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KNOWLEDGE, ATTITUDE AND PRACTICE OF FAMILY PLANNING AMONGST WOMEN WITH UNPLANNED PREGNANCY IN CALABAR - NIGERIA

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Summary: Women with unplanned pregnancy who came to the University of Calabar Teaching Hospital (UCTH), Calabar, Nigeria, for antenatal care were studied. The aim was to establish the knowledge, attitude and practice of family planning amongst these women. The incidence of unplanned pregnancy in our antenatal population is about 30%. The women considered their pregnancies unplanned because they were unmarried (31.4%), were still in school (25%) and were not economically prepared for the pregnancy (25.1%). Over 85% of the women with unplanned pregnancy were aware of, at least, one family planning method. Most of them knew the benefits of contraception, about 86% of them agreed that family planning is useful but only 8.7% of them ever used a family planning method. The reason for non-use of contraceptive methods were: refusal by husbands (54%), the belief that the methods "cause infertility and ill-health" (35%) and that it was against their religion (28%). Intensive male- targeted information, education, and public enlightenment campaigns may reverse this trend.

Key Words: *Knowledge; Attitude; Practice; Family Planning; Women with Unplanned Pregnancy.*

Introduction

According to the World Health Organisation (WHO), one million conceptions take place every day and about 50 per cent of these conceptions are unplanned and 25 per cent of them are definitely unwanted (Ladipo, 1999). About 150,000 unwanted pregnancies are terminated every day (Ladipo, 1999). A recent survey in Nigeria estimated that about 610,000 induced abortions are carried out in Nigeria annually (Henshaw *et al.*, 1998). A large proportion of these abortions are performed under unsafe conditions and in adverse social and illegal climate (Okonofua, 1997). Hence abortion contributes about 40 per cent of maternal deaths in some communities in Nigeria (Okonofua, 1997).

Unplanned pregnancy, even when it is maintained has a lot of adverse social and economic impact on the family. The woman's hope for better life for herself, education and prosperity for her children and security for her family may be marred by an unplanned pregnancy (PIF, 1994). Increased incidence of family disharmony is common in families where there are unplanned pregnancies (Kim Best, 1998). Unplanned pregnancies contribute to high maternal and perinatal morbidity and mortality in sub-Saharan Africa (Okonofua, 1997). Increased incidence of child abandonment, child neglect, battered baby syndrome, juvenile delinquency and an increased number of street children are associated with unplanned pregnancies (Johnson, 2000).

Like in most African countries, contraceptive use rate is low in Nigeria (Fakeye & Babaniyi, 1989). Africans believe in a large family size because of high infant mortality rate. A family would want to have as many children as possible since they are not sure how many of them would survive. Besides, women and children are used as a source of cheap labour to combat poverty (Ene, 1998). Hence, contraceptive prevalence rate among married Nigerian women is currently 9 per cent for modern contraceptives and 15 per cent for all methods (PRB, 2001). This probably makes a solution to the problems of unplanned pregnancy elusive in our community. Medical research and experience from many parts of the world have shown a relationship between family planning practice and reproductive health (Onwuzurike & Uzochukwu, 2001). Some people have even pictured family planning as the centre point around which reproductive health revolves (Otolorin, 1997).

This study was carried out as part of an initiative to reduce the incidence of unplanned pregnancy in Calabar. The aim was to establish the knowledge, attitude and practice of family planning amongst women with unplanned pregnancy. It is hoped that the outcome of the study will help unfold the required interventions necessary to

reduce the incidence and hence complications associated with unplanned pregnancy in our community and similar communities within and outside Nigeria.

Subjects and Methods

At a pilot survey, 20 women who booked for antenatal care in the University of Calabar Teaching Hospital (UCTH), Calabar, Nigeria were interviewed with the help of a pre-coded questionnaire. The interview was carried out by the nursing staff of the antenatal clinic of the hospital who had been trained on the administration of the questionnaire. Pidgin English and vernacular were the languages used. The pilot survey revealed the difficulties and the need to restructure some of the questions and also the ability of the trained staff to administer the questionnaire.

Pregnant women who came to book for antenatal care in UCTH between 1st January and 31st December, 2001 were recruited for the study. The study was explained to them and their informed consent obtained. Each of them who gave the consent was then interviewed by the trained nursing staff, with the help of the questionnaire. Those of them who confessed that their pregnancies were unplanned were closely studied. The reasons why they considered their pregnancies unplanned and the socio-demographic and reproductive characteristics of these women were noted. The contraceptive knowledge, attitude and practice among these women with unplanned pregnancies were also elucidated.

Calabar, where UCTH is located is the capital of Cross River State in the south-eastern part of Nigeria. It has an estimated population of 320,862. They are mainly civil servants, subsistent farmers, traders and fishermen. Most of them are Christians and only few Moslems and pagans are found. Monogamous marriage is highly practised and only few families are polygamous. There are two government owned hospitals and 12 private clinics in Calabar taking care of pregnant women.

The University of Calabar Teaching Hospital, Calabar, although a tertiary institution receives all pregnant women in Calabar and its environs as they present themselves for antenatal care. Referrals from the private clinics and the general hospital are also managed at the UCTH.

For the purpose of this study, the following definitions were used:

- Unplanned Pregnancy: a pregnancy that a woman or girl did not expect and never made any preparation for it.
- Unwanted Pregnancy: a pregnancy that a woman or girl decides, of her own free will, is undesired (Oye-aderniran, 2003).
- The Educated: women who had read up to standard six (after six years in elementary school) and above and they could read and write (Asuquo and Etuk, 2000).
- The Uneducated: women who had no formal education (Asuquo and Etuk, 2000).

Simple proportions, rates and tables were used to analyse the results and formed the basis of the discussion.

Results

During the period of study, 4,847 women booked for antenatal care in UCTH. One hundred and fifty six (156) of them did not give consent to be included in the study leaving 4,691 to be studied. Of this, 1,408 confirmed that their pregnancies were unplanned. This gives an incidence of unplanned pregnancy of 30.0% among our antenatal population.

Table I shows the reasons why the women considered their pregnancies unplanned. The major reasons were: being unmarried (31.4%), still in school (25.0%), not economically prepared for the pregnancy (25.1%) and short inter-pregnancy interval (19.5%).

The socio-demographic and reproductive characteristics of the women with unplanned pregnancy are shown in Table II. A majority of the women were within the age range of 20-34 years (84.1%), married (72.2%), educated (97.5%) and were either civil servants (26.6%) or students (25.6%). About 99.0 per cent of the women were Christians; 50 per cent of them were of the Pentecostal/spiritual churches, while 49 per cent were of the orthodox churches with the Catholic sect leading with 30 per cent. Nulliparous women constituted 32.7 per cent while women with parity of 1-4 made up 50.1 per cent.

Knowledge of Contraception

Over 85 per cent (1,202) of the women with unplanned pregnancy were aware of one contraceptive method or the other. The distribution of awareness of the contraceptive methods is shown in Table III. The most common known method of contraception was male condom (32.1%), safe period/Billings' method (20.3%) and IUCD (20.0%). Table IV shows the knowledge of benefits of family planning by women with unplanned pregnancy. About 60 per cent of them knew that child spacing can be achieved with contraception, 45 per cent of them knew that family planning methods can prevent unwanted pregnancy, while 25 per cent knew that they can use family planning methods to limit family size.

The sources of information to these women were: Health workers (38.4%), mass media (21.4%) and husband/partner (12.8%), Table V.

Attitude towards Contraception

About 86 per cent (1,211) of the women with unplanned pregnancy agreed that family planning methods are useful, 10 per cent (141) disagreed while 4 per cent (56) could not make up their minds.

Practice of Family Planning

Table VI shows women with unplanned pregnancy who have ever used contraceptives. Only 123 (8.7%) of the women ever used contraception. The commonest method they ever used was the male condom (36.6%), injectable (26.0%) and IUCD (25.2%).

Table VII shows reasons for non-use of contraceptive methods by women with unplanned pregnancy. A majority of the women (54%) confessed that their husbands were against their use. Others were: " it causes ill-health and infertility" (35.0%) and "against my religion" (28.0%).

Table I : Reasons why the women considered their pregnancies unplanned

Reason	*No. of Women*	*Per Cent*
Unmarried	442	31.4
Still in school	352	25.0
Not economically prepared	353	25.1
Short inter-pregnancy interval	272	19.3
Failed contraceptives	30	2.1

Table II : Socio-demographic and Reproduction Characteristics of the Women Studied

Age (Years)	*No. of Women*	*Percent*
□ 19	57	4.0
20 – 24	341	24.2
25 – 29	564	40.1
30 – 34	279	19.8
35 – 39	89	6.3
40 – 44	34	2.4
45 – 49	18	1.3
Does not know	26	1.8
Total	1408	□100.0
Marital Status		
Single	361	25.6
Married	1017	72.2
Divorced	13	0.9
Separated	15	1.1
Widowed	2	0.1
Total	1408	□100.0
Educational Status		
No formal education	35	2.5
Primary education	352	25.0
Secondary education	682	48.4
Tertiary education	339	24.1
Total	1408	100.0
Occupation		
Trader	284	20.2
Housewife	172	12.2
Civil Servant	375	26.6
Student	360	25.6
Others	217	15.4
Total	1408	100.0
Religion		
Catholic	422	30.0
Other orthodox	268	19.0
churches	704	50.0
Pentecostal/spiritual	5	0.4
Islam	9	0.6
Others		
Total	1408	100.0
Parity		
0	460	32.7
1 – 4	705	50.1
□ 5	245	17.3
Total	1408	100.0

Table III : Awareness of contraceptive methods by women with unplanned pregnancy

Method	*No. of Women*	*Percent*
Safe period/Billings	286	20.3
Pills	251	17.8
Withdrawal	160	11.4
Spermicide	32	2.3
IUCD	281	20.0
Injectable	256	18.2
Sterilization	158	11.2
Condom	452	32.1
Norplant	142	10.1

Table IV : Knowledge of benefits of family planning by women with unplanned pregnancy (n = 1408)

Benefit	*No. of Women*	*Percent*
To limit family size	352	25.0
Child spacing	845	60.0
Prevent unplanned pregnancy	634	45.0
Prevent sexually transmitted disease	336	23.9
No benefit	52	3.7
Does not know	170	20.1

Table V : Source of family planning information to women with unplanned pregnancy (n = 1408)

Source of Information	*No. of Women*	*Per Cent*
Health workers	541	38.4
Friends	121	8.6
Mass media	301	21.4
Husband/partner	180	12.8
Others	59	4.2

Table VI: Women with unplanned pregnancy who have ever used contraceptives (n = 123)

Method Used	*No. of Women*	*Per Cent*
Safe period	15	12.2
Pills	3	2.4
Spermicides	0	0.0
IUCD	31	25.2
Injectable	32	26.0
Condom	45	36.6
Norplant	1	0.8

Table VII : Reasons for non-use of contraceptive methods by women with unplanned pregnancy (n = 1378)

Reason	*No. of Women*	*Per Cent*
Husband against it	744	54.0
"Causes ill-health and infertility"	482	35.0
"Against my religion"	386	28.0
Cost	68	4.9
No response	151	11.0

Discussion

This study has revealed a high incidence (30%) of unplanned pregnancy in our antenatal population. This may be a tip of an ice-berg when one remembers that a good percentage of our women with unplanned pregnancy do not book for antenatal care (Iloabachie, 1985). Besides, over 50 per cent of unplanned pregnancies are definitely unwanted and are terminated. Hence, a large number of our women today are still suffering from the burden of unplanned pregnancy.

About 31.4 per cent of the women considered their pregnancies unplanned because they were unmarried, 25 per cent of them because they were still in school, 25.1 per cent were not economically prepared for the pregnancy and 19.3 per cent because of short inter-pregnancy interval. This shows clearly that these are women who had real need for contraception. Hence, non-use of family planning services is the major issue in this high incidence of unplanned pregnancy in our community and not contraceptive failure. Even the 2.1 per cent of the women who gave failed contraceptive as a reason for their unplanned pregnancy were depending on safe period/ Billings' method and in four of them their sexual partners were using condom but inconsistently.

The study shows that over 85 per cent of the women reported knowledge of at least one method of family planning. This seems to be the experience of some authors in Nigeria (Aboyeji *et al.*, 2001; Baker & Rioh, 1992; Araoye *et al.*, 1998; Adinma & Okeke, 1995). Majority of the women (60%) know that family planning can be used for child spacing, 45 per cent know that unplanned pregnancy can be prevented with family planning methods and 25 per cent of them confirmed that family planning methods can be used to limit family size. This may be the effect of public enlightenment campaigns and health education instituted by our health workers and also the efforts of our mass media as 38.4 per cent of the women derived their information from health workers and 21.4 per cent from mass media.

A large number of these women with unplanned pregnancy have positive attitude towards family planning methods as 86 per cent of the women in this study agreed that family planning methods are useful. This supports the view of Williamson (1998), that most women are

convinced that practising family planning and having smaller families provide health and economic benefits. However, this positive attitude has not been transformed into a high practice rate as only 8.7 per cent of the women studied ever used any family planning method. This is in contrast with the findings of Onwuzurike and Uzochukwu(2001) where 75 per cent of the women interviewed in Enugu, Nigeria agreed to have ever used a family planning method. This difference may be explained by the population under consideration. This study considers pregnant women whose pregnancies were unplanned while the Enugu study concentrated on non-pregnant women in an urban area of Enugu. Among the ever used methods of contraception, condom was the most frequent, followed by injectable contraceptive and IUCD. The fact that condom is the most common method may be related to the current emphasis on condom as a means of preventing the dreaded disease, HIV/AIDS.

The 1994 International Conference on Population and Development in Cairo, emphasised women's health and empowerment as a necessary means to encouraging low fertility and preventing unwanted births. While this agenda rightly acknowledges the need to improve the lot of women world wide, the one-sided emphasis on women may be inadequate since women rarely make decisions or take action related to reproduction on their own (Ratcliffe *et al.*, 2001). Men's involvement in programs and interventions to address the health consequences of unplanned and unwanted pregnancies may be an important ingredient of reproductive health programs in our environment. Majority of our women (54.0%) with unplanned pregnancy could not use family planning services because the husbands were against it. This is not surprising, as the culture and religion in Nigeria place the man as the head of the family. Besides, the benefits of large families are often greater for men than women. Reproduction and continuation of the lineage are considered a man's responsibility to his ancestors (Ratcliffe *et al.*, 2001). Thus, even when women are educated and motivated to use contraceptive methods, men's negative attitude often prevents their wives from using them. The non-involvement of men in family planning programs in our environment may be one of the strongest reasons for the low rate of usage of modern methods (Mohammed & Ringheim, 1997; Ndong & Becker, 1999). Recent work in Kenya has shown that men's preferences for children are stronger determinants for contraceptive use for the couple than women's and that contraceptive use is most strongly predicted when both partners' preferences for children are in agreement (Ratcliffe *et al.*, 2001).

Another major barrier to the use of family planning services is the misconception that family planning methods cause infertility and ill-health. This may be the result of mis-information being passed from one to another in the community. Besides, side effects are a serious concern for women who use contraception. Inadequate counselling of clients about side effects may lead to this misconception and would discourage women from using family planning methods.

About 28 per cent of the women with unplanned pregnancy did not use family planning services because it was against their religion. This is not surprising as many religious leaders preach against the use of family planning methods (Onwuzurike & Uzochukwu, 2001). Besides, the Roman Catholic church is popular in the area and is known to always discourage the use of contraceptive methods other than the safe period/Billings' method (Onwuzurike & Uzochukwu, 2001).

In conclusion, unplanned pregnancy is still a major problem in our community. Although our women have knowledge of family planning methods and their benefits and have positive attitudes towards family planning, non-use of contraceptive methods is still the major reason for the high incidence of unplanned pregnancy in our community. Non-involvement of men in family planning programs, misconceptions that family planning methods cause infertility and ill-health and discouragement by religious leaders are the main factors militating against the use of family planning methods in our community. To reverse this trend, there is need for intensive male targeted population information education and communication programs. There is need for proper public enlightenment campaigns with formation of relevant health messages to dispel misconceptions about family planning methods. Religious leaders need to be properly informed about the place of contraception in the life of any woman.

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