Knowledge, Attitude and Practice of Family Planning amongst Women in a High Density Low Income Urban of Enugu, Nigeria

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ABSTRACT

A total of 334 Nigerian, non-pregnant women, living in a high density, low-income urban area of Enugu, Nigeria, were interviewed on knowledge, attitude and practice of family planning. About 97.6% were found literate. Knowledge and approval of family planning was high, 81.7% and 86.2% respectively, but the practice of family planning was low, as only 20% of the women were on a family planning method. The commonest methods for both ever use and current use were safe period/Billings, condom, IUCD and injectables. The commonest source of family planning information was health workers, while the commonest single reason for non-practice of a method was rejection by the husband. It is concluded that despite their high level of education/literacy, with the attendant high knowledge and approval rate of family planning, the socio-cultural influence of men on their wives is a major stumbling block to the use of modern family planning in this part of Nigeria. Policy makers should, therefore, increase male involvement in family planning programs. (*Afr J Reprod Health* 2001; 5[2]:83-89)

RÉSUMÉ

Connaissance, attitude et pratique du planning familial chez les femmes du centre urbain d'Enugu de haute densité et d'une population des gens économiquement faibles. 334 femmes nigérianes qui n'étaient pas enceintes et qui vivaient dans un centre urbain économiquement faible ont été interviewées sur la connaissance, l'attitude et la pratique du planning familial. Il s'est trouvé qu à peu près 97,6% étaient lettrées. La connaissance et l'approbation du planning familial étaient élevées, 81,7% et 86,2% respectivement, mais la pratique du planning familial était faible, puisqu'il n'y avait que 20% des femmes qui pratiquaient le planning familial. Les méthodes des plus communes jamais utilisées où qu'elles utilisent à l'heure actuelle étaient la période sans danger/méthode Billings, les préservatifs, DIU et les injectables. Les membres du personnel de santé constituaient la source la plus importante du renseignement sur le planning familial alors que la raison la plus commune qui explique la non pratique d'une méthode quelconque était que le mari ne l'approuvait pas. L'étude conclut en affirmant que malgré leur haut niveau de scolarisation/alphabétisation, la haute connaissance et le taux d'approbation du planning familial, l'influence socio-culturelle des hommes sur leurs femmes demeure un obstacle majeur à l'utilisation du planning familial moderne dans cette région du Nigeria. Les décideurs doivent, en conséquence, redoubler le rôle que jouent les hommes dans les programmes de planning familial. (*Rev Afr Santé Reprod* 2001; 5[2]:83-89)

KEY WORDS: *Family planning, socio-cultural factors, Enugu, Nigeria*

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Introduction

Nigeria has the highest population in Africa. Current estimates put Nigeria's population at 106 million, with an annual increase of 3.1%, well above the regional average of 2.8%.[1] The effects of population growth on the environment and quality of life are readily visible in urban areas of developing countries.[2] Like in most African countries, contraceptive use rates are very low in Nigeria.[3] Contraceptive prevalence, which reached approximately 12% among women in 1995, is now as low as 7%.[3] Many Nigerian women marry early and have their first pregnancy early, with an overall fertility rate of 6.5 births per woman.[4] There is also a high incidence of unwanted pregnancies and abortion among sexually active Nigerian adolescents as a result of limited access to family planning services.[4] Governments and donor agencies are faced with the challenge of providing appropriate and accessible means, to enable urban groups to limit their fertility through contraceptive use.[5]

Materials and Methods

Study Area

The study was conducted in Abakpa-Nike district of Enugu East Local Government Area of Enugu State, located in the south eastern part of Nigeria with a population of about 70,000. Abakpa-Nike is one of the six districts that make up Enugu East LGA (others are Mbulujodo, Mbulu Oweghe, Mbulu Iyiukwu, Emene and Trans Ekulu). It has four wards, with a 1998 projected population of 29,272 persons. The population is an urban settlement and the inhabitants are predominantly Ibos, with pockets of other tribes. The major occupations range from trading to civil service. The district has 32 health facilities: one catholic private hospital, one government health centre, eight private maternity homes and 22 private clinics. Most of the health institutions provide routine antenatal, delivery and postnatal services, but only very few provide full range modern family planning services. Two of the health institutions are designated 'Baby Friendly' initiative centres. A large number of pharmacy shops and roadside traders play a significant role in the provision of drugs.

Multistage sampling technique and cross-sectional sample survey were done in October 1998. Abakpa-Nike district was selected by simple random sampling from a list of all the districts, after which two wards were purposely selected from the district. Three hundred and thirty four non-pregnant females aged between 15 and 49 years (reproductive age group) were selected by systematic random sampling technique; 60% from the major market, 20% from the only government health centre and the rest from five randomly selected private clinics. The minimum sample size for this study was 196. This was calculated using the formula $N = ZP(1-P)/D$, where Z is the corresponding value of the standard normal deviation test statistic at a known level of significance. With a confidence level of 95% and a margin of error tolerance of 5%, $Z = 1.96$. The contraceptive prevalence rate, P (15%), was obtained from our pilot study.

Using a pre-tested interviewer-administered questionnaire, information was sought on age, educational status, marital status, occupation, knowledge, attitude and practice of family planning. The interviews were conducted by eight female community health extension workers (CHEW), who were trained in interviewing technique. Their ages ranged from 23 to 40 years. Verbal consent was sort from all participants. Out of a total of 335 questionnaires, 334 were completed and analysed, giving a response rate of 99.7%. Data entry and analysis was done using *Epi-Info* software version 6.0.

Results

Characteristics of Respondents

Table 1 shows the socio-demographic characteristics of the women. About 3.6% were aged below 20 years, 83.8% were between 20 and 34 years old, while the rest were 35 years and above. While 2.4% had no formal education, 23.4% had primary education, and 74.3% had secondary education and above, giving a high literacy rate of 97.6%. In terms of occupational group, the women were traders (35%), housewives (30%) and civil servants (18.6%). Majority of them (92.8%) were married, and only 4.8% were single. Most of the women (98.2%) were Christians, 64.6% of whom were Catholics, 18.9% and 14.7% were Pentecostals and Anglicans respectively.

Table 1 **Socio-Demographic Characteristics of the Women Interviewed (N = 334)**

Age	Number	Percentage
≥ 19 years	12	3.6
20–24	81	24.2
25–29	113	39.8
30–34	66	19.8
35–39	21	6.3
40–44	8	2.4
45–49	6	1.8
Does not know	7	2.1
Educational level		
None	8	2.4
Primary	78	23.4
Secondary and above	248	74.3
Occupation		
Trader	117	35
House wife	100	30
Civil servant	62	18.6
Student	28	8.4
Others	27	8
Religion		
Catholic	216	64.6
Anglican	49	14.7
Pentecostal	63	18.9
Islam	2	0.6
Traditional	4	1.2
Marital status		
Single	16	4.8
Married	310	92.8
Divorced	4	1.2
Separated	2	0.6
Widowed	2	0.6

Knowledge of Contraception

Awareness of contraception

The respondents were familiar with contraceptive methods. More than 80% of them were on one method or the other. Rhythm/Billings was the commonest traditional method known, while condom, injectables and IUCD were the commonest modern methods known.

Table 2 **Percentage Distribution of Awareness of Contraceptive Methods**

Method	Number	Percentage
Safe period/Billings	115	20.5
Abstinence	35	6.2
Pills	49	8.7
Withdrawal	46	8.1
Spermicide	34	6.0
IUCD	56	9.9
Injectable	57	10.1
Sterilization	24	4.2
Condom	129	22.9
Norplant	16	2.8

Sources of contraceptive information

Respondents obtained information on contraception mainly from health workers, followed by the mass media, husband and friends.

Benefits of family planning

Majority of the respondents knew the benefits of family planning to include limiting of family size, child spacing, prevention of unwanted pregnancy, and prevention of sexually transmitted disease.

Table 3 **Percentage Distribution of Sources of Family Planning Information**

Source of information	Number	Percentage
Husband/partner	58	19.1
Friends	31	10.2
Health workers	182	59.9
Mass media	32	10.5
Others	1	0.3

Table 4 **Benefits of Family Planning (N = 334)**

Benefits	Number	Percentage
To limit family size	81	24.3
Child spacing	214	64.1
Prevent unwanted pregnancy	167	50
Prevent sexually transmitted disease	84	25.1
No benefit	9	2.7
Does not know	18	5.4

Table 5 **Reasons for not Approving (N = 31)**

Reasons	Number	Percentage
Against my religion	22	71.0
Unhealthy	7	22.6
Makes one promiscuous	4	13.0
Husband is against it	20	64.5

Practice of Contraception

Only 20% of the respondents were using a form of contraception. Nearly 75% of them have ever practiced one form of contraception or the other. Of the ever-used contraceptive methods, safe period/Billings method was the most frequently used (46.4%). This was followed by condom use (39.2%), IUCD (10.4%) and injectables (8.8%). In contrast, pills, spermicides, sterilisation and Norplant were the least used (Table 7). The pattern for current use was the same as for ever-use (38.8%, 29.9%, 8.9% and 7.5% for safe period/Billings, condom, IUCD and injectables respectively). However, two of the respondents were using sterilisation method.

Table 6 **Percentage of Respondents Approving of Family Planning**

Approved of family planning	288	86.2%
Does not approve	31	9.3%
Does not know	15	4.8%

Attitudes Towards Family Planning

In general, most of the respondents (over 86%) approved of family planning, 9.3% disapproved, and 4.8% could not make up their minds (Table 6). And of those not approving, the main reasons given were: it is against their religion and their husbands disapproved of it. Other reasons given were that it is unhealthy and it makes one promiscuous (Table 6).

Data from Table 8 shows that the prevalence of contraception (current use) is lowest among clients aged 15–19 years but rises gradually, reaching a peak among those in the 25–34 years age group, declining again among the older clients.

Table 7 **Contraceptive Method Used by Respondents**

Method	Current use	Ever use (N = 250)
Safe period/Billings	26 (38.8%)	116 (46.4%)
Abstinence	4 (6.0%)	19 (7.6%)
Pills	3 (4.5%)	12 (4.8%)
Spermicides	0 (0%)	3 (1.2%)
IUCD	6 (8.9%)	26 (10.4%)
Sterilisation	2 (3.0%)	2 (0.8%)
Injectable	5 (7.5%)	22 (8.8%)
Condom	20 (29.9%)	98 (39.2%)
Norplant	1 (1.5%)	2 (0.8%)

Table 8 **Family Planning Current Use and Patient's Age (N = 67)**

Age (Years)	Number of patients
15–19	4 (6.0%)
20–24	9 (13.4%)
25–29	20 (29.9%)
30–34	17 (25.4%)
35–39	10 (14.9%)
40 and above	7 (10.4%)

Table 9 **Reasons for Non-Use (N = 267)**

Reason	Number	Percentage
Foreign to my religion	7	2.6
Against my religion	69	26.0
Cost	10	3.9
Fear of sterility	52	19.5
Husband agaist it	234	91.0

Most of the women (91%) not using any method of contraception gave husband's objection as reason for the non-use. This was followed by religion and the fear of sterility, as shown in Table 9.

About 79.1% of respondents were satisfied with the methods they were using during the survey, and for those not satisfied, reasons given were side effects 71.4%, inconvenience 57.7% and failure 14.3%, as shown in Table 10.

Table 10 **Satisfaction with Method being Used**

Whether satisfied (N = 67)	Number	Percentage
Yes	53	79.1
No	14	20.9
Reasons for non-satisfaction (N = 14)	**Number**	**Percentage**
Not easy to use	3	21.4
Causes discomfort	8	57.1
Side effects	10	71.4
Failed me	2	14.3

Discussion

Medical research and experience from many parts of the world have shown a relationship between family planning practice and reproductive health. In fact some people have pictured family planning as the centre point around which reproductive health revolves.[8]

This study on knowledge, attitude and practice of family planning in Abakpa-Nike district interviewed 334 non-pregnant women of childbearing age, with the majority being in the age group 20–34 years. The pattern of use in the present study is 19.4% in clients aged 15–24 years, increasing to 55.5% among women aged 25–34 years and declining to 25.3% among those aged 35 years and above. This pattern possibly reflects the desire for more children among young women than the desire to space births later in life, and this is consistent with the findings of Emuveyan and Dixon in Lagos, Nigeria.[12] An increase in the proportion of contraceptive users with age has been observed in a number of studies in Nigeria[11,12] and India.[13] This has been found to be highest among women in their thirties when most could have probably achieved their desired family size. This shows that women use contraceptives to limit and not to space births.

However, in Burkina Faso and New Delhi, current use of contraceptives was highest among the younger age groups of 20–29 years and 15–29 years respectively.[13,14] The result of this study shows that 81.7% reported knowledge of at least one method of family planning, but this has not been transformed into a high practice rate, as only 20% of the women interviewed were using a family planning method. Although knowledge of at least one method of family planning is high, there is very low knowledge of individual methods, as this ranges from 2.8% for Norplant to 22.9% for condom, although this may reflect the framing of the question: "Name any contraceptive method you know". Also about 75% of the women interviewed agreed to have ever used a method. This finding is consistent with studies in some urban areas.[15-18] However, our figure of 20% is higher than the average for Nigeria, which is put at 7%.[19] Although contraceptive current use was low, ever use rate of 75% is considerably high and contrasts with the findings of Yusuf and Zulkifli[18] in Malaysian squatter settlements where it was 23%. Among both current and ever use, safe period/Billings method was the most frequently used, followed by condom, IUCD and injectables. The fact that safe period/Billings method is the most common singular method may not be unconnected with the catholic dominated environment. It also has a share of the effect of a male dominated society, as some of the wiser women may decide to "run" away until they feel safe if their husband shows an uncooperative attitude.

Only 3% were using sterilisation, confirming earlier reports about its low usage. The fact that over 97% of respondents were literate has not transformed into a high contraceptive prevalence rate. This confirms reports by demographers from various parts of the world that the impact of education on fertility is no longer automatic, but is conditioned by the level of development, social organisation, gender stratification and cultural milieu of the surrounding society.[20]

About 60% of the women got their family planning information from health workers. This

may be one of the good results of publicity, education and regular work in family planning by health workers. Only very few respondents got information about contraception from the news media. It can, therefore, be assumed that the mass media has not been of much assistance in family planning information dissemination. Most of the women were satisfied with the contraceptive method they were using, and for those not satisfied, side effects and inconvenience were given as the main reasons; a finding that is consistent with that of Huiren et al in China.[21] The commonest reason for non-approval and non-practice of modern family planning in our study is rejection by the husband. This is despite the high approval rate by the women themselves. This is not surprising, as the culture and religion in Nigeria has placed the man as head of the family. Thus, even when women are educated and motivated to use contraceptive methods, men's negative attitude often prevents their wives from using them. Lack of attention to the role of men in fertility decision has been found to be a shortcoming of family planning programs. The non-involvement of men in family planning programs in this country may be one of the strongest reasons for the low rate of usage of modern methods.[22-27]

The present practice of concentrating all efforts at increasing the practice of family planning on women during antenatal and post-natal clinics cannot move modern family planning forward in Nigeria. We have been asking the women to take all family planning responsibilities without thinking critically how to encourage their men to share these burdens. Efforts should, therefore, be made by all agencies (government and non-government) involved in family planning activities in Nigeria to increase male involvement in family planning activities. This should not distract efforts to improve the status of women but should enhance communication within relationship and foster shared responsibility in the reproductive health process. In the view of Malcolm Potts, President Emeritus of Family Health International, USA, "the forgotten 50% of family planning are ready to take part if only asked".[28] Evidence exists in Nigeria[25], Kenya[26], Gambia[27], and Ghana[29] of men's willingness to participate in family planning.

Religion was also found to be one of the major barriers against effective family planning programs in the area, as evidenced from reasons given by some of the respondents who would not approve or use modern methods (Tables 6 and 9). Population IEC, starting with the religious leaders especially the Catholic sect, would most likely reduce this effect, as religious leaders command a lot of respect from the populace.

Reduction in the misconception that sterility results from family planning, as was stated by respondents, can be achieved through good public enlightenment programs.

In conclusion, Nigeria has made giant strides in family planning activities over the past three decades aimed at improving maternal and child health care services. These have, however, not yielded the desired results. The non-involvement of men in family planning activities/programs may be one of the serious drawbacks to family planning programs in Nigeria. We therefore recommend the following:

1. Intensive male targeted population information, education and communication.
2. Intensive IEC concerning the less commonly used contraceptives like the pills, Norplant and sterilisation.
3. Population IEC should be targeted at religious leaders.
4. Government and non-governmental organisations should use the mass media very often to disseminate information on family planning.
5. An in-depth research on behaviour related to male participation in family planning, on which to carry out intervention to promote family planning, should be carried out.

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