

# ATTITUDE TO, AND KNOWLEDGE AND PRACTICE OF FAMILY PLANNING AMONG WOMEN OF CHILD-BEARING AGE ATTENDING SELECTED HOSPITALS IN OSOGBO, NIGERIA

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## ABSTRACT

Unplanned child birth generates serious health and financial problems for families, and results in a population explosion in the presence of inadequate infrastructure. In spite of the various awareness creation campaigns on family planning, many women are still ignorant of its importance; some believe that children are gifts from God and women should bear children without any restrictions. This study therefore sought to assess the knowledge, attitude and practice of family planning among women of child-bearing age attending selected hospitals in Osogbo, Osun State, Nigeria. A structured questionnaire was administered to 200 purposively selected women of child-bearing age attending the two largest infant welfare clinics in Osogbo.

The mean age of the participants was 26.23 (SD  $\pm$  1.23) years. The majority (170; 85%) were married, had 3-4 children (114; 57%) and were Muslim (118; 59%). Most (130; 65%) of the participants had secondary level education. Almost all the participants (194; 97%) were knowledgeable about family planning and contraception and all of them practised it. About 70% of the women had a good attitude to family planning. There was a significant relationship between education qualification ( $p < 0.000$ ) and parity ( $p < 0.000$ ) and women's attitude to

family planning. Likewise, there was a significant relationship between the family planning knowledge of women of child-bearing age as well as their practice of family planning ( $p < 0.000$ ). The study showed that these women in the selected hospitals had good knowledge of and attitudes to family planning and applied good practices.

**Keywords:** family planning; child-bearing age; knowledge; attitude; practice

## INTRODUCTION AND BACKGROUND

Rapid population growth has been identified as the greatest problem of the present time, particularly in developing countries where this growth has a significant impact on human life (Bongaarts 2009, 1). It is incontestable that most of the conflict facing the contemporary world today is not between states or ideologies, but between the pace of growth of the human race and the disproportionate increase in the production of resources necessary to support humankind in peace, prosperity and dignity (Kamugisha 2010, 1). Population growth is not the only problem dividing rich and poor countries; it is an important variable that has widened the gap in growth in per capita income between developed and developing nations (Kamugisha 2010, 1). Advocates of birth control see it as a means to prevent the personal and social pressures that result from rapid population growth (Rogers 2010, 218).

The high fertility rate and inadequate birth spacing have been identified as the leading contributors to maternal and infant mortality worldwide, with over half a million maternal deaths occurring annually and a greater percentage of these deaths taking place in developing countries (Central Statistical Agency 2012). This high rate of maternal morbidity and mortality is the consequential effect of induced abortion following unwanted pregnancies (Central Statistical Agency 2012; Hogan, Foreman, Naghavi, Wang, Makela, Lopez, Lozano and Murray 2012, 12). Globally, unwanted pregnancies constitute 40% of all pregnancies (Sedgh, Singh and Hussain 2014, 7). This challenge has been attributed to weak health service delivery and poor access to contraception with as many as 57% of women still lacking access to contraception (Hailemariam and Haddis 2011, 8; Thompson 2007, 1; Tsui 2010, 19; UNFPA 2005). The high fertility rate, unmet need for contraception and unwanted pregnancies in developing countries, including Africa, have led to a population explosion. However, decreased resources and food supplies pose significant threats to health and finances (Cincotta and Engelman 1997; Nwachukwu and Obasi 2008, 2).

Family planning and birth spacing have been identified as key steps in the prevention of unintended pregnancies, maternal and infant mortality and population explosion, and these measures have been widely adopted throughout the world (Campbell and Graham 2006, 12; Nour 2008, 2; United Nations 2015; Utto, Mutihir and Utto 2010, 1). There is a documented increase in the implementation of family planning worldwide with a rate as high as 62% recorded in the USA (Jones, Mosher and Daniels 2012, 1). Family planning encompasses planning when to have children and using birth control

and other techniques to implement such plans (National Health Insurance Scheme (NHIS) 2014; US Department of Health and Human Services (USDHHS) 2012; World Health Organization (WHO) 2012b). Other techniques commonly used for controlling the timing of reproduction include sex education, prevention and management of sexually transmitted infections, preconception counselling as well as the management of infertility (Mischell 2007; WHO 2012b).

Family planning has been documented to influence fertility reduction and health promotion among women, children and families worldwide, especially in developing countries (Darroch, Singh and Nadeau 2008; World Bank 2009). Promotion of family planning also has the potential to prevent 32% maternal deaths, 10% childhood deaths, 2.7 million infant deaths and 60 million years of health life lost in a year as well as to reduce poverty, especially in highly populated countries such as Nigeria (Cleland, Bernstein, Ezeh, Faundes, Glasier and Innis 2006, 1).

## Statement of the Research Problem

Nigeria is the most populous country in Africa, with more than 150 million people; it also has a high annual population growth rate of 3.5% and a total fertility rate of 6.0 lifetime births per woman, higher than the world average (UNFPA 2007). This in a way has been associated with an increased level of poverty and the government has not been able to meet all the challenges associated with the situation (Imelda, Green and Cucuzza 2009, 7; Ujiri 2012, 3). Also, Nigeria is one of the six countries contributing to 50% of maternal deaths, along with India, Pakistan, Afghanistan, the Democratic Republic of Congo and Ethiopia (Hogan et al. 2012, 12). Unfortunately, the prevalence of contraception is still considerably low in Nigeria, ranging from 11% to 15% (Monjok, Smesny, Ekabua and Essien 2012, 2; NDHS 2013, 92), thus signifying the need to assess women's knowledge of family planning as well as factors influencing their attitude and practices. Therefore, the research question framed was: What is the knowledge, attitude and practice of childbearing-age women concerning family planning?

## Purpose of the Study

The purpose of this study was to describe the knowledge, attitude and practices of women of child-bearing age attending selected government hospitals in Osogbo, Osun State, Nigeria, regarding family planning.

## RESEARCH METHODOLOGY

### Research Design

The study was a descriptive, cross-sectional study to describe the attitude to, and knowledge and practice of family planning among women of child-bearing age attending selected hospitals in Osogbo, Osun State, Nigeria.

## Research Setting

This study was carried out at two health facilities in Osogbo, the state capital of Osun State. The two facilities selected were the Osun State Specialist Hospital in Asubiaro and Our Lady of Fatima Catholic Hospital in Jaleyemi. These two hospitals have the largest infant welfare clinics in Osogbo and were selected in order to gain access to a large number of women. Osun State Specialist Hospital, established in 2001, has 6 wards, 7 clinics and 66 beds. Our Lady of Fatima Catholic Hospital is a mission hospital established in 1987 by the Diocesan of the Catholic Church. It has 30 staff nurses, 5 wards and 2 clinics.

## Population

The study population were women attending the infant welfare clinics of Osun State Specialist Hospital and Our Lady of Fatima Catholic Hospital in January 2014.

## Sample and Sampling Technique

Since women of child-bearing age were targeted, only women of child-bearing age attending the infant welfare clinics of the selected hospitals willing to participate in the study were purposively recruited into the study. It was reported that 250 women attended the infant welfare clinic of Osun State Specialist Hospital and 150 women attended Our Lady of Fatima Catholic Hospital in the previous year. Yamare's formula (1967) was used in determining the sample size.

$$n = N/1 + N(e)^2$$

Where n = size, N = total population of the study, e = significant level

In this study, e = 0.05, N = 250 + 150 = 400

$$n = 400/1 + 400(0.05)^2 = 200$$

## Data Collection Instrument

The instrument used for this study was a self-designed, structured questionnaire comprising four sections: Section A focused on the demographic profile of the participants, section B elicited information on the family planning knowledge of women of child-bearing age, section C covered the practice of family planning, while section D determined the attitude of women of child-bearing age to family planning using a four-point Likert scale ranging from strongly agree (4) to strongly disagree (1).

## Validity and Reliability

Face validity of the self-designed instrument was determined by checking the questionnaire for typographical mistakes, ambiguous statements and constructs and proper arrangement of questionnaire items. To ensure that the instrument maintained consistency in measuring what it intended to, a pilot study was carried out at Ota-Efun community health centre, Osogbo. The pilot study involved 10% of the sample size who were not included in the main study. The questionnaire was administered on day one and re-administered within a four-day interval. The responses were analysed using Cronbach's alpha coefficient which yielded a value of 0.77, indicating the reliability of the instrument.

## Ethical Considerations

The ethical approval to conduct this study was obtained from the Department of Nursing Science, Ladoké Akintola University of Technology, Osogbo, Osun State. Also, consent was sought and obtained from the ethical committee of the selected hospitals before the study commenced. Finally, informed consent was obtained from the participants. Anonymity and confidentiality were ensured.

## Data Collection Procedure

Data were collected in the two health facilities from the participants, who signed the informed consent. The content of the questionnaire was explained to those participants who did not understand or could not comprehend English. Two hundred questionnaires were administered in two weeks and all were retrieved.

## Data Analysis

Descriptive statistics (frequency, percentages) were used to summarise the demographic variables as well as the knowledge of the participants on family planning. Chi-square was applied to test the significant relationship between education qualification and parity (number of children) of women of child-bearing age and attitude to family planning, as well as the relationship between the family planning knowledge of women of child-bearing age and its practice. The level of statistical significance was set at a p-value of 0.05. All statistical analyses were performed using SPSS version 20.

## RESULTS

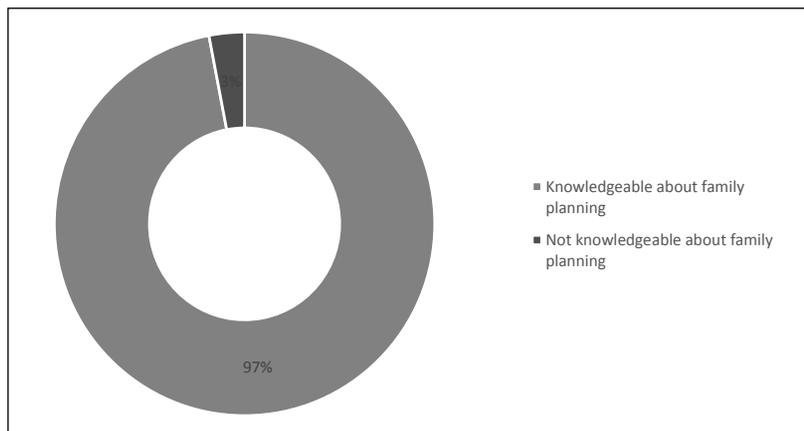
More than half of the participants were between the ages of 24 and 29 (55%), had 3-4 children (57%) and were Muslim (59%). The mean age of the study participants was 26.23 years (SD=1.23). The majority (85%) were married. Sixty-six per cent were

businesswomen with as few as 4% being housewives. The majority (130; 65%) of the participants had secondary school education (Table 1).

As shown in Figure 1, almost all the respondents were knowledgeable about family planning, various family planning methods and contraception.

**Table 1:** Demographic characteristics of respondents

<b>Variables</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Age (years)</b>		
18-23	56	28
24-29	110	55
30-35	20	10
36-40	14	7
<b>Marital status</b>		
Single	0	0
Married	170	85
Divorced	20	10
Single parent	10	5
<b>Number of children</b>		
1-2	58	29
3-4	114	57
5-6	28	14
7 and above	0	0
<b>Occupation</b>		
Civil servant	60	30
Housewife	8	4
Businesswoman	132	66
<b>Religion</b>		
Islam	118	59
Christianity	68	34
Traditional	14	4
<b>Level of education</b>		
Primary	44	22
Secondary	130	65
Tertiary	26	13



**Figure 1:** Knowledge of family planning

Participants’ practised some form of family planning. The most common method was the intrauterine contraceptive device (IUCD) (43%), followed by the barrier method (condom) (20%) and contraceptive pills (18%) (Table 2).

**Table 2:** Practice of family planning

Method of family planning used	Frequency	Percentage
Intrauterine contraceptive device	86	43
Safe period	4	2
Calendar	10	5
Pills	36	18
Withdrawal method	8	4
Condom	40	20
Injectable	16	8
Traditional	0	0
None	0	0

Table 3 shows the attitude of women of child-bearing age to family planning. The majority of the women (136; 68%) strongly agreed that family planning prevents a woman from having too many children. One in two of the participants disagreed that family planning can lead to infertility and about half (80; 40%) strongly disagreed that their husband was not in support of family planning. The majority (140; 70%) disagreed that those with one to three children did not need to do family planning.

**Table 3:** Attitude of women of child-bearing age to family planning

	<b>S</b>	<b>A</b>	<b>D</b>	<b>SD</b>
Statements	n(%)	n(%)	n(%)	n(%)
Family planning prevents one from having too many children	136(68)	44(22)	20(10)	0(0)
Family planning method can lead to infertility	20(10)	48(24)	110(55)	22(11)
My husband does not want me to use family planning of any type	52(26)	6(3)	62(31%)	80(40)
I prefer pills because it is easy to take	8(4)	78(39)	28(14)	86(43)
Pills do not have any bad effect on my body	2(1)	54(27)	144(72)	0(0)
Condom is easy to use	70(35)	94(47)	36(18)	0(0)
My husband does not like condoms	40(20)	50(25)	64(32)	46(23)
I should encourage my friends	32(16)	132(66)	30(15)	6(3)
Family planning will be of benefit to me, my children, husband and family at large	50(25)	140(70)	10(5)	0(0)
The number of children does not have anything to do with the decision to do family planning	0(0)	74(37)	90(45)	36(18)
Those that have one to three children do not need to do family planning	14(7)	36(18)	140(70)	10(5)

*S = Strongly agree; A = Agree; D = Disagree; SD = Strongly disagree*

There was a significant association ( $X^2 = 18.263$ ,  $df = 6$ ,  $p < 0.005$ ) between education qualification of women as well as their parity and their knowledge of family planning ( $X^2 = 48.24$ ,  $df = 2$ ,  $p < 0.005$ ). Similarly, a significant relationship ( $X^2 = 64.02$ ,  $df = 8$ ,  $p < 0.005$ ) existed between knowledge of family planning among women of child-bearing age and their practices.

**Table 4:** Relationship between education qualification, parity and attitude of women of child-bearing age to family planning

Statements	<b>SA</b> n(%)	<b>A</b> n(%)	<b>D</b> n(%)	<b>SD</b> n(%)	<b>p-value</b>
<b>Family planning method prevents one from having too many children</b>					
Educational qualification					$X^2=18.263, df=6, p<0.005$
Primary	26(13)	14(7)	4(2)	0(0)	
Secondary	100(50)	20(10)	10(5)	0(0)	
Tertiary	10(5)	10(5)	6(3)	0(0)	

Family planning method can lead to infertility					
Parity (number of children)					
1-2	5(2.5)	20(10)	23(11.5)	10(5)	$\chi^2=48.24, df=2, p<0.005$
3-4	5(2.5)	20(10)	82(41)	7(3.5)	
5-6	10(5)	8(4)	5(2.5)	5(2.5)	
7 and above	0(0)	0(0)	0(0)	0(0)	

SA = Strongly agree; A = Agree; D = Disagree; SD = Strongly disagree; df = Degree of freedom

**Table 5:** Association between knowledge of family planning and practice of family planning

Variables	Yes n(%)	No n(%)	p-value
Family planning method used			
IUCD	1(0.5)	67(33.5)	$\chi^2=64.02, df= 8, p<0.005$
Safe period	2(1)	2(1)	
Calendar	10(5)	4(2)	
Pills	2(1)	50(25)	
Withdrawal	0(0)	0(0)	
Condom	10(5)	28(14)	
Traditional	3(1.5)	3(1.5)	
Injectable	8(4)	10(5)	
None	0(0)	0(0)	

## DISCUSSION

The current study sought to determine the family planning knowledge, attitude and practices among women of child-bearing age attending hospitals in Osogbo, Osun State, Nigeria. The findings of the study demonstrate that the overwhelming majority (97%) of the participants had good knowledge of what family planning and the various methods of contraception are, and had a good attitude to family planning. Knowledge is expected to inform practice, so the findings of this study are not shocking. An earlier study in the south-western part of Nigeria further attests that women who have adequate knowledge about family planning are substantially more likely to practise it (Ogunjuyigbe 2008, 9). Family planning is the conscious efforts of couples to regulate the number and spacing of births through artificial and natural means. This is in line with the World

Health Organization's definition of family planning (WHO 2012b). A high awareness rate has been reported among women in the south-western part of Nigeria (Olugbenga-Bello, Abodunrin and Adeomi 2011, 3), while Utto et al. (2010, 1) also found a high awareness rate (89%) among women in the northern part of Nigeria, although somewhat lower than the findings in the current study. The current high awareness rate in Nigeria is as a result of the ongoing enlightenment programmes on family planning in the country, signifying that the government is rising up to the challenge of uncontrolled childbirth and birth spacing in the country. These awareness findings corroborate those of several other studies conducted in Nigeria (Moronkola, Ojediran and Amosun 2006, 2; Olugbenga-Bello et al. 2011, 3), Ghana (Aryeetey, Kotoh and Hindin, 2010, 3) and Ethiopia (Mekonnen and Worku 2011, 3). The high level of awareness found among the study participants could be linked with a high level of education, as the majority had at least secondary education, as well as with better access to media, which is obtainable in urban areas (NDHS 2013, 33). It should be noted that the present study was conducted in an urban setting where most people tend to be highly educated and knowledgeable on issues affecting their daily living. As reported in the Nigerian Demographic and Health Survey in 2013, urban residents are twice as educated as rural residents and are better exposed to mass media which serves as a source of information (NDHS 2013, 39). Often, government family planning advocacy campaigns are carried out periodically in the urban cities through radio, television, open vans, shows and meetings. Of course, the sources of information about family planning commonly known by the participants were mass media and enlightenment programmes. Basse, Abassattai, Asuquo, Udoma and Oyo-Ita (2005, 147) and Olugbenga-Bello et al. (2011, 3) have documented the mass media as an effective tool for enlightening people about family planning. Ogunjuyigbe (2008, 9) confirms that access to sources of information is positively related to family planning, and women who have access to sources of information on family planning tend to be knowledgeable about it. Likewise, the study participants had access to healthcare providers who counsel and educate them on the importance of contraception. As such, the high level of family planning practices observed in our sample is not surprising.

All participants reported using various forms of family planning. The most commonly used method reported by our sample is the IUCD. This is contrary to a study by WHO (2007), which found that condoms were the most commonly used method of family planning. Tyler, Whiteman, Zapata, Curtis, Hillies and Marchbank (2012, 1) also report that some women still have misconceptions about the safety of the IUCD. However, the participants of this study showed good knowledge and practice of IUCDs. They had access to qualified health professionals with the expertise required in the insertion of the IUCD; this may have informed their choice of and preference for the IUCD. Condoms have also been reported as a common method of family planning (Kayembe, Fatuma, Mapatano and Mambu 2006; Nwachukwu and Obasi 2008, 2; UNFPA 2007). This method was used by the women in our study, but at a lower rate. It has been reported that condoms are most commonly used by unmarried sexually

active women compared to married women (NDHS 2013, 99). Since the majority of the study participants were married women, this is a plausible explanation for the lower usage of condoms among the study participants. The popular use of condoms can be linked to the dual functionality of the condom, both as a means of preventing sexually transmitted infections and for preventing pregnancy, thereby informing the choice of the respondents on the use of condoms. Also, condoms are readily accessible, affordable and cheap.

The findings of this study indicate that the education qualification of women of child-bearing age is associated with their attitude to family planning. Education is a form of enlightenment and it has an influence on the attitude to family planning. The National Population Commission (2008) reveals that female education is a major determinant of their attitude to family planning. Better educated women are more willing to engage in innovative behaviours compared to less educated individuals. Likewise, we found a significant association between parity and the attitude of women of child-bearing age to family planning. Since family planning is a way of thinking and living (WHO 2012a) as well as making a reasonable choice on the number and spacing of children (USDHHS 2012), it can be assumed that the number of children a woman desires will inform her attitude to family planning. The more children a family has, the more they feel they need to plan the family. The study conducted by Adewole, Odeyemi, Umoh and Ekanem (2008, 2) affirms that the attitude to family planning is influenced greatly by gender and the number of a couple's living children.

## LIMITATIONS OF THE STUDY

The cross-sectional nature and the convenience sampling method applied in this study are obvious limitations. Thus, the findings of this study cannot be generalised to the entire population. Also, the bias inherent in self-reporting cannot be ruled out.

## CONCLUSION AND RECOMMENDATION

The majority of women of child-bearing age attending infant welfare clinics in Osogbo, Osun State, have a good attitude to and knowledge of family planning, and apply good practices. This is encouraging and should be sustained through periodic health education campaigns targeting both men and women on the importance of family planning. There is a need to explore the views of men regarding the practice of family planning in order to understand their roles or participation in the family planning agenda.

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