

**FACTORS AFFECTING FAMILY PLANNING; IT'S AWARENESS AND PRACTICE
AMONG WOMEN OF REPRODUCTIVE AGE IN AHIABA-UMUEZE-OWUALA
AUTONOMOUS COMMUNITY IN ABA, ABIA STATE**

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ABSTRACT

Background:

Nigeria is one of the most densely populated country in Africa with approximately 1996 million people in a million Km² area and is also the country with the largest population in Africa and is the country with the seventh largest population in the World. Nigeria has one of the lowest contraceptive prevalence in the world, only about 15% of women in their child bearing years embrace family planning in Nigeria, hence need for family planning campaign been an important tool in curbing this high rate of population growth in the country.

Aim: The aim of this study was to identify the factors affecting family planning, its awareness among women of reproductive age (18-49) in Ahiaba-Umueze–Owuala Community in Aba, Abia state.

Method: This Descriptive Cross-sectional study was carried out in Ahiaba-Umueze –Owuala Community in Osisioma Ngwa LGA in Aba, Abia State, among both married & single (but not pregnant) females of reproductive age (18-49) in the community using a sample size of 400 and by adopting the cluster based sampling technique, each kindred was singly studied and our respondents picked in alternate manner until hundreds of respondents were picked from each part using a ----sectioned semi-structured Questionnaire which was either self-administered or interviewer administered. The questionnaires were manually sorted and analyzed using SPSS statistical method and data presented in diagrams and all continuous variables presented as mean and median and discrete variables described as percentages.

Results: Results of the study revealed that the awareness about family planning was low among respondents about 69.3%. This is hugely due to ignorance as a result of poor educational exposure, cultural restriction for the young ones, poor awareness campaign on the subject matter and the remote nature of the locality. Of the 30.7% that is aware of the subject matter, 85.5% felt the husbands should be involved in the family planning decisions. The current rate of family planning among the informed respondents was found to be 35.7% and non- practice was found to be 64.5%, with the reason(s) viz desire for more children, husband disapproval, personal disapproval, fear of side effects, religions among others.

Conclusion: The knowledge and practice of family planning is low in the study population and based on these findings, recommendations for improving family planning awareness and enhancing practice in the study populations have been indicated so as to curb the rate of population growth which is alarming.

Keywords: Family planning, Awareness, Women of reproductive age.

Introduction

Family planning is an important strategy in promoting maternal and child health care ¹.

Family planning according to an Expert Committee of the World Health Organization (WHO) is defined as “a way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitudes and responsible decisions by individuals and couples in order to promote the health and welfare of the family, group and thus contribute effectively to the social development of the country” ². Onokerhoraye also defined family planning as the provision of birth prevention information services and appliances. It also involves teaching men and women about their babies and teaching them how to prevent births usually with contraceptives but sometimes also with abortion and sterilization ³.

Family planning through contraception aims at achieving two main objectives:

(1) To have the desired number of children and (2) To have these children by proper spacing of pregnancies and this is achieved through using contraceptive method which is broadly divided into barrier, chemical, natural and surgical types ⁴. Surgical methods that includes sterilization (vasectomy and tubectomy) is a permanent methods ⁴. Induced abortion is the post conception method of family planning and is performed if there is a need to terminate an unwanted pregnancy because of failed contraception³. Attitudes towards fertility regulation, knowledge of birth control methods, access to the means of fertility regulation and communication between husband and wife about desired family size are essential for effective family planning.

Family Planning method be divided into two categories: Traditional and Modern ⁵. Traditional methods include withdrawal, periodic abstinence and use of herbs and wearing of traditional beads. Modern methods include oral contraceptives, Intrauterine Devices (IUCDs), females and male sterilization injections, condoms and the diaphragm. Other practices which have a direct impact

on fertility that have been included are prolonged breast feeding and post-partum sexual abstinence, which are probably used by mothers more for recuperating between births, survival and child spacing rather than limiting family size. Thus, these methods have not been considered as contraceptive methods although it's fertility inhibiting characteristics are well recognized.

Rapid population growth and over population have remained tropical issues of great concern to government and the international community. In industrialized countries, virtually all married men and women resort to contraception at the same time in their reproductive period. In contrast, the proportion reporting such use in developing countries is extremely low ⁵.

Unintended pregnancies account for 38% of the 80 million annual pregnancies worldwide ⁶. They are the main reason for induced abortions ⁷, resulting in about 42 million induced abortions ⁷. Unintended pregnancies have been linked to numerous maternal and child health problems ⁷.

An estimated one in five pregnancies is unplanned in Nigeria ⁸. These unintended pregnancies can be prevented if women use contraception. An estimated annual 448 million treated sexually transmitted diseases ⁹ and over 80% of HIV infections ¹⁰ worldwide could also be prevented if women choose to use contraception. Socioeconomic conditions of families are also improved as contraceptive usage means fewer mouths to feed, clothe and less spending on children education.

Nigeria is one of the most densely populated country in Africa with approximately 1996 million people in a million Km² area ¹¹ and is also the country with the largest population in Africa and is the country with the seventh largest population in the World ¹². Nigeria has one of the lowest contraceptive prevalence in the world, only about 15% of women ¹³ in their child bearing years embrace family planning in Nigeria.

Young women in their child bearing years bear the brunt of this carnage resulting from unsafe abortion ⁸. The need for women to embrace contraception therefore cannot be overemphasized.

One issue peculiar to Nigeria as in many less developed countries is lack of spousal communications in matters relating to reproductive health with the result such that decisions are taken by the men folk and their families¹⁴. Contraceptive usage is one of such issues. Due to the fact that there was no negotiation between the couples, men who have desires for a larger family will override their wives on such critical decisions that pertains to contraception. A number of

studies conducted in different parts of Nigeria have confirmed the spousal influence on a contraceptive choice^{14 15 16 17}. In this study, we will look at these issues among others contributing to the non-use of contraception.

While it is universally acclaimed that access to contraception is the key to reproductive and sexual health, studies have also shown to that there are other barriers to contraceptive patronage in Sub-Saharan Africa^{18 19 20}. These barriers include women's knowledge and perception of contraception and the negative influence of culture on contraception patronage^{18 19 20}. While awareness of contraception is high amongst women in studies conducted in Sub-Saharan Africa^{21 22}, the depth of knowledge remain shallow and the benefits of contraception not easily realizable.

Worldwide prevalence of use of contraceptive was estimated to be 55% in 2002²³. In Nigeria, it ranges between 5-15%^{23 24 25}. This is in spite of the awareness of contraception reported in the country^{26 27 28}. Studies from Jos and Ife reported awareness by 90% of all respondents of modern methods of contraception²⁶. In a study from Lagos, 92.5% of women sampled knew about some modern contraceptive method yet the unmet need amongst them was estimated at 87.2%²⁹. Similarly, in a survey of undergraduates in South-western Nigeria, 87.5% were found knowledgeable about contraception, 87% were sexually active, but only 34.7% were current users of modern contraceptive methods³⁰.

The Nigeria Demographic and Health Survey (NDHS) 2003 showed that 76.7% of women had knowledge of modern contraceptive methods but the contraceptive prevalence for modern methods among them was only 8.9%²⁵.

Like many other developing nations, majority of Nigeria's population (about 70%) live in the rural communities³¹. These rural communities have very high fertility rate and the contraceptive prevalence lower in rural area with contraceptive prevalence rate of 8% as compared with 18% in the urban areas in Nigeria^{31 32}. Many rural women are reportedly reluctant to accept any artificial method of contraception³³. Several studies also revealed that rural women who were unwilling to accept family planning methods were concerned about child survival and viewed children as source of support in old age³⁴.

Thus based on this background information, this research is therefore carried out to study the factors affecting awareness and use of family planning amongst women in Umueze owuala

community, Aba, Abia State with a view that the findings of this study can help policy makers and program managers in formulating new policies, developing new program interventions and for further strengthening and redesigning of the program targeted for the married women in the rural communities for better family planning coverage and utilization of family planning services.

Materials and methods

This Descriptive Cross-sectional study was carried out in Ahiaba-Umueze –Owuala Community in Osisioma Ngwa LGA in Aba, Abia State, among both married & single (but not pregnant) females of reproductive age (18-49) in the community using a sample size of 400 (calculated using the assumption of 50%) and by adopting the cluster based sampling technique, each kindred was singly studied and our respondents picked in alternate manner until hundreds of respondents were picked from each part using a sectioned semi-structured Questionnaire which was either self-administered or interviewer administered. The questionnaires were manually sorted out and analysed using the statistical method-Statistical Package for Social Service (SPSS) and data presented in diagrams and all continuous variables presented as mean and median and discrete variables described as percentages.

Results

1. Demographic

The demographic characteristics of the respondents studied include age, occupation, education, religion and marital status.

1.1.1. Age composition of the Respondent

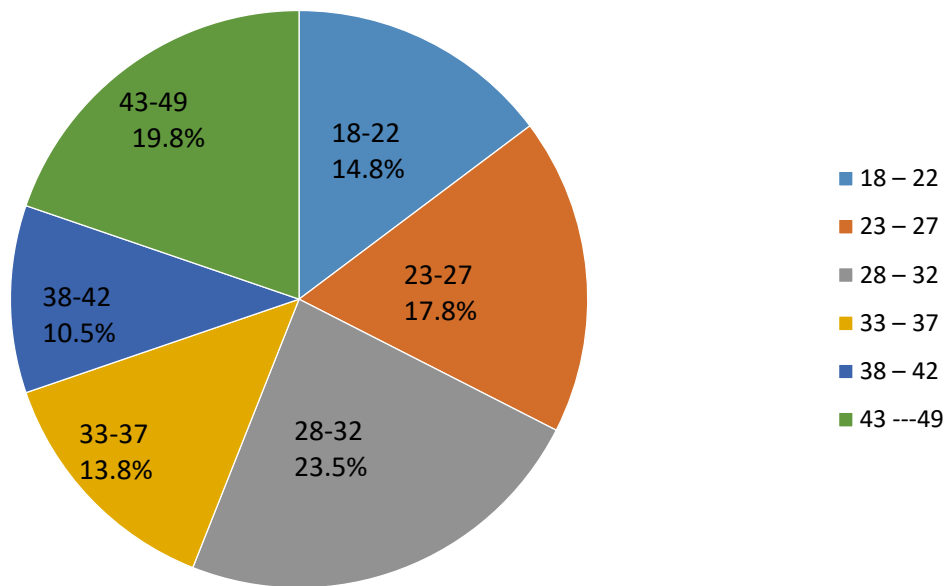


Figure 1: Diagram Showing the Age of the Respondents

The mean age of the respondent is 37.5, median of 35.0, Mode of 23.0 with a minimum limit of 20, maximum limit of 90.0, Range of 70.0, variance of 143.9 with a standard deviation of 12.0 and standard error of means of 0.6.

The largest proportion, 94 (23.5%), of the respondents lies in the cohort 30 to 39 years old. This is followed by the age brackets of 48 and above and 24-29 with percentages of 19.8% and 17.8% respectively. The least respondents are in the age range of 42 to 47 years (10.5%). This is represented in the figure above.

1.1.2 Occupation of the Respondents

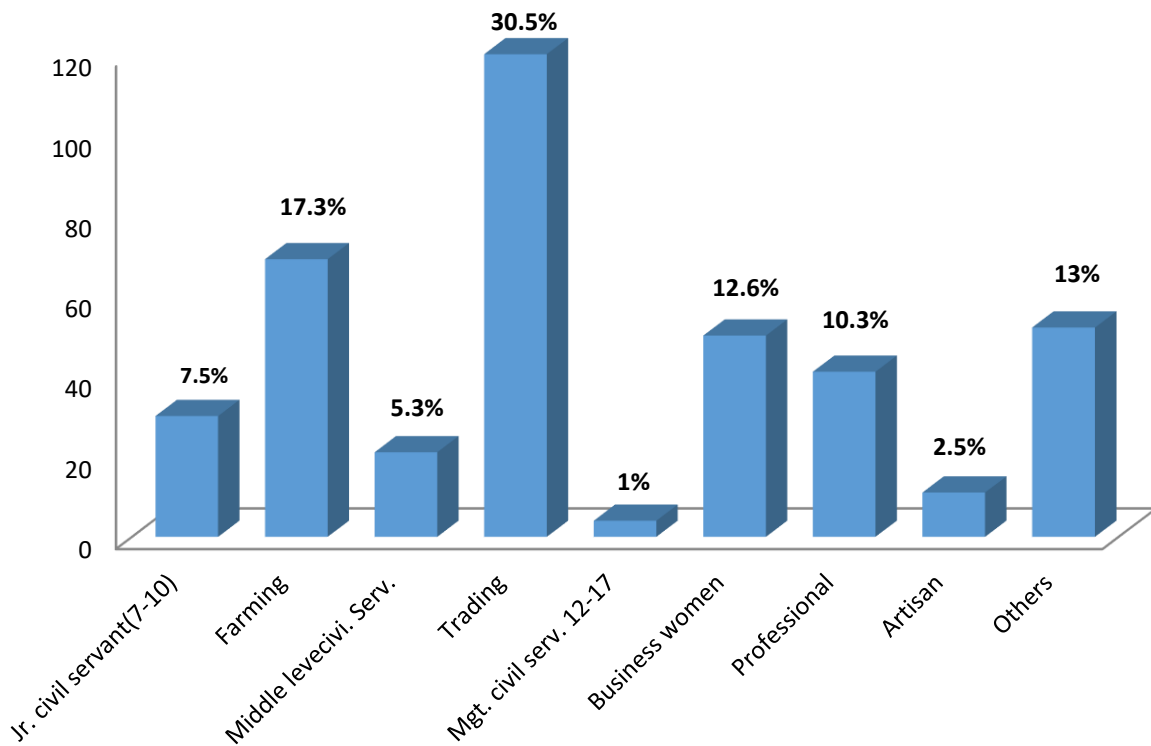


Figure 2: Diagram showing Occupation of the respondents

From the diagram above, 120 (30.5%) of respondents are traders, 69 (17.3%) are farmers while the least where the junior civil servants.

1.1.3 Educational Attainment of the Respondents

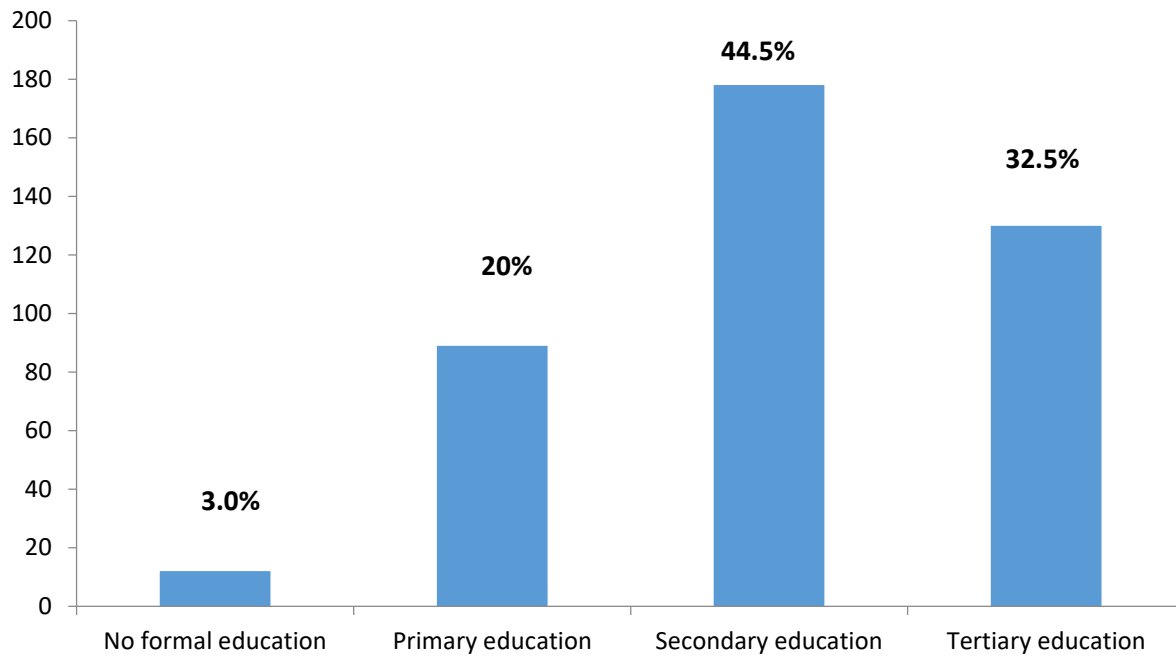


Figure 3: Diagram showing the Educational Attainment of the Respondents

A Substantial proportion, 178 (44.5%) of the respondents possess secondary school education. This is followed by the respondents who attained tertiary education, 130 (32.5%). The least of the sample population are the respondents who had no formal education, 12 (3.0%).

1.1.4 Religion of the Respondents

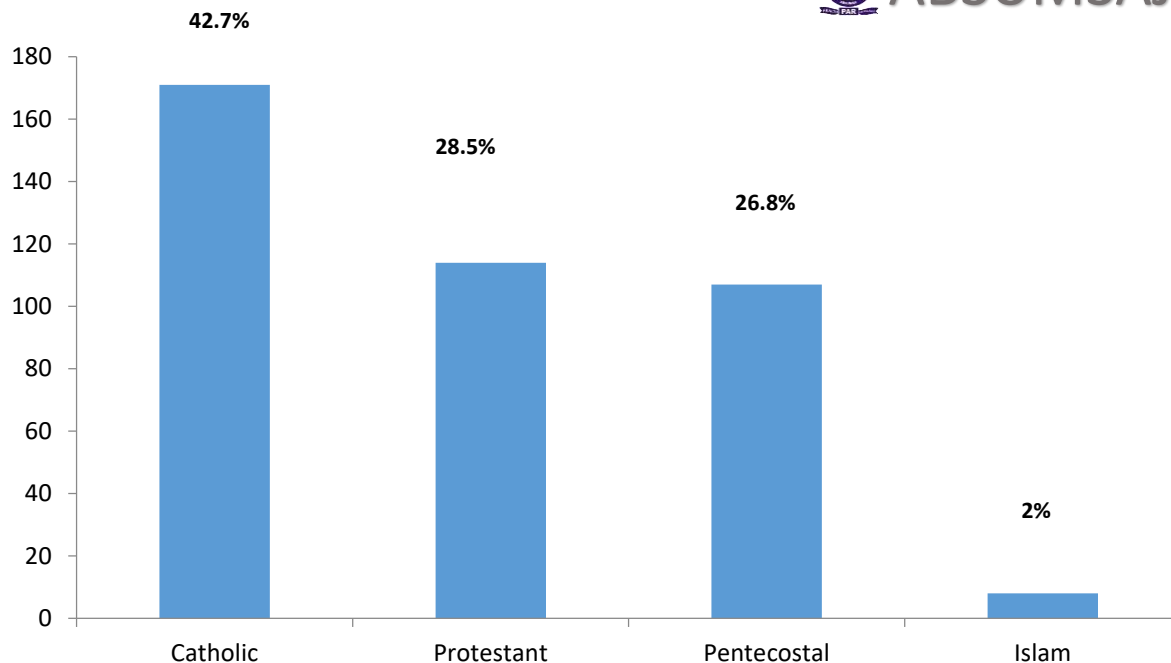


Figure 4: Diagram showing the Religion of the Respondents

From the diagram above, 171 (42.7%) of the respondents are Catholics. This is followed by the Protestants, 114 (28.5%) and Pentecost, 107 (26.8%). A little percentage of the respondents are Islam 2% (8).

1.1.5 Marital Status of the Respondents

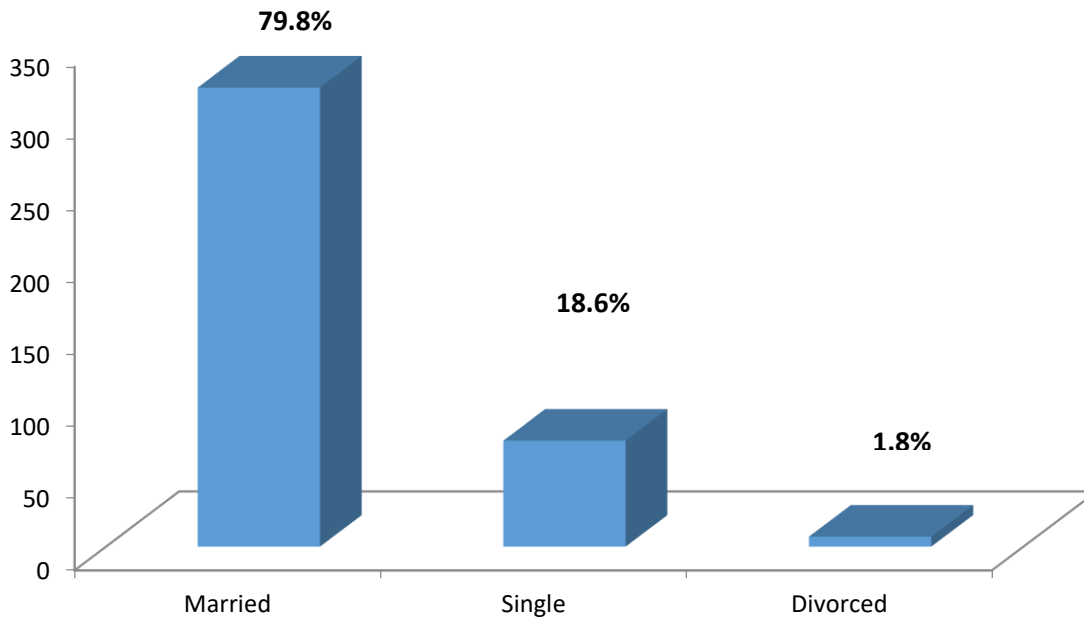


Figure 5: Diagram showing the Marital Status of the Respondents

Majority of the respondents, 319 (79.8%) are married, while the rest, 74 (18.6%) and 7 (1.8%) are Single and Divorced respectively.

1.1.6 The Number of Children

Table 1: Frequency Distribution of the Respondents by the number of living Children

No of Living Children	Frequency	Percentage (%)
0	2	0.5
1	68	17.0
2	91	22.8
3	45	11.3
4	79	19.8
5	45	11.3
6	46	11.6
7	19	4.8

8	5	1.3
Total	400	100.0

The mean actual number of children is 3.4. The range is varied from 0 to 8 children. Approximately 71% of the women have less than 5 children alive. About 29% have 5 or more children.

Table 2: Frequency Distribution of the Respondents by their desired number of Children

Desired Number Of Children	Frequency	Percentage
=<4	225	56.2
5 – 9	168	42.0
10 and above	7	1.8
Total	400	100.0

The mean number of desired children is. About 56.2% of the women desired four or less than four children.

When compared with the mean number of children alive, the mean desired number of children is higher. This could be a possible cause of decreased family planning practice among the respondents.

1.1.7 Husband's Education

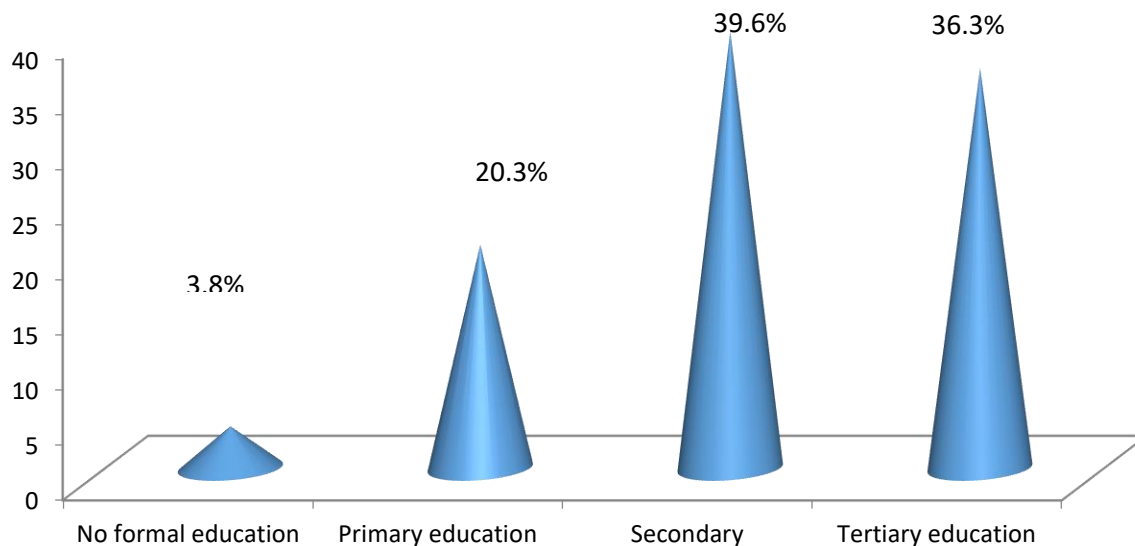


Figure 6: Diagram showing the Respondents' Husband's Educational Attainment

A Substantial proportion, 158 (39.6%) of the respondents possess secondary school education. This is followed by the respondents who attained tertiary education, 145 (36.3%). The least of the sample population are the respondents who had no formal education, 16 (3.8%).

1.1.8 Husband's Occupation

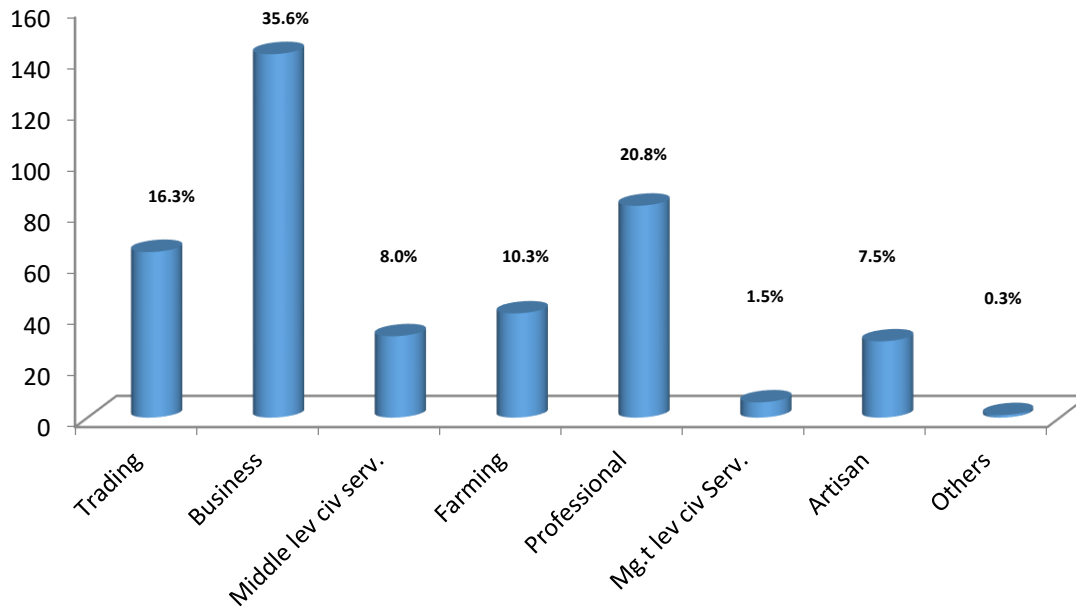


Figure 7: Diagram showing the Respondents' Husband's Occupation.

About 142 (35.6%) of the respondents are Business women. Following this are the professionals, 82 (20.8%), while about 62 (16.3%) are traders as at the time of research. Only about 41 (10.3%) are farmers while the civil servants, artisans and unemployed share the remaining percentages.

2. Knowledge of Family Planning

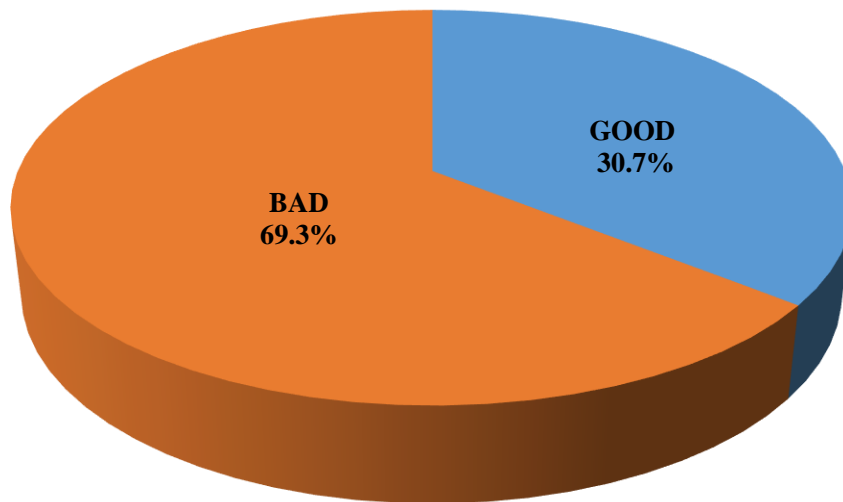


Figure 8: Diagram showing the level of knowledge of family planning

From the diagram above, the level of knowledge of family planning of the women within reproductive age can be said to be poor (69.3%). This could be attributed to the fact that they lacked a proper knowledge of what the term “family planning” meant, they were unable to mention the aims of family planning though they were able to say about one or two commonly used contraceptives such as the condom and pills which didn’t justify their knowledge.

3. Level of Practice of Family Planning

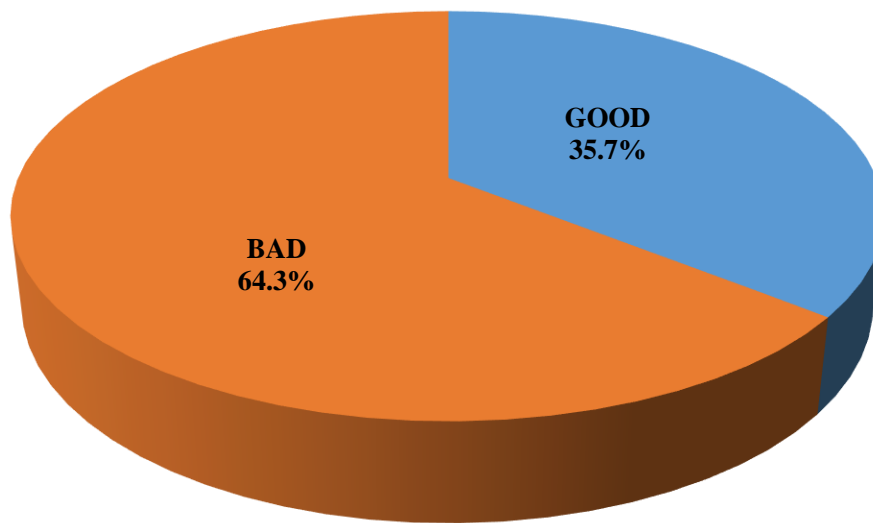


Fig 9: Diagram showing the level of practice of Family Planning.

From the diagram, 35.7% (143) of the participants practiced family planning while 64.3% (257) did not. The reason for this could be linked to their poor knowledge of the concept of family planning which is most likely to affect their practice.

4. Spousal communication

4.1 Respondents Discussion with their Husbands about their family Planning

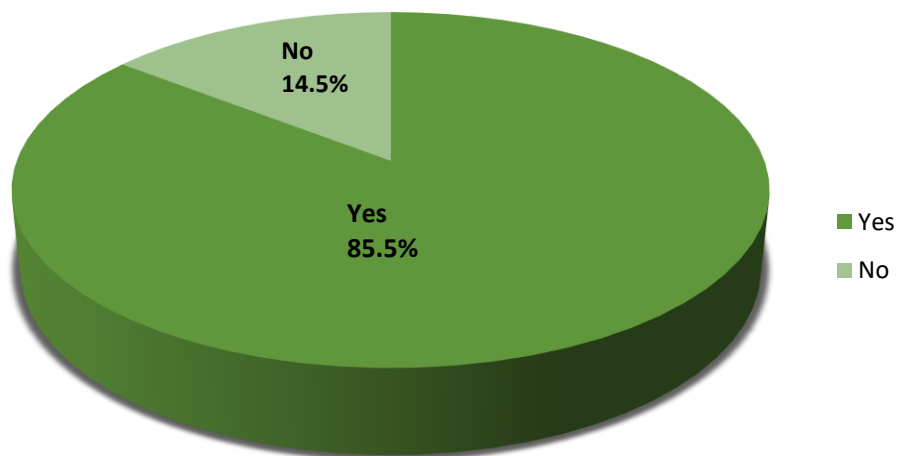


Figure 10: Diagram Showing Respondents Status of Family Planning Discussion with their Husbands

Relatively high percentage, 85.5% (342) of the respondents who admitted to know what family planning is have discussed the issue about the use of family planning with their husbands. The remaining 14.5% (58) have never discussed family planning with their Husband.

4.2 Approval of Family Planning by Respondents' Husbands

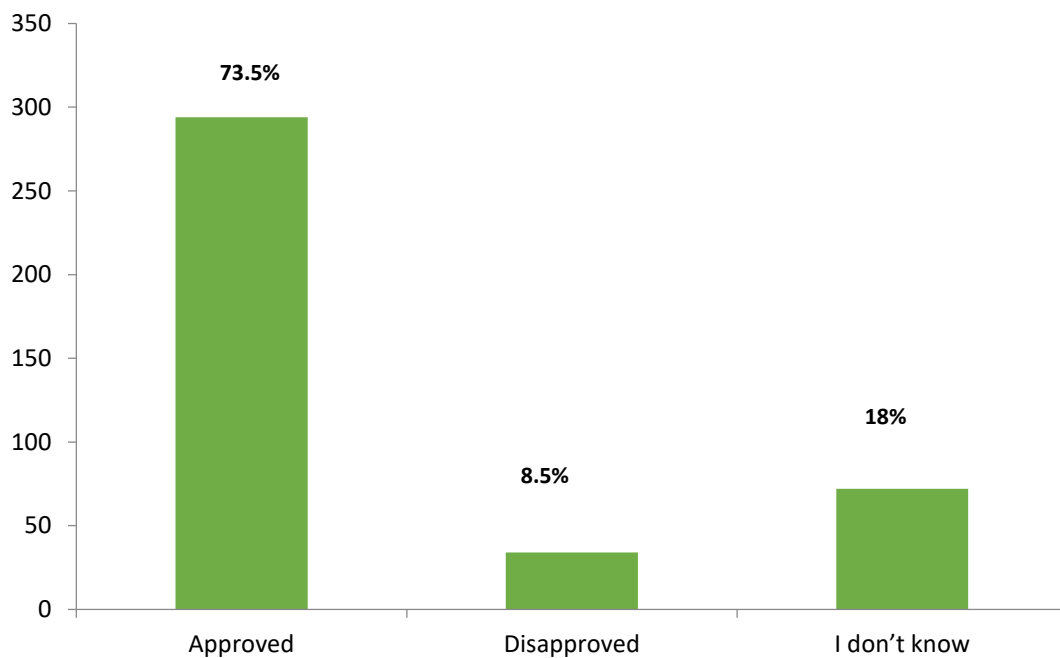


Figure 11: Diagram Showing the Approval of Family planning by the Respondents Husbands

Among the respondents who discussed family planning with their Husbands, 73.5% (294) had their husbands approve the decision for family planning, 8.5% (34) had their Husbands disapprove it while the remaining were unsure of their Husband's approval.

4.3 Permission from Husband before Practicing Family Planning

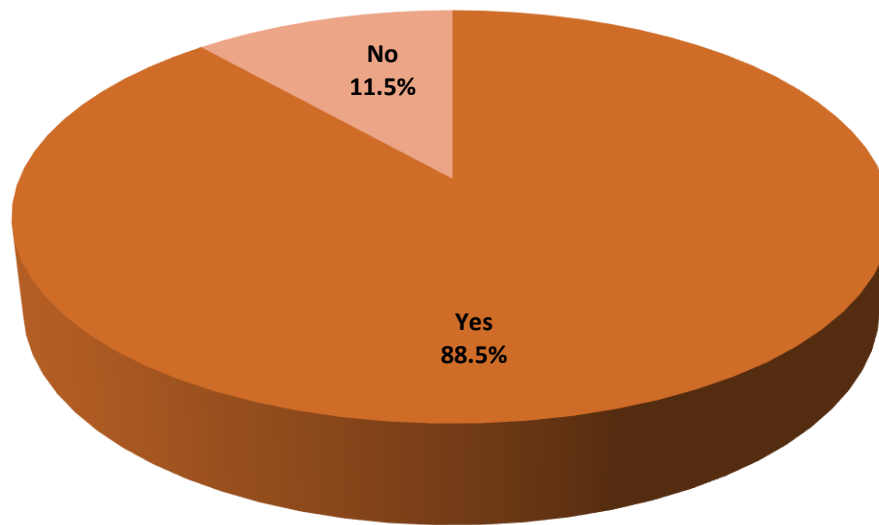


Figure 12: Diagram showing the Respondents approval for seeking behavior from their Husbands before practicing Family planning.

About 88.5% (354) of the respondents, who said they know what family planning is, acknowledged that they require their husband's approval before they could practice any form of family planning. The remaining 11.5% (46) said they do not need their husband's approval before they could practice family planning.

DISCUSSION

The awareness of family planning methods was generally low among the respondents with 69.3% of respondents not having heard about family planning.

Among the respondents who claimed to have heard about family planning (30.7%), about 45% reported to know about the condom probably due to the fact that it is cheap and available around their area of residence and because of its dual function as a means of preventing sexually transmitted infections and also as a family planning method. Also 25% reported to know contraceptive pills, 11.2% injectable with almost all of them being aware of one method or other.

To the unaware respondents, the reasons could be attributed to ignorance to family planning services due to:

- Poor educational exposure.
- Locality of residences.
- Low awareness campaigns on the subject matter
- Cultural restrictions among the young females.

This study is in line with a study carried out in Ethiopia where the level of awareness amongst women of reproductive age was seen to be low, but contradicts a study carried out amongst females students in Illorin where the awareness level was reported to be high amongst respondent ^(35,36,37).

Nearly 88.5% of the respondents felt that their husbands should be involved in family planning decision as male approval/decision making is important and further stress the need to carry men along in family planning services/campaigns. This is in line with a study carried out in Bangladesh where husbands were said to have strong influence on the use of contraceptives ⁽³⁸⁾.

The current practice among the informed respondents was 35.7%. This prevalence is higher than the findings in a study conducted in Nigeria with a Contraceptive Prevalence Rate (CPR) of 14.6% in 2008 by World Bank ⁽³⁹⁾ and other developing countries, but about 34.9% of prevalence was reported in a study carried out among females in rural Muslim area of North India.

On current use, condom (45.3%) is the most reported of family planning followed by pills (27.5%), three month injectable (8.7%), IUCD (7.0%), the least reported methods includes two months injectable (2.5%), implants (2.0%), emergency contraceptives (1.8%), female sterilization (1.5%), others like abstinence (3.7%).

About 64.3% of respondents are currently not practicing family planning; This appear higher than findings in work that reported 1:5 married women of child bearing age (22%) in Africa does not practice with higher percentage in rural women.

The main reasons for non-practices of family planning are:

- Husband disapproval.
- Desire for more children.

- Due to side effects.
- Inconvenient to use.
- High cost of product.
- Personal disapproval.
- Religious reasons.

Spousal communication appeared to statistically have a positive influence on family planning practice as 85.5% of women who discussed family planning with their husbands were practicing family planning methods, while only 14.5% of women never discussed family planning with their spouses and not practicing family planning.

CONCLUSION

From the above, the knowledge, awareness and practice of family planning of family planning amongst the people of Ahiaba Umueze was quite low as the use of condom happens to be the only family planning method widely known and so is its practice. This brings into limelight the importance of health education and enlightenment program as a tool in increasing the level of their knowledge and by so doing their practice too.

Acknowledgements

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Conflict of Interest

The authors declare that there is no conflict of interests regarding the publication of this paper.

References

1. Umbeli T., Mukhtar A. and Abusalab M.A. Study of unmet needs for family planning in Dar Assalam Sudan 2001. E M H J 2005; 11(4): 14-15.
2. Onokerhoraye A.G. Health and Family Planning Services in Nigeria: A Spatial Perspectives, The Benin Social Sciences Series for Africa, University of Benin, Benin. 1997; 1-353.

3. Weeks J.R. Population: An introduction to the concepts and issues. 8th Ed. Wadsworth Thomson Learning, USA, 2002.
4. Oliver R. Contraceptive use in Ghana; the role of service availability, quality and price. The World Bank, Living Standards measurement Study Working Paper, Washington DC; 1991.
5. Finer L.B. and Henshaw S.K. Disparities in rates of unintended pregnancy in the United States, 1994-2001. *Perspectives on Sexual Reproductive Health* 2006; 38(2): 90-96.
6. Otoide V.O., Orosanye F. and Okonufua F.E. Why Nigerian adolescents seek abortion rather than contraception: Evidence from focus-group discussions. *Int. Fam. Plan. Perspect.* 2001;27(2):77-81.
7. Carr D. and Khan M. *The Unfinished Agenda: Meeting the needs for the family planning in less developed countries.* Washington DC: Population Reference Bureau; 2004.
8. Bankole A.A, *Unwanted Pregnancy and induced abortion in Nigeria: Causes and consequences,* New York, Guttmacher Institute, 2006.
9. World Health organization. *Prevalence and incidence of selected sexually transmitted infections. Chlamydia, Neissera gonorrhoea, Syphilis and Trichomonasvaginalis,* Geneva, 2011.
10. World Health Organization, United Nations Population Fund, International Planned Parenthood federation, Joint United Nations Programme on HIV/AIDS. *Sexual and reproductive health and HIV/AIDS linkages: a framework for priority linkages.* Geneva, 2005.
11. Akinyemi A.I. *Demographic dynamics and development in Nigeria.* *African Population Studies* 1998; 27:239-248.
12. The World Factbook-Central Intelligence Agency. www.cia.gov. Retrieved 10 April 2018.
13. *Nigeria Demographic and Health Survey (NDHS), Interim Report 2013.*

14. Ogunjuyigbe P.O., Ojofeitimi E.O. and Lisau A., Spousal communications, changes in partner attitude and contraceptive use among the Yorubas of Southwest Nigeria. *J. Soc. Sci.*, 2000; 6(1): 59-64.
15. Iklaki C.U., Ekabua J.E. and Abasiattai A., Spousal communication in contraceptive decisions among antenatal patients in Calabar, South Eastern, Nigeria, *Niger J. Med.*, 2005; 14(4); 405-7.
16. Ijadunola M.Y., Abiona T.C., Ijadunola K.T., Afolabi, O.T. and Esimai O.A., Male involvement in family planning decisions making in Ile-Ife, Osun State, Nigeria, *Afr. Reprod. Health*, 2020; 14(4); 405-7.
17. Izugbara C., Ibisomi L., Ezeh A.C. and Mandara M., Gendered interests and poor contraceptive communication in Islamic Northern Nigeria, *J. Fam. Plann. Reprod. Health care*, 2010; 36(4); 19-24.
18. Asekun-Olarimoye E., Adebimpe W., Bamidele J. and Odu O.E.T., Barrier to use of modern day contraception among women in an inner city area of Osogbo metropolis, Osun State, Nigeria, *Int. J. Women's Health*, 2012; 11(5); 647-55.
19. Sunmola A.M., Evaluating the sexual behavior, barriers to condom use and its actual use by university students in Nigeria, *AIDS Care*, 2005; 17(4); 437-65.
20. Ujulu C., Anyanti J., Adebayo S.B., Muhammed F., Oluigbo O. and Gofwan A., Religion, Culture and male involvement in the use of standard day's method: evidence from Enugu and Katsina States of Nigeria, *Int. Nurs. Rev.*, 2011; 58(4); 484-90.
21. Ikeme A.C., Ezegwui H.U., Uzodimma A.O., Knowledge, attitude and use of emergency contraception among female undergraduates in Eastern Nigeria, *J. Obstet. Gynaecol.*, 2005; 25(5); 491-3.
22. Okanlawon K., Reeves M. and Agbaje O.P. Contraceptive use: Knowledge, perception and attitude of Refugee Youths in Oru Refugee Camp, Nigeria. *Afr. Reprod. Health*, 2010; 7(4); 342-4.

23. Population Reference Bureau. World Population Data Sheet of the Population Reference Bureau 2003.
24. Obisesan K.A., Adeyemo A.A. and Fakokunde B.O. Awareness and use of family planning methods among married women in Nigeria. *East Afr. Med. J.* 1998; 75(3): 135-8.
25. UN System in Nigeria. NIGERIA: Common Country assessment. 2001.
26. Okonufua F.E., Odimegwu E. and Ajabor H. Assessing the prevalence and determinants of unwanted pregnancy and induced abortion in Nigeria. *Stud. Fam. Plan.* 1999; 30(1): 67-77.
27. Arowojolu A.O., Ilesanmi A.O., Roberts O.A. and Okunola M.A. Sexuality, contraceptive choice and AIDS awareness among Nigerian undergraduates. *Afri. J. Reprod. Health.* 2002; 6(2): 60-70.
28. Onuzuruike B.K. and Uzochukwu B.S.C. Knowledge, Attitude and Practice of family Planning Amongst Women in a High Density Low Income Urban or Enugu, Nigeria. *Afri. J. Reprod. Health* 2001; 5(2): 83-89.
29. Olukoya A.A. Pregnancy Termination: Result of a Community Based Study in Lagos. *Int. J. Gynaecol. Obstet.* 1987, 25: 4-46.
30. Aiken M.E., Okonto P.I. and Ande B.A.A. Knowledge and Perception of Emergency Contraception Among Female Nigerian Undergraduates. *Int. Fam. Plann. Perspect.* 2003; 29(2): 84-87.
31. Ekong E.E. An introduction to Rural Sociology. 2nd ed. Uyo, Nigeria: Dove Publications, 2003.
32. Okoroafor O.E. Large Families: Causes, Consequences and Cures. 2nd ed. Owerri: Spring Field Publishers Ltd, 2001.
33. Guar D.R., Goel Manish Kumar and Goel M. Contraceptive practices and related factors among females in predominantly rural Muslim area of North India. *The Internet Journal of World health and Societal Politics* 2008; 5(1): 45-48.

34. Bertrand J. and Buani E., Lesthaeghe R. and Montgomery M. Factors affecting contraceptive use in Sub-Saharan Africa. Washington D.C: National Research Council National Academy Press, 1993.
35. Abiodun O.M and Balogun O.R. Sexual activity and contraceptive use among young female students of tertiary education institution in Illorin, Nigeria. *Contraception*, 2009; 79: 146-149.
36. Amazigo U, Silva N, Kaufman J, Obikeze D.S. sexual activity and contraceptive knowledge and use among in-school adolescents in Nigeria. *Int. Fam. Plan. Persp.* 1997; 23:28-33.
37. Okpani A.O.U. and Okpani J.U. Sexual activity and contraceptive use among female adolescents: A report from Port Harcourt. *Afr. J. Reprod. Health.* 2000; 4: 40-47.
38. Islam M.M. and Mahmud M. Marriage pattern and some issues related to adolescent marriage in Bangladesh. *Asia Pacific population Journal* 1996; 11(3):23-35.
39. Ragupathy S. Unwanted pregnancies and preventive health care use in Thailand. *Population Research and Policy review* 1997; 16(6), 579-595.