

## Knowledge, Attitude and Practice of Family Planning Methods among Women Attending Antenatal Clinic in Jos, North-Central Nigeria

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### Abstract

**Background:** Family planning is regarded as an important preventive measure against maternal and child morbidity and mortality. This study was aimed at determining the knowledge, attitude and use of family planning methods among women attending antenatal clinic in Jos; factors that militates against use of contraceptive methods and their contraceptive intentions following the index pregnancy.

**Method:** This was a cross-sectional study involving 420 women who attended the antenatal clinic. The respondents were interviewed by the use of structured interviewer administered questionnaire.

**Results:** Knowledge (88.1%) and acceptability (75.4%) of family planning methods were high, while modern family planning methods use was 44.0%. More women 39.3% were aware of oral contraceptive pills. Common methods used were male condom (59.5%), oral contraceptive pills (47.0%) and injectables (27.1%) among others. Most of the women (60.0%) received their family planning information in the hospital. Seventy five percent of the women agreed that both husband and wife should jointly decide for a family planning method. Sixty eight percent of women would like to use contraceptive methods after delivery of the index pregnancy. The desire for more children accounted for 36.5% among those that refused use of contraceptive method after delivery.

**Conclusion:** Despite the high educational status, knowledge and acceptability of family planning methods observed in this study, the practice of these methods is still relatively low. More targeted and well-organized educational campaigns are needed to improve this trend.

**Key Words:** Knowledge, Attitude, Practice, Family planning methods.

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### Introduction

Nigeria, with the highest population in Africa has an annual population growth rate of 2.9%. This is considered

to be one of the highest in the world<sup>1</sup>. The total fertility rate is 5.2 as compare to Europe which is 1.8 and India 4.3. The effect of population growth on the environment and socio-economic development is enormous. This is readily visible in urban areas of developing countries<sup>1,2</sup>.

Worldwide, 585 000 women die every year from complications of pregnancy and childbirth, 99% of them in developing countries of the tropics<sup>3</sup>. These deaths result from unplanned and unsupervised pregnancies and labors and also the consequences of grandmultiparity. These pregnancies occur either too early, too frequent, or too soon after a previous delivery<sup>3</sup>.

Like in most African countries, contraceptive use is very low in Nigeria and contraception prevalence rates are low among married couples<sup>4</sup>. Nationally, 68% of females know of at least one modern contraceptive method. Despite the high level of contraceptive awareness, only 9% of women of reproductive age (15-49) years use modern contraceptive<sup>5</sup>.

Twenty years ago, the federal government of Nigeria enacted a national population policy, one of whose major component was targeted at reducing the total fertility rate from 6 then to 4 by the year 2000, and to reduce the rate of population growth from 3.3% per year to 2.5% by 1995 and 2% by 2000<sup>6</sup> as at present, these targets are yet to be realized.

The aims of family planning services are firstly to provide information to individuals and couples to enable them freely and responsibly decide the number and spacing of their children. Secondly, it is to provide affordable and accessible contraception services and make available a full range of safe and effective methods. This will ultimately promote responsible parenthood, control the population growth rate and improve the quality of life of the people. Family planning is regarded as an important preventive measure against maternal and child mortality and morbidity<sup>2,7</sup> and also an important component of reproductive health.

Researchers have also concluded that family planning is one of the many strategies women can use to exercise autonomy in their lives. It allows women to pursue an education and possibly gain a measure of economic security<sup>8</sup>. It is important therefore that every opportunity should be utilized, especially at the antenatal clinic, to educate the community on family planning and contraception. If the mother accepts the advice, she is likely to apply it to her own family<sup>2</sup>. In addition, a good knowledge and attitude towards family planning by women if enhanced will promote women's health and reduce maternal mortality. Therefore, this study was set to obtain useful information on knowledge, attitude and practice; including factors that militate against the use of family planning methods, in order to assist family planning service providers to re-focus on family planning education to increase awareness, acceptance and practice in the community.

### Subjects and Methods

This was a cross-sectional study involving 420 women who attended the antenatal clinic at the Jos University Teaching Hospital (JUTH), Jos, Nigeria, from September 2007 to March 2008. Jos University Teaching Hospital is one of the two tertiary health centers in North-central Nigeria. Data collection was through a structured pre-tested interviewer administered questionnaire. Information obtained included: age, occupation, educational status, ethnic group, religion, marital status, parity, knowledge, attitude and the practice of family planning. The data was analysed manually and presented in a tabular format and compared using simple percentages. Chi Square was used as test of statistics with P value of less than 0.05 considered statistically significant.

### Results

Out of the 420 women interviewed, 87.3% were between 20 and 34 years, 1.7% was below 20 years old, while the remainders were 35 years and above. Fifty three point three percent had tertiary level of education. Business women accounted for 28.1%. Seventy four point five percent of respondents were Christians with 19.8% of the women being Berom by tribe. Those who did not have a living child were 20.9%. Fifty nine point eight percent had 1-2 living children, 13.3% and 6.0% had 3-4 and 5 or more living children respectively (Table I). Eighty eight percent of respondents were aware of at least one method of contraception, while 11.9% did not know any method. The contraceptive methods known by respondents were the oral contraceptive pills (39.3%), male condom (30.5%), injectable (18.6%), IUCD (4.8%), implants (4.3%) and

others (2.5%) (Table II). Most of the respondents heard of the contraceptive method from the hospital (health workers) 60.0%. Other sources of information included Radio/TV 13.4%, friends 11.2%, Newspaper/Magazine 6.7% and others 2.7%. Seventy five percent of the respondents thought that women should use family planning methods, while 6.7% disagreed (Table III). Majority of the women (74.7%) agree that both husband and wife should decide for family planning method to adopt or use, while only 8.8% disagree with this opinion. Most of the respondents (82.3%) would not agree with male sterilization. Of the used contraceptive methods in the past, male condom (59.5%) was the most frequently used. This was followed by oral contraceptive pills 47.0%, injectable 27.1%, withdrawal method 14.6% and IUCD 9.3% (Table IV). Sixty eight percent of the women intend to use family planning methods after the index pregnancy (See figure 1). Among those who refused to use a contraceptive method, 36.5% gave the reason of the desire to have more children. Other reasons included religious prohibition 33.0%, fear of sterility 21.7%, fear of side effects 6.2% and husband's disapproval 2.6% (See figure 2). Table V showed a statistically significant relationship between age, educational status, religion and awareness of family planning methods.

**TABLE I: Socio-demographic Characteristics and number of living children of Respondents (n = 420)**

Characteristic	(n=420)	(%)
<b>Age in years</b>		
□19	7	1.7
20-24	90	21.4
25-29	157	37.3
30-34	120	28.6
35-39	42	10.0
40-44	4	1.0
<b>Educational Level</b>		
None	8	1.9
Primary	37	8.8
Secondary	151	36.0
Tertiary	224	53.3
<b>Occupation</b>		
Business	118	28.1
Housewife	114	27.1
Student	71	16.9
Farming	52	12.4
Teaching	48	11.4
Civil servant	17	4.0
<b>Religion</b>		
Christianity	313	74.5
Islam	105	25.0
Others	2	0.5
<b>Ethnic group</b>		
Berom	83	19.8
Hausa	64	15.2
Igbo	54	12.9
Yoruba	24	5.7
Jarawa	22	5.2
Mwaghavul	38	9.0
Others	135	32.1
<b>No of living children</b>		
None	88	20.9
1-2	251	59.8
3-4	56	13.3
More than 4	25	6.0

**TABLE II: Distribution of women that were aware of contraceptive by the methods.**

Contraceptive method)	(n=539)*	(%)
Oral contraceptive pills	165	39.3
Condom	128	30.5
Injectable	78	18.6
Intrauterine contraceptive device	20	4.8
Implants	18	4.3
Rhythm/Periodic abstinence	16	3.8
Withdrawal	16	3.8
Emergency contraceptive pill	10	2.4
BTL	8	1.9

\*Note: The 370 respondents ticked more than one option

**TABLE III: Acceptability of family planning by the women**

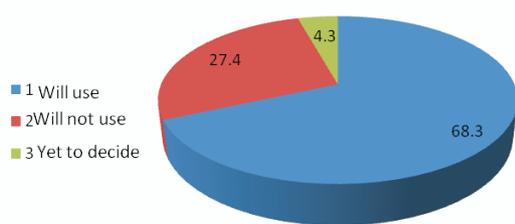
Acceptability	(n=420)	(%)
Agree	315	75.4
Disagree	28	6.7
Strongly agree	69	16.0
Strongly disagree	8	1.9

**TABLE IV: Distribution of respondents by contraceptive methods used in the past (N=247).**

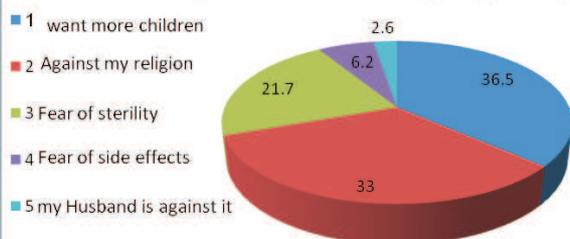
Methods	(N=425)*	%
Condom	147	59.5
Oral contraceptive pill	116	47.0
Injectables	67	27.1
Rhythm/Periodic abstinence	22	8.9
Withdrawal	36	14.6
IUCD	23	9.3
Emergency contraceptive pill	5	2.0
Foaming tablets	2	0.8
Implant	7	2.8

\*Note: Some respondents had used more than one method

**Figure 1: Contraceptive intention after index pregnancy**



**Figure 2: Reasons for refusal to use contraceptive after index pregnancy**



**Table V: Relationship between age, educational status, religion and awareness.**

Age group in years	Not aware	Aware	P-value
< 19	4(8.0%)	3(0.8%)	$\chi^2 = 26.2518, df = 5, p = 0.0001$
20-24	19(38.0%)	70(19.1%)	
25-29	12(24.0%)	142(38.6%)	
30-34	11(22.0%)	109(29.7%)	
35-39	3(6.0%)	38(10.4%)	
40-44	1(2.0%)	5(1.4%)	
Educational Status			$\chi^2 = 37.57, df = 3, p = 0.0001$
None	7(12.5%)	6(1.7%)	
Primary	12(21.4%)	25(6.9%)	
Secondary	21(37.5%)	122(33.8%)	
Tertiary	16(28.6%)	208(57.6%)	
Religion			$\chi^2 = 181.93, df = 2, p = 0.0001$
Christian	25(23.8%)	283(89.8%)	
Islam	75(71.4%)	25(8.0%)	
Others	5(4.8%)	7(2.2%)	

## Discussion

Two-third of the women were between 20 and 34 years, while contraceptive usage was most common among women aged 25-34 years. This pattern possibly reflects the desire for more children among younger women and is consistent with the findings of other studies in Abakaliki and Nnewi, Nigeria<sup>2,5</sup>. Seventy three percent of the respondents were of parity of 1 to 4. This could explain why most of them wanted more children particularly in this part of the world where families desire many children. Family planning methods could have been used basically to space childbirth.

There was a high level of awareness of contraceptive methods among respondents. This is similar to findings of other studies done in different parts of the country<sup>12</sup>. This high level of awareness was shown to be influenced by higher educational status, religion, and age ( $p=0.0001$ ). This finding is similar to that of the Nation wide study and that done in 5 European countries<sup>13,14</sup>. The commonest contraceptive method by awareness in this study was oral contraceptive pills (39.3%), followed by male condom (30.5%) and injectable (18.6%). This finding is similar to that of other studies in Kogi State and nation-wide in Nigeria<sup>12</sup>. A similar finding was documented in a study carried out by some researchers in Finland<sup>17</sup>. In terms of contraceptive use, however, the male condoms were first (59.5%) followed by the oral contraceptive pills (47.0%).

The male condom was the most popular contraceptive method in several other studies carried out in Nnewi and Abakaliki, Nigeria, United Kingdom and Greece<sup>2,5,18-19</sup>.

The popularity of male condom in these studies may not be unconnected with the educational campaigns and social marketing of the condoms in response to the HIV

epidemic considering that a good number of women who attend antenatal clinic test positive for HIV. Male condom usage is encouraged as a means of preventing re-infection as well as protecting against acquisition of other STIs.

Most of the women received their family planning information from health workers in the hospital and the mass media. This may be one of the positive results of publicity, education, and regular work in the family planning and antenatal clinics by health workers. This also indicates the value of the mass media in the dissemination of family planning information. This medium of communication requires continuous support and encouragement by government and policy makers.

More than 2/3 of respondents expressed the opinion that decisions on the use of family planning among couples be jointly undertaken. This in fact is a necessary step in effective acceptability and utilization of modern family planning methods. The men folk also need to be reached with information in this direction to solicit for support.

Worldwide, female sterilization procedures outnumber vasectomies. In many developing countries, vasectomy is particularly rare<sup>20</sup>. In northern Nigeria, it can best be referred to as a neglected method of permanent contraception. An incidence of 0.28% has been reported in a study carried out in Jos<sup>21</sup>. Majority of the women in this study disagree for spouse to use vasectomy. Increasing awareness of vasectomy by media campaigns can increase the uptake of this method.

Even though the oral contraceptive pill was the most popular method of contraception known by respondents in this study, the male condom was the most commonly used by the respondents. This may be because of easy accessibility and affordability of the method combined with its ability to prevent STIs, HIV and AIDS.

The high literacy level of the respondents could have accounted for the increase in the percentage of the

respondents who intend to use a contraceptive method after the index pregnancy. About a quarter of the respondents who do not intend to use any method of contraception gave the reason that they desired more children. Other reasons included religious prohibition, which could be tackled by education of the various religious sects. Reduction in the misconceptions of sterility could be done through public enlightenment programmes. Many women believe modern contraceptive methods jeopardize future reproductive potential<sup>22</sup>. The high infant mortality rate has also encouraged large families as parents anticipate that some of their children will die, hence they embark on replacement or insurance births<sup>6</sup>.

Women must also be educated properly about side effects of the various contraceptive methods to alleviate their fears. A study carried out in Czech Republic among women who used contraceptive, it was found out that there was a statistically significant correlation between time of conception and type of contraceptive method used<sup>23</sup>. Specifically, 34.4% of the women who used oral contraceptives conceived within 3 months of discontinuation compared to 59.5% of those who used the IUCDs and 67.6% of those who used barrier methods<sup>23</sup>. The knowledge of women, the information they are given their current lifestyle, age, ethnicity, religion, their own perceptions and that of others are among factors that influence women's contraceptive expectations and choices<sup>24</sup>. Therefore, proper information dissemination is essential in promoting the right knowledge, attitude and practice of family planning methods.

## Conclusion

Despite the high educational status, knowledge and acceptability of family planning methods observed in this study, the practice of these methods is still relatively low. More targeted and well-organized educational campaigns are needed to improve this trend.

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