Original Article

Barriers to family planning acceptance in Abakaliki, Nigeria

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ABSTRACT

Introduction: Family planning is very important and confers huge benefits to the woman, her family and country. It helps reduce maternal morbidity and mortality among other benefits. In spite of these obvious benefits of and the huge expenditure on it, uptake by women continues to be very low. We conducted this study to find out the reasons for this low uptake in our practice environment.

Methodology: This is a cross sectional study where structured pre-tested questionnaires were administered to women in Abakaliki, the capital of Ebonyi State from February to April 2015.

Results: Of the 354 questionnaires administered, 330 (93.2%) were complete and used for analysis. Majority of the respondents, 285 (86.4%) were in the 26 to 30 years age bracket. All of them were Ibos. Sixty two(18.8%) of the participants had one of their pregnancies unplanned and 19(5.7%) had at least one of their pregnancies unwanted. Though 300 (90.9%) had heard of family planning and was aware of it, only 180(54.5%) had used a family planning method before with majority, 105(58.2%) using natural family planning method. Only 22.7% of the participants was using a family planning method at the time of the study. In majority of the women,166(50.3%) ,their fears about family planning was the troublesome side effects followed by 110(33.3%) whose husbands objected to their using family planning. Twenty seven women (8.2%) respectively did not use family planning because it is against their culture and religion.

Conclusion: Though some progress have been made in family planning, a lot more will be achieved if new programmes are designed to involve the men more actively and address other identified fears among women with regards to family planning.

Key words: Abakaliki; barrier; family planning acceptance; Nigeria.

Introduction

Family planning has proven to be of immeasurable value world over, especially in Sub-Saharan Africa which has one of the highest fertility rates in the world.[1] It helps to reduce maternal morbidity and mortality among other benefits. It has also been shown to be cost-effective to families, reducing poverty, and enhancing socioeconomic development of the developing world.[2,3] It improves economic security for families, households, and communities by enhancing greater wealth accumulation and higher levels of education. In fact, it is estimated that for every one United States dollar spent on family planning, at least $4 that could have been spent on complications of unintended pregnancies is saved and government saves up to $31 in health care, water, education, housing, etc.[4] Furthermore, there is evidence showing that if couples can space their pregnancies by at least 2 years using family planning methods, about 35% of maternal deaths and 13% of child mortalities can be averted.[3,5,6]

But despite these huge gains of family planning and the enormous amount of resources spent on it by both

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the donor agencies from the developed world and the indigenous governments of developing countries, acceptance and utilization of family planning services and commodities remain abysmally low in our subregion, country, and immediate practice environment.[7] For instance, contraceptive prevalence defined as the percentage of currently married women in an entity or place who are using a method of contraception which actually measures the actual contraceptive practices of a country or place at that time is usually low in developing countries. In Nigeria for instance, it is 15% according to the 2013 National Demographic and Health Survey, an increase of only 2% since the 2003 survey.[8] Moreover, this is in spite of the huge amount of time, material, and human resources invested in family planning in the country. The situation in Ebonyi State, Nigeria, where we practice is even worse because some of the indices used to judge successes in family planning are abysmally low and indeed below the national average.[8]

There is therefore an urgent need to find out the reasons for the low uptake of family planning services and commodities being witnessed presently in the country and her component parts despite the huge and proven benefits of family planning. This will enable programs and the enormous resources spent on family planning to impact more on the target population. Reasons for low uptake for family planning commodities no doubt abound, but they are different in different parts of the world and even in different parts of the same country. There is, therefore, the urgent need to find out the contraceptive prevalence in our area of practice and the reasons for whatever the prevalence is in our practice environment which has worse success indices that are most times below the national average. This informed the need for this study. The obstacles for family planning acceptance if found and programs specifically designed to overcome them will assist our people and have tremendous impact on family planning acceptance.

Materials and Methods

This is a cross-sectional study where structured pretested questionnaires were administered to women of reproductive age group in Abakaliki, the capital of Ebonyi State, Nigeria, from February to April 2015 using a simple random sampling method. The questionnaire was administered to women in the reproductive age group in Abakaliki main market (Abakpa market), the state civil service secretariat, motor parks, and the Federal Teaching hospital who consented to participate in the study. The questionnaire was pretested in Onueke, the next big town to Abakaliki and about 15 min drive from it. Those that were not literate had the questions and the answers explained to them by trained research assistants in their local dialects, and the answers they selected were ticked for them. The results were analyzed using numbers and percentages. Abakaliki, where this work was carried out, is the capital of Ebonyi State, one of the 36 states that make up Nigeria. It is located in the Southeast geopolitical zone of Nigeria. From the 2006 Census,[9] Abakaliki has a population of 278,560 made up of a healthy mix of civil servants, traders, businessmen and women, artisans, students, farmers, homemakers, etc. There are 146,467 females and 132,153 males. The health needs of this population are served by government-owned health centers, general hospitals, a missionary maternity hospital, and privately owned hospitals and maternity homes with the Federal Teaching Hospital, Abakaliki, as the only tertiary hospital. Family planning services are offered by almost all the hospitals and health Centers-government, mission, and private located in all the nooks and crannies of the state and is free or almost free in government health institutions.

Results

Out of 354 questionnaires administered, only 330 (93.2%) were completely filled and analyzed. As can be seen in Table 1, All our respondents were Ibos!!! and majority of the women, 285 (86.4%) were in the 26–30 years age bracket. Majority 315 (95.5%) were Christians while 15 (4.5%) were Muslims. One hundred and fifty (45.5%) of them each attended secondary and tertiary level of education while 15 (4.5%) had primary level of education and another 15 (4.5%) had no education at all. Majority 165 (50%) were civil servants, 90 (27.3%) businesswomen/traders, 45 (13.6) were homemakers, and 30 (9.1) farmers. One hundred and ninety-five (59.1%) were in the para 1–4 group, 105 (31.8%) nulliparas, and 30 (9.1%) were grand multiparas.

As can be seen in Table 2, Majority of the women 155 (47%) had their first child between 21 and 25 years and 97 (29.4%) at 20 years or below. Although majority 275 (83.3%) planned their first pregnancy, 55 (16.7%) did not and 62 (18.8%) had at least one of their pregnancies unplanned. Nineteen (5.9%) had at least one of their pregnancies unwanted. Majority of the women 300 (90.9%) had heard of family planning while 30 (9.1%) had not. Majority of the women 195 (59.1%) heard of family planning first from the clinic or health workers followed by 60 (18.2%) who heard of it from friends and 30 (9.1%) each from radio/television and their workplaces, respectively. Although majority 180 (54.5%) had used a family planning method before the study, a significant number 150 (45.5%) had never used a family planning method before. Of those who had used a method before, majority 105 (58.2%) used natural family planning method followed by 45 (25%) that used the condom and 25 (13.9%) that used the loop or IUCD and 5 women (2.8%) used sterilization.

The greatest fears that prevented the majority of the women 166 (50.3%) from accepting family planning was fear of troublesome side effects followed by 110 (33.3%) women who did not use family planning because their husbands objected to it. Twenty-seven women (8.2%) each did not use family planning because it is against their culture and religion, respectively. While 94 (29.4%) women did think they had enough information on family planning, majority 236 (71.4%) felt they did not have enough information on it and 315 (95.5%) felt they needed more information on it.

Discussion

Despite the expected huge gains of family planning, especially as it relates to reduction in maternal and perinatal morbidities and mortalities, economic empowerment and national development, it is curious that all the efforts put into its success is not yielding the desired results, especially in our area of practice as only 75 (22.7%) of the study participants were on modern family planning methods despite family planning being well known to majority of them. Majority of the participants, 300 or 90.9% have heard about family planning. This high level of awareness shows that all the efforts at creating awareness in family planning are yielding results. It is similar to the over 90% got by Awingura Apanga[10] in Ghana. Furthermore, Ochako *et al*.[11] in Kenya found high levels of awareness of family planning in their works.

This high level of awareness could be due to donor-driven intensive level of family planning activities including advertisements in the media in these countries. However, this high level of awareness did not translate to family planning utilization as only 75 (22.7%) of our study participants were on a modern family planning method. This contraceptive prevalence rate is low and unacceptable. This high level of knowledge or awareness about contraception not correlating to utilization of family planning commodities has been demonstrated by other researchers.[12,13]

Our contraceptive prevalence rate of 22.7% is higher than the country's average of 15%[8] and Ghana's 17%.[7] This difference could be accounted for by the urban nature of our study area–a state capital and the relative high education level of the study participants. Furthermore, those works were done at earlier years. Our contraceptive prevalence rate of 22.7% is much lower than the 44% acceptance by Mathe *et al*. in postnatal women in Eastern Democratic Republic of Congo.[13] These differences could be because the work of Mathe *et al*.[14] was carried out among postnatal women in Eastern Democratic Republic of Congo while ours was carried out among the general populace.

Table 1: Sociodemographic characteristics

	n (%)
Age	
21-25	30 (9.1)
26-30	187 (56.7)
31-35	98 (29.7)
>35	15 (4.5)
Total	330 (100)
Tribe	
Ibo	330 (100)
Hausa	-
Yoruba	-
Others	-
Total	330 (100)
Education	
None	15 (4.5)
Primary school	15 (4.5)
Secondary school	150 (45.5)
Tertiary	150 (45.5)
Total	330 (100)
Occupation	
Homemakers	45 (13.6)
Trading/business	90 (27.3)
Farming	30 (9.1)
Civil servants	165 (50)
Total	330 (100)
Religion	
Muslim	15 (4.5)
Christians	315 (95.5)
Total	330 (100)
Parity	
Nulliparas	105 (31.8)
1-4	195 (59.1)
≥5	30 (9.1)
Total	330 (100)

Moreover, the study of Mathe *et al*.[13] was among postnatal women who were more likely to be more motivated to use family planning given their recent birthing experience. The low contraceptive prevalence of 22.7% got in our study is very different from what obtains in the developed countries of the world where awareness of family planning methods are similar to their utilization.[14] This low contraceptive prevalence rate had a lot of adverse effects on the study group as 62 (18.8%) of them had had unplanned pregnancy before and 19 (5.7%) unwanted pregnancies. Although these numbers may appear low, the implications including the psychological trauma and financial implications, etc. are really huge and a big source of stress to the women and their family.

The fact that our contraceptive prevalence is this low despite the high awareness of our women in Abakaliki of family planning definitely shows that there are some

Table 2: Questions

Question/characteristic	*n* (%)
1.The ideal number of children respondents will like to have	
≤4	156 (47.27)
≥5	122 (36.96)
As god gives	52 (15.75)
Total	330 (100)
2. Age of first child of respondents	
≤20	97 (29.4)
21-25	155 (47)
26-30	58 (17.6)
31-35	20 (6)
Total	330 (00)
3. Did respondents plan first pregnancy?	
Yes	275 (83.3)
No	55 (16.7)
Total	330 (100)
4. Did respondents have unplanned pregnancies?	
Yes	62 (18.8)
No	268 (81.2)
Total	330 (100)
5. How many of respondents' pregnancies were unplanned?	
1	62 (100)
2	-
3	-
4	-
≥5	-
Total	62
6. Was any of respondents' pregnancies unwanted?	
Yes	19 (5.9)
No	311 (94.1)
Total	330 (100)
7. Had respondents ever heard of family planning	
Yes	300 (90.9)
No	30 (9.1)
Total	330 (100)
8. Where did respondents first hear about family planning?	
(a) Radio/television	30 (9.1)
(b) Clinic/health worker	195 (59.1)
(c) Friend	60 (18.2)
(d) Church	15 (4.5)
(e) Work place	30 (9.1)
Total	330 (100)
9. Had respondents ever used a family planning method before now?	
(a) Yes	180 (54.5)
(b) No	150 (45.5)
Total	330 (100)
10. Which method did they use?	
(a) Natural family planning method?	105 (58.3)
(b) Barrier method condom	45 (25)
(c) Loop (IUCP)	25 (13.9)
(d) Sterilization	5 (2.8)
11. What fears did respondents have about using family planning?	
(a) It is against my culture	27 (8.2)
(b) It has side effects	166 (50.3)
(c) It is against my religion	27 (8.2)
(d) My husband objects to it/does not like it	110 (33.3)
(e) It may make me not to be pregnant again	0
Total	330 (100)
12. Did respondents think they have enough information about family planning?	
Yes	94 (28.5)
No	236 (71.5)
Total	330 (100)
13. Did they think they need more information about family planning?	
Yes	315 (95.5)
No	15 (4.5)
Total	330 (100)

barriers militating against their acceptance of family planning and the women volunteered information on these barriers. The greatest fears that prevented the majority of the women 166 (50.3%) from accepting family planning was fear of side effects. This is really a genuine concern that should be fully addressed by any family planning program that wishes to improve women's uptake of family planning in this part of the country. That this fear persisted despite the fact that majority of our study participants learnt about family planning from health workers and the media is worrisome. It is either that the health workers and the media are not doing enough to properly inform and convince the women on the fact that the side effects of family planning occur in only minority of the users and is not significant compared to the huge benefits of family planning or there is an alternative source of information that hype these side effects which the women trust. Some studies have found that peers, other community members, the social media, and other informal sources have all constituted channels through which women learn of family planning. In addition to the serious possibility that they are bound to give women wrong information about family planning, they are most likely to hype the side effects and complications out of proportion. Certainly, women trust the information they get from these sources and the information and perceptions from these sources had been found to influence women's decision on family planning most often negatively. For example, these sources often propagated myths that family planning causes infertility, birth defects, will not allow the woman to be pregnant and bear children in their next world, etc. and exaggerate rare side effects portraying them as uncontrollable vaginal bleeding, enormous weight gain, etc. All these frighten

women from using family planning. Our finding of side effects militating against women accepting family planning was also found by other studies.[11,15]

The second reason why women in our study did not utilize family planning services was provided by 110 (33.3%) women who said that they did not use family planning because their husbands objected to it. This is quite significant and in keeping with the culture and tradition in this part of the world where the husband is the head of the family, and oftentimes, the main provider for the family. Anything he does not approve of including family planning is likely not going to done in the family. This finding agrees with the works of other researchers.[13,15] A study in Kenya also found partner influence to be a key barrier to family planning acceptance[16,17] and Awingura Apanga and Ayamba[10] found this to be the major reason for women in his study in Ghana not accepting family planning as 90% of their study participants could not access family planning because of husbands' opposition. Furthermore, Mekonnen and Worku[18] found that partner's consent to the use of modern family planning was very crucial to utilization of family planning services, and this finding is found to be consistent with findings of other researchers in other countries.

Twenty-seven women (8.2%) did not use family planning because it is against their culture and religion, respectively. Culture and religion are two very influential factors in our society and on the people living in it. For any program designed for our people to be successful, they must be taken into consideration. Our findings here are in tandem with Eltomy *et al*.[19] who also found that cultural barriers militated against family planning utilization in their work.

Despite the high level of awareness of family planning in this study, it is instructive that majority of our participants, 236 (71.4%) did not think they have enough information on family planning and 315 (95.5%) needed more information. This goes to show that despite the fact that awareness has been created about family planning, there is an urgent need to give our women more detailed and specific information on family planning. It is such information, if well packaged, that will dispel unfounded misconceptions about family planning and highlight its numerous benefits and enable informed decisions that will lead to acceptance to be made by the women and their spouses.

Conclusion/Recommendation

Although some progress have been made in family planning in our practice environment, the utilization of it from this study despite the huge investment in it is still unacceptably low. A lot more work needs to be done and a lot will be achieved if new programs are designed to involve the men more actively and address other identified fears among the women with regard to family planning. From the findings of this study, the women seek more information on family planning and they should be obliged. In doing this, it is very important that those concerns of women that are related to side effects and health concerns of family planning methods should be properly addressed. Furthermore, both formal and informal channels of information and communication should be used. Cultural and religious peculiarities of the women must also be considered and taken into consideration in designing family planning programs. Also, Finally, religious and cultural leaders and opinion molders in these areas should be involved in family planning programs.

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Conflicts of interest

There are no conflicts of interest.

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