



Awareness and Utilization of Family Planning Methods among Mothers of Under-Fives in Gindiri, North- Central Nigeria

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KEYWORDS

Awareness,
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ABSTRACT

Introduction: Interactions between Tuberculosis (TB) and Human Immuno-deficiency Virus (HIV) infection influence the design and background

Family planning is an important preventive measure against maternal and child morbidity and mortality. This study was aimed at determining the awareness and utilization of family planning methods among mothers of under-fives.

Methodology: This was a cross-sectional study involving 165 mothers that brought their children to the clinic for immunization. A semi- structured interviewer administered questionnaires were used to obtain data. These were analyzed using Epi info version 3.2.3

Result: One hundred and fifty two respondents (92%) were aware of family planning methods and knew at least one method or the other. The common family planning methods that respondents were aware of included injectables (77.6%), daily oral pills (70.3%) and male condoms (62.4%). The hospital (73.9%) was their major source of information. Sixty seven respondents (40.6%) were using one form of family planning or the other before their last child birth. The common methods used were injectables (47.8%) and daily oral pills (22.4%) among others. The places patronized for the services were mainly Government hospitals (86%) followed by chemists and private clinics. Proximity to home and perceived staff competence were major reasons for patronage of such places. Among non-users of the services, desire for more children, fear of side effects and partner's opposition to it were their major constraints to utilization.

Conclusion: High awareness regarding family planning methods did not commensurately translate to utilization of services. The constraints to utilization should be addressed. These should include programmes that would sensitize and promote men's involvement and participation in family planning services as well as enlightenment campaign that would allay the people's fears regarding side effects.

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INTRODUCTION

Family planning is an important preventive measure against maternal and child morbidity and mortality. It is an essential component of primary health care and reproductive health. It plays a major role in reducing maternal and neonatal morbidity and mortality. It confers important health and development benefits to individuals, families, communities and the nation at large. It helps women to prevent unwanted pregnancies and limit the number of children, thereby enhance reproductive health¹. By this it contributes towards achievement of the Millenium Development Goals (MDGs) and the Target of the Health for all Policy². The MDGs call for 75% reduction in Maternal Mortality and two

thirds reduction in Child Mortality between 1990 and 2015². As such effective utilization of family planning services is critical for the attainment of these goals thus improving health and accelerating development across the regions³.

Access to family planning also has the potential to control population growth and in the long run reduce green house gas emission with its associated risk⁴. Similarly it has been estimated that preventing unwanted pregnancy by the use of family planning would avert a total of 4.6 Million disability adjusted life years⁵.

Despite the importance and benefits of family planning, it has been estimated that about 17% of all married women globally would prefer to avoid

pregnancy but are not willing to use any form of family planning⁶. As a result, 25% of all pregnancies are unintended particularly in developing region of the world. This results to an estimated 18 million abortion taking place each year, thereby contributing to high maternal morbidity and injuries^{2,6}.

Sub-Saharan Africa which is home to only 10% of the world's women, contributes annually, 12 million unwanted or unplanned pregnancies and 40% of all pregnancy related deaths world wide². The contraceptive prevalence in sub Saharan Africa is low, estimated at 13%, in spite of the evidence of the pivotal role of family planning, while in Nigeria the estimate is 8.0% with 17% unmet need for family planning^{6,7}. This greatly contributes to the high rate of unintended pregnancies leading to induced abortion with its consequent complications⁶. Despite the fact that Nigeria constitutes only 2% of the worlds population, it has being shown to account for 10% of the world's maternal deaths².

There is relatively high fertility rate in suburban and rural Nigeria despite the efforts of government and other Non- governmental family planning service providers. Even though the fertility rate is high, acceptance and utilization of modern family planning methods has been low due to various reasons. In Africa, provision of Family planning services is hindered by poverty, poor access to services and commodities conflicts, poor co-ordination of the programme and dwindling donor funding^{2,8,9}. Additionally, traditional beliefs favoring high fertility, religious barriers, fear of side effect and lack of male involvement have contributed significantly in weakening family planning interventions^{2,9,10}.

This study was therefore conducted to determine the awareness and pattern of utilization of family planning methods among women attending the under five clinic for immunization

METHODOLOGY

STUDY AREA: The study was conducted at the Comprehensive Health Centre (CHC) Gindiri. This is one of the out stations of the Jos University Teaching Hospital (JUTH) Jos located in Mangu

local Government Area (LGA) of Plateau State. The centre serves as a referral point for the Primary Health Centres within the LGA. The centre offers comprehensive health services. These include surgical operations and blood transfusion in addition to the primary health care services which include immunization of children under five against the Vaccine Preventable Diseases. The immunization clinic holds twice a week at the centre. Some ill health cases that cannot be managed at the centre are usually referred to JUTH for expert attention.

STUDY DESIGN AND POPULATION: This was a cross-sectional study involving mothers that brought their children to the under-five clinic for immunization against the Vaccine Preventable Diseases (VPD). Approval for the study was obtained from the institution and consent of all the mothers attending the clinic was sought for and obtained before enrollment into the study. All consented enrolled clients were assured of anonymity and confidentiality of their information. A total of one hundred and sixty five (165) clients were enrolled at the end of one month. The study was done over a period of one month only. This was to avoid repetition of clients as they were usually given one month appointment for follow up visits.

DATA COLLECTION TOOL: A semi structured interviewer administered questionnaires were used to obtain data. This was achieved by the help of assistants that were trained for the purpose of uniformity. Information was collected on socio demographic status, awareness of family planning methods and use before last child birth. Also data on sources of information, places patronized and reasons for such patronage as well as non utilization of the services were obtained.

DATA ANALYSIS: The EPI INFO Version 3.2.3 software package¹¹ was used for data analysis. Results were presented descriptively as frequencies and percentages in the tables.

RESULTS

The socio-demographic characteristics are shown in Table I. The age range of the women was from 15-45 years with a mean of 27 ± 3.1 years. They were diversely fulltime housewives (23.6%) students (20.6%), petty traders (12.1%) and teachers (11.5%). Less than half of the clients (38%) had post secondary education, 111 (67%) had 1-4 deliveries and most of the respondents (69%) were Christians.

Majority of the clients (92%) were aware of family planning methods and the commonest family planning methods known among them were injectables (77.6%), daily oral pills (70.3%) and male condom (62.4%) among others. The Hospital was their major source of family planning information and it was where they obtained the services as seen in table II.

Table III revealed that, although 44.8% % have ever used a form of contraceptive, only 67 (40.6%) respondents were using one form of family planning or the other before their last child birth. The common methods used were injectables (47.8%) and daily oral pills (24.4%), among others. The places mostly patronized for family planning services were Government Hospitals (86%), Chemist (5%) and Private Clinics (4%).

The common reasons for patronage of such places were proximity (40.3%) and perceived staff competence (17.9%), among others. Among non-users of the services, desire for more children (23.5%), just married (15.3%), partner's opposition (7.2%) and fear of side effect (5.1%) were their major reasons advanced for non utilization of the services.

Table I: Socio-demographic characteristics of respondents

Features	Frequency	Percentage (%)
Age		
15 – 19	9	5.5
20 – 24	34	20.6
25 – 29	64	38.8
30 – 34	40	24.2
35 – 39	11	6.7
=40	7	4.2
Education		
None	22	13.3
Primary	36	22.8
Secondary	44	26.7
Post Secondary	63	38.2
Occupation		
Farmer	12	7.4
Fulltime housewife	39	23.6
Petty trader	20	12.1
Student	34	20.6
Teacher	19	11.5
Others	41	24.8
Parity		
1	56	33.9
2 - 4	79	47.9
= 5	30	18.2
Religion		
Christian	113	68.5
Muslim	52	31.5
Marital Status		
Married	152	92.1
Single	13	7.9

Table II: Knowledge of family planning methods among the clients

Features	Frequency(N= 165)	Percentage (%)
Aware of Family planning methods		
Yes	152	92.1
No	13	7.9
Family planning (FP) method known		
Injectables	128	77.6
*DOP	116	70.3
Male Condom	103	62.4
Implant	46	27.9
**IUCD	36	21.8
Emergency contraception	7	4.2
Female Sterilization	7	4.2
Female condom	7	4.2
Male Sterilization	6	3.6
Others	11	6.7
Source of FP Information		
Hospital	122	73.9
Friends	17	10.3
Radio/Television	10	6.1
Others	16	9.7
TOTAL	165	100
Place to obtain FP Services		
Government Hospitals	142	86.1
Chemist	8	4.9
Private Clinics	6	3.6
Chemist	8	4.9
Pharmacy shop	3	1.9
Others	6	3.6
TOTAL	165	100

Table III: Family planning utilization of respondents

Features	Frequency	Percentage (%)
Ever used any form of FP		
Yes	74	44.8
No	91	55.2
TOTAL	165	100
Using any form of FP before last child birth		
Yes	67	40.6
No	98	59.4
TOTAL	165	100
Type of Family Planning used		
Injectables	32	47.7
DOP	15	22.4
Abstinence	8	11.9
Condom	6	9.0
IUCD	2	3.0
Others	4	6.0
TOTAL	67	100
Reasons for Patronage of places for FP Services		
Proximity	27	40.3
Staff competence	14	20.9
Clean facility	7	10.4
Affordable cost	2	3.0
Privacy	2	3.0
Others	15	22.4
TOTAL	67	100
Reason for non utilization of FP Services		
Just married	15	15.3
Wants more children	23	23.5
Partners opposition	7	7.2
Side effect	5	5.1
Lack of awareness	4	4.1
Too expensive	2	2.0
No reason	9	9.2
Other reasons	33	33.6
TOTAL	98	100

DISCUSSION

High maternal mortality ratio in Nigeria has been associated with low prevalence rate for contraceptive use. This has resulted to so many unintended pregnancies and illegal abortions with their attendant consequences.

This study revealed a high level of awareness regarding the modern contraceptive method particularly injectables, daily oral pills and condoms. The findings were consistent with studies conducted in Jos and Benin city where 88.1% and 65% respectively had knowledge regarding family planning^{10, 13}. The findings were also similar to that documented in South east Nigeria where 95.5% of respondents had knowledge about Family Planning⁶. This high level of awareness may be implying that factors affecting utilization could be at accessibility or acceptability level.

Findings from the study revealed that Hospitals and Media constituted their major sources of family planning information. This is comparable to the findings documented in studies conducted in Osogbo, Jos and Sokoto where Hospital personnel, the media and friends accounts for their major sources of family planning information^{8,13, 14}. Similarly, in the south eastern study, Health workers (65.9%) and the radio (37.1%) were the major sources of information while in Zaria, most respondents obtained their information from Nurses and midwives also^{6, 18}. This is a demonstration of the vital role played by health workers and the media in health information dissemination particularly concerning family planning.

On the other hand, a study carried out in Ilorin among young female students revealed that friends/sibling, Radio/Television, Magazines and school lectures were major sources of information. The variation in sources of information could be attributable to difference in age groups studied or marital status. Since the married if pregnant, in the course of attending Antenatal clinic or Child immunization clinic at the Health facilities may have opportunity to receive information regarding family planning.

The commonest family planning methods used in this study were the injectables and daily oral pills. This was consistent with the study findings in Aba and Benin city where injectables (71.8%) and oral contraceptive pills (OCP) were the preferred family planning method respectively. Although, in Sokoto, Zaria, Jos and Osogbo, Intra Uterine Contraceptive Device (IUCD) was an additional inclusion and top on the list of family planning methods used amongst clients^{8,10,15,16}. On the contrary, Condom was documented as the most patronized method in another study carried out in Jos (59.5%) and a rural community in Imo State (24.4%) among the clients^{13,17}. The diverse variation in contraceptive methods utilization among respondent could be attributable to varying location of study which influences types of family planning available as well as accessibility of competent staff in insertion of IUCDs and implants. As evident in rural communities where condoms are readily available over the counter, they are seen to be patronized more against tertiary institution studies where IUCD and implants are readily available and are inserted by easily accessible competent staff. The choice of what type of family planning to use may therefore be greatly influenced by type of facility as well as staff competence

This study also revealed that most of the client patronized Government hospital and Chemist due to proximity to their homes or availability of perceived competent staff in such facilities. This could have affected the choice of family planning method used by the respondents as seen. The patronage of Government hospitals could also be attributable to the fact that majority of the clients were married. This is because studies carried out among young and unmarried people showed that majority of them do patronized patent medicine stores⁹.

In this study, among the 98 clients that were not using any form of family planning, 15(15.3%) had no need of the methods since they had just married and as such desired to have children. They are as such not in the category of those with unmet need. On the other hand the rest 83 clients were not using any form of method and they constituted

59.3% of unmet need for family planning. This value is comparable to the 59.4% reported in a study conducted in Ile Ife but higher than the 21.4% documented in south east Nigeria⁶. The reasons advanced by those clients were the desire for more children, partner's opposition and fear of side effects among others. The findings were consistent with the Illorin study, where fear of side effects, objection from partners and conflict with religious beliefs among others were documented reasons for non utilization of family planning⁹. Similarly in Nnewi, Husband disapproval (27.5%) fear of side effect (28.9%) and religious beliefs (14.8%) were the main constraints to use of contraceptives⁶. This is also comparable with the findings in Imo State study, where perceived negative health reaction, fear of unknown effects, spouse's disapproval, religious beliefs and inadequate information were documented to be factors hindering utilization of the modern methods¹⁷. To address these determinants that significantly contribute to the high level of unmet need for family planning, all hands must be on deck. As it has being reported that given attention to this need can avert nearly 22,000 maternal deaths and nearly 230,000 child deaths by 2015¹⁹. Equipping the health and media personnel with adequate and appropriate family planning information can be used in turn to allay the anxiety of intending users.

CONCLUSION

High awareness regarding family planning methods did not commensurately translate to utilization of family planning services. Fear of side effects and spousal disapproval constituted major constraints to utilization of the services. Programmes that would allay client's fears as well as sensitize and promote men's involvement and participation in family planning services should be explored.

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