainable societal development. Radio's utility in family planning communication derives from its capacity to reach heterogeneous audiences, including rural populations and men who rarely visit health facilities, to legitimise family planning as a socially acceptable topic of discussion, and to connect communities with available services (Aderibigbe, 2019). Research has consistently established positive relationships between exposure to radio-based family planning messages and contraceptive awareness. Jato *et al.* (2019) found that increased variety in media sources conveying family planning content correlates positively with higher contraceptive use. Piotrow *et al.* (2021) conceptualised a five-stage behaviour change model, comprising knowledge, approval, intention, practice, and advocacy, through which media campaigns systematically influence reproductive health behaviour.

Empirical evidence from Nigerian contexts further supports the effectiveness of radio advertising. Oladosu *et al.* (2019) found that exposure to radio advertisements increased the odds of knowing modern contraceptive methods by 2.5 times among 1,000 women aged 15-49 in Lagos State. Adewole *et al.* (2019) demonstrated that radio advertisements significantly increased family planning awareness and service uptake among 500 rural women in Ogun State. Akinwalere (2019), studying 212 married couples in Kosofe LGA, Lagos, confirmed that radio exposure elevated family planning awareness, though language barriers, cultural incongruity, and scheduling mismatches were identified as constraints. Afolabi *et al.* (2019) reported significantly improved perceived benefits of family planning among young adults exposed to radio advertisements in Lagos State.



Studies beyond Nigeria reinforce these findings. Bosibori *et al.* (2019) found that vernacular radio programmes promoted family planning awareness among reproductive-age women in rural Kenya, though uptake remained low; they recommended media-ministry health partnerships to sustain programming. Irori *et al.* (2022) confirmed radio's influence on birth control campaigns in Delta State, Nigeria, though rural socio-cultural factors constrained compliance. Igbe-Arase (2023), investigating ITV Radio's healthy living family planning programmes in Benin City, reported high audience exposure and positive attitudinal and behavioural outcomes among married couples. Aina (2020) used a comparative interrupted time series design to demonstrate that a radio jingle campaign substantially increased calls to a toll-free family planning information centre in Nigeria, though gains proved short-lived after the campaign ended, suggesting the need for sustained programming to achieve durable behaviour change.

### **Advertising as a Strategy for Family Planning Communication**

Advertising constitutes a critical vehicle for promoting family planning programmes, particularly in communities with limited healthcare access. DuPlessis (2019) highlights advertising's persuasive capacity to shape attitudes and behaviours through strategic message design and media placement. Effective family planning advertisements must be clear, concise, and culturally sensitive, addressing the unique social and normative factors influencing reproductive behaviour in specific communities (Huang *et al.*, 2019). Radio advertising, in particular, offers a distinctive advantage in rural settings where access to other media channels is limited, enabling health messages to penetrate hard-to-reach populations at relatively low cost (Alaofi *et al.*, 2020).

### **Challenges of Radio-Based Family Planning Promotion**

Despite its potential, radio-based health communication encounters significant structural and contextual barriers. Huang *et al.* (2019) observe that insufficient funding prevents many radio stations from sustaining dedicated family planning airtime. Cultural incompatibility, language barriers, limited broadcast hours, and the multi-platform environment further complicate message reach and consistency (Akinwalere, 2019; Bosibori *et al.*, 2019). In Nigeria, the intersection of diverse religious beliefs and deep-seated cultural norms surrounding gender and reproduction makes family planning communication especially complex and contested (Nyekwere & Nyekwere, 2019).

### **THEORETICAL FRAMEWORK**

This study is anchored on the Uses and Gratification Theory (UGT), propounded by Katz (Ruggiero, 2019). UGT posits that media audiences are active, purposive agents who selectively consume media content based on specific social and psychological needs. Unlike earlier transmission models that conceptualised audiences as passive recipients of media influence, UGT shifts analytical focus to the motivations and choices of audience members, examining what people do with media rather than what media does to people (Ruggiero, 2019).



The relevance of UGT to this study is threefold. First, it provides a framework for understanding why reproductive-age women in Ikere LGA engage with, or disengage from, radio-based family planning content. Second, it accounts for variability in exposure, reception, and behavioural response, helping to explain why some listeners act on family planning messages while others do not. Third, it validates radio advertising as a strategic communication platform capable of fulfilling the informational, social, and decisional needs of target audiences in rural and semi-urban contexts. The theory thus connects media exposure to awareness and behaviour change in a manner directly applicable to the research objectives of this study.

## **METHODOLOGY**

### **Research Design**

A descriptive survey design was adopted for this study. This design is appropriate for examining the distribution, incidence, and interrelationships of sociological and communication variables within a defined population without experimental manipulation (Kerlinger, as cited in Evans, 2019). It enabled the systematic collection and quantitative analysis of data on radio advertisement exposure, family planning knowledge, and adoption behaviour among married couples of reproductive age in Ikere LGA.

### **Population, Sample, and Sampling Techniques**

The study population comprised the 147,355 residents of Ikere Local Government Area, Ekiti State (National Population Commission, 2006 projected estimates). The target population was specifically married couples of reproductive age (15–49 years), consistent with standard demographic definitions of the reproductive age range. The sample size was determined using Yamane's (1967) formula for finite populations:  $n = N / (1 + Ne^2)$ , where  $N = 147,355$  and  $e = 0.05$  (at margin of error of 95% confidence level). This yielded a minimum required sample of 399, rounded up to 400 respondents to ensure adequate statistical power and representation.

A multi-stage sampling technique was adopted, first using stratified sampling to divide Ikere LGA into four enumeration zones (North, South, East, and West), corresponding to its administrative ward clusters. In the second stage, two communities were purposively selected from each zone based on confirmed presence of radio-listening households and proximity to community radio broadcast coverage, yielding eight communities in total. In the third stage, simple random sampling was used to select 50 respondents from each community, producing the target sample of 400. Eligibility criteria required that respondents be married, aged 15–49 years, resident in Ikere LGA for a minimum of six months, and self-reported listeners of radio broadcasts within the three months preceding data collection.



**Research Instrument**

Data were collected using a structured, self-administered questionnaire, using Likert-scale (Strongly Agree = 4, Agree = 3, Strongly Disagree = 2, Disagree = 1) corresponding to each research objective. Instrument reliability was determined using the test-retest method, yielding a Pearson correlation coefficient of 0.78, which is considered satisfactory for social science research.

**Data Collection and Analysis**

Copies of the questionnaire were administered face-to-face to facilitate clarity and completeness of responses. Respondents unable to complete instruments immediately were given up to three days for submission. Data were analysed using descriptive statistics (mean and standard deviation) to address the three research objectives. Chi-square ( $\chi^2$ ) tests were applied at the 0.05 level of significance to test the two null hypotheses, with hypotheses rejected where the calculated  $\chi^2$  value exceeded the critical value and  $p < 0.05$ .

**RESULTS**

**Objective 1: Extent of Exposure to Radio Advertisements on Family Planning**

*Table 1: Married Couples' exposure to radio advertisements on family planning in Ikere LGA*

S/N	Item	SA	A	D	SD	Mean ( $\bar{x}$ )	Std. Dev.	Decision
1	I frequently hear radio advertisements for family planning in my area.	240	120	20	20	3.45	0.60	Agreed
2	Radio advertisements provide detailed information about different family planning methods.	200	160	20	20	3.35	0.66	Agreed
3	Radio advertisements help clarify misconceptions about family planning.	180	160	40	20	3.25	0.71	Agreed
4	Radio is an effective medium for promoting family planning awareness.	260	100	20	20	3.50	0.57	Agreed
5	Radio advertisements have increased my awareness of family planning methods.	220	140	20	20	3.40	0.65	Agreed
<b>Grand Mean</b>						<b>3.39</b>		<b>Agreed</b>

**Key:** SA = Strongly Agree; A = Agree; D = Disagree; SD = Strongly Disagree (Field Survey, 2025)



The grand mean of 3.39 indicates a high level of exposure to radio family planning advertisements among respondents. These results establish that respondents in Ikere LGA are consistently reached by radio-based family planning messaging, satisfying the precondition for the knowledge and practice analyses that follow.

## Objective 2: Level of Family Planning Knowledge Acquired Through Radio Exposure

*Table 2: Married Couples' family planning knowledge through radio advertisement exposure*

S/N	Item	SA	A	D	SD	Mean ( $\bar{x}$ )	Std. Dev.	Decision
1	I can identify different family planning methods from what I have heard on the radio.	240	120	20	20	3.45	0.60	Agreed
2	Radio advertisements have helped me understand the benefits of family planning.	220	140	20	20	3.40	0.65	Agreed
3	I am aware of the nearest family planning service centre because of radio.	180	160	40	20	3.25	0.71	Agreed
4	Radio advertisements have corrected misconceptions I previously held about family planning.	200	120	40	40	3.20	0.75	Agreed
5	I know the health risks of unplanned pregnancies from radio messages.	220	140	20	20	3.40	0.65	Agreed
<b>Grand Mean</b>						<b>3.34</b>		<b>Agreed</b>

*Key: SA = Strongly Agree; A = Agree; D = Disagree; SD = Strongly Disagree (Field Survey, 2025)*

A grand mean of 3.34 indicates that respondents possess substantial family planning knowledge attributable to radio advertisement exposure. The highest-scoring item was the ability to identify specific family planning methods from radio content (mean = 3.45), followed by understanding the benefits of family planning (mean = 3.40) and knowledge of the health risks of unplanned pregnancy (mean = 3.40). The comparatively lower score on knowledge of the nearest service location (mean = 3.25) suggests that radio advertisements, while effective in conveying conceptual and motivational information, are less successful at communicating actionable service access information.



**Objective 3: Extent of Family Planning Practice Following Radio Advertisement Exposure**

*Table 3: Family planning practice among married couples through radio advertisement exposure*

S/N	Item	SA	A	D	SD	Mean ( $\bar{x}$ )	Std. Dev.	Decision
1	My partner and I discuss family planning methods we have heard about on the radio.	200	120	40	40	3.20	0.75	Agreed
2	We currently use a family planning method discussed on the radio.	180	140	40	40	3.15	0.77	Agreed
3	Radio advertisements have motivated us to visit a family planning clinic.	160	140	60	40	3.05	0.82	Agreed
4	Our decision to adopt family planning was influenced by radio messages.	180	120	60	40	3.10	0.78	Agreed
5	We feel confident using family planning methods we learned about on the radio.	200	120	40	40	3.20	0.75	Agreed
<b>Grand Mean</b>						<b>3.14</b>		<b>Agreed</b>

*Key: SA = Strongly Agree; A = Agree; D = Disagree; SD = Strongly Disagree (Field Survey, 2025)*

A grand mean of 3.14 indicates a moderate-to-high level of family planning practice among married couples following radio advertisement exposure. While positive adoption indicators are evident, including spousal discussion of radio-derived information (mean = 3.20) and current use of advertised methods (mean = 3.15), the lower mean on clinic visitation (mean = 3.05) and the gap between knowledge (3.34) and practice (3.14) point to the persistence of a KAP gap. Socio-cultural constraints and limited service access appear to mediate the translation of radio-acquired knowledge into sustained contraceptive behaviour.

**Hypothesis Testing**

**H<sub>0</sub>: There is no significant relationship between radio advertisement exposure and family planning knowledge among respondents.**

*Table 5: Relationship between radio advertisement exposure and family planning knowledge*

Variable	df	$\chi^2$ -Calculated	$\chi^2$ -Critical	p-value	Decision
Exposure to Radio Advert vs. Family Planning Knowledge	4	21.56	9.49	0.002	Reject H <sub>0</sub>

*Field Survey, 2025*



Since  $\chi^2$ -calculated (21.56) >  $\chi^2$ -critical (9.49) at  $df = 4$  and  $p = 0.002 < 0.05$ ,  $H_0$  is rejected. There is a statistically significant relationship between exposure to radio advertisements and family planning knowledge among respondents in Ikere LGA.

## DISCUSSION

The findings of this study confirm a high level of exposure to radio family planning advertisements among married couples in Ikere LGA (grand mean = 3.39), and a statistically significant relationship between such exposure and family planning knowledge ( $\chi^2 = 21.56$ ,  $p = 0.002$ ). This finding is consistent with a substantial body of Nigerian and sub-Saharan African evidence. Oladosu *et al.* (2019) found that radio advertisement exposure more than doubled the likelihood of knowing modern contraceptive methods among women in Lagos State, while Adewole *et al.* (2019) documented that radio-based campaigns significantly improved both awareness and service uptake among rural women in Ogun State. The present study corroborates these findings at the community level in Ekiti State, extending their geographic validity to a previously understudied LGA. Similarly, Afolabi *et al.* (2019) reported improved knowledge of the perceived benefits of family planning following radio advertisement exposure among young Lagos adults, a pattern reproduced in the current study's Table 2, where the mean score for understanding family planning benefits (3.40) ranks among the highest knowledge indicators.

A point of convergence with international evidence is also notable. Bosibori *et al.* (2019), studying rural Kenya, found that vernacular radio programmes effectively built family planning awareness among reproductive-age women, although the translation to contraceptive uptake was constrained by socio-structural barriers. This mirrors the present study's finding of a KAP gap: while knowledge scores are relatively high (grand mean = 3.34), practice scores are comparatively lower (grand mean = 3.14), indicating that exposure and knowledge, while necessary, are insufficient conditions for sustained behaviour change. This aligns with Piotrow *et al.*'s (2021) five-stage behaviour change model, knowledge, approval, intention, practice, advocacy, which predicts that the journey from knowledge to consistent practice is mediated by attitudinal and social factors that radio alone cannot resolve.

The persistence of the KAP gap in this study diverges from the more optimistic findings of Igbe-Arase (2023), who reported high levels of both attitudinal and behavioural change following exposure to ITV Radio's family planning programming in Benin City. This divergence may be attributed to contextual differences between an urban broadcasting environment (Benin City) and the semi-rural, community-based radio landscape of Ikere LGA, where cultural and religious constraints on open discussion of contraception are more pronounced (Nyekwere & Nyekwere, 2019). The comparatively lower mean scores for clinic visitation (3.05) and decision to adopt family planning (3.10) in the present study are consistent with Aina's (2020) finding that radio campaign effects on behaviour-seeking tend to be short-lived without structural reinforcement, a finding this study's data independently support and contextually extend.



Viewed through the lens of Uses and Gratifications Theory (UTG), these findings suggest that married couples in Ikere LGA are active and motivated consumers of radio family planning content, seeking informational gratification to support their reproductive decision-making. The relatively strong exposure and knowledge scores validate UGT's proposition that audiences engage purposively with media content that fulfils perceived needs. The present study thus contributes an empirically grounded, community-level test of UGT in a health communication context, confirming its explanatory utility while highlighting the theory's need to be complemented by structural and socio-cultural frameworks when applied to reproductive health behaviour in West African rural settings.

## **CONCLUSION**

Based on the findings of this study, radio advertisements are a demonstrably effective channel for building family planning knowledge and practices among married couples of reproductive age. The high exposure mean (3.39) and the statistically significant exposure-knowledge relationship ( $\chi^2 = 21.56$ ,  $p = 0.002$ ) establish radio as a credible and reach-effective medium for reproductive health communication. However, radio exposure and knowledge alone are insufficient to drive consistent family planning practice as the moderate-to-high practice mean (3.14), the persistent KAP gap, and the lower scores on clinic visitation and adoption decisions collectively indicate that knowledge-building through radio must be complemented by interpersonal communication strategies, service access facilitation, and community-level norm change interventions.

## **RECOMMENDATIONS**

Based on the findings in this study and the conclusion reached, the following recommendations are offered:

1. Federal and state governments, development partners, and health NGOs should substantially increase dedicated financial support for radio-based family planning campaigns, with priority given to community and local radio stations in semi-rural areas such as Ikere LGA where audience penetration is high but content quality is constrained by funding scarcity.
2. Radio stations should allocate regular prime-time broadcast slots to family planning programming, developed in collaboration with health professionals and community representatives, to ensure accuracy, cultural resonance, and motivational effectiveness.
3. Community leaders, religious leaders, and health opinion influencers should be actively engaged as co-communicators and family planning advocates within radio programming, to reduce cultural resistance, normalise open spousal discussion of contraception, and bridge the gap between radio-acquired knowledge and household-level practice.
4. Media practitioners involved in health broadcasting should receive targeted training in health communication, risk communication, and audience engagement techniques, to



improve the accuracy, quality, cultural sensitivity, and behaviour change potential of family planning content.

5. Interactive programming formats, such as call-in radio shows, health drama, and community dialogue programmes, should be developed to deepen audience engagement, support spousal discussion, and convert family planning knowledge into consistent practice.
6. Future research should consider longitudinal or mixed-methods designs on areas that the current study did not capture, such as the socio-cultural challenges/factors among couple of reproductive age; and challenges of the media in broadcasting specialised health programmes like family planning, particularly in local communities like Ikere Ekiti.

### **Ethical Consideration**

All procedures followed ethical guidelines for research involving human participants. The consent from the Ministry of Health and Social Services, and Ikere Local Government, and the study was approved by both. Also, all participants willingly participated in the study without coercion.

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### **Conflict of Interest**

The authors declare no conflict of interest whatsoever in relation to this study.

### **Authors' Contributions**

Ogundeji, B. K. conceived and designed the study. Ogguniyi, M. D. drafted the original manuscript. Ayinla, T. O. sourced and reviewed the literature. Augustus, E. O. edited, proofread, and prepared the manuscript for submission. Ogundeji and Ogguniyi conducted the fieldwork and collected data. Ayinla and Augustus performed the statistical analysis. All authors critically reviewed and approved the final manuscript and confirmed their familiarity with its content.

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