



Analysis of Knowledge, Attitude and Practice of Women towards Family Planning in Nigeria: Evidence from Ogun State

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Authors' contributions

This work was carried out in collaboration between all authors. Authors JOK and YOO designed the study, designed the questionnaire and wrote the first draft of the manuscript in collaboration with author COA. Authors JOK and FEO managed the literature searches. Field work was done by authors JOK, YOO and FEO. All authors read and approved the final manuscript.

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ABSTRACT

Aims: Increasing the use of family planning (FP) is essential to reducing maternal and new-born mortality rate as well as food insecurity in Nigeria. This study analyzed the knowledge, attitude and practices of women regarding utilization of family planning methods in Ogun State, Nigeria.

Study Design: The survey design was adopted for the study. Primary data was collected from the participants.

Place and Duration of Study: The study was conducted in Ikenne local government area of Ogun state, Nigeria in 2016.

Methodology: Structured questionnaire was used to collect information from 400 respondents. Data collected were analyzed and results presented in frequency tables. The Logit regression model (at $p \leq 0.05$) was used to determine the predictors of FP use.

Results: The result revealed that majority of respondents were less than 40 years old (73%), married (96%) with more than 3 children (62%) and had at least secondary education (81). Most of

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them are self employed (44%) and earn less than ₦ 20,000 a month (approx. \$57.8). Most of the respondents are Christians (57%) and belong to the Yoruba ethnic group (83%). The majority of the women knew of FP methods (70%), 72% agreed to all the attitudinal statements supporting FP but only 35% were currently using any method. Constraints reported by respondents included nonchalant attitude due to infrequent sex, belief that breastfeeding prevent conception, opposition from husbands, prohibition due to religious beliefs and high cost of FP materials. Respondents' educational level, their religion, access to FP information, income level, spousal approval and number of children were the predictors of FP use among study group.

Conclusion: More awareness and counselling should be provided by the government and private institutions to both women and men to further improve knowledge and enhance utilization of FP. Finally, government should encourage the usage of FP by subsidizing fertility control equipments at all health facilities.

Keywords: Attitude; family planning; knowledge; use; women; Nigeria.

1. INTRODUCTION

Family planning, as an essential component of primary health care and reproductive health, contributes to reducing maternal and new-born morbidity and mortality and transmission of HIV [1]. A woman's ability to space and limit her pregnancies has a direct impact on her health and wellbeing as well as the outcome of each pregnancy [2]. With about 180 million people, Nigeria is the most populous nation in Africa and with a growth rate of about 3.5 percent and total fertility rate of 6.0 lifetime births per woman [3]; the United Nations has projected that the population of Nigeria will reach 440 million by 2050 and by 2100, if current figures continue, the population of Nigeria will be over 900 million. Considering the current state of the Nation's economy and the level of poverty in the country, there is a the need to adopt measures which will help to reduce the growth rate in Nigeria so as to lessen the burden on an already overstretched economy [1].

Most of the countries with lowest rates of family planning, highest maternal, infant and child mortality rates are in Africa [1]. In Nigeria, only 10% of the women use family planning [4]. Many reasons have been put forward for the poor utilization of family planning in Nigeria and many developing countries. Attitudes towards fertility regulation, access to the means of fertility regulation and communication between husband and wife about desired family size and timing of pregnancy are essential for effective family planning [5]. Acceptance of family planning methods varies in different societies [6,7] and influenced by a complex interaction among many socio-cultural and demographic factors at the level of individual, family and society [5,8]. The most commonly reported barriers to family

planning methods are lack of knowledge, health concerns, and social disapproval [9]. Religion also plays an important role [10]. Education, on the other hand, is the most dynamic and influential tool for inducing a positive attitude among couples towards the methods and measures of family planning [11,12,8]. Understanding why people do not use family planning is critical to address unmet needs and to increase contraceptive use. Although, most men and women especially in the rural areas have an idea of what family planning entails, however they have a passive attitude towards it.

This study was carried out to assess the knowledge and attitude of married women towards family planning in Ilishan-Remo, Ogun State.

2. RESEARCH METHODOLOGY

The study was carried out in Ilishan-Remo community, Ogun State, Nigeria. Ilishan-Remo is divided into two wards (wards 8 and 9) with a total population of 20,701 in ward 8 and 19,849 people in ward 9 [13]. Total population of women that are of childbearing age (which formed the sample frame) in ward 8 was 4,554 while the total population of women that are of childbearing age in Ward 9 was 4,366. The convenience sampling was used to select 400 women to participate in the study following the Taro Yamane's formula [14]:

$$\text{Sample size } (n) = \frac{N}{1+N(e)^2}$$

Where:

n= sample size

N= population size

e= sampling error (0.05 acceptance error)

The questionnaire, designed in line with study objective, was used as instrument for data collection. Reliability analysis was applied to test the internal consistency of the questionnaire. Result of the analysis showed that the average Cronbach's alpha value for the instrument was 0.83. Items of an instrument were considered to represent a measure of high internal consistency if the total Cronbach's alpha value was more than 0.70 [15,16].

Information collected were analyzed and presented using descriptive and inferential statistics. The logit regression model was used identify the factors that influenced respondents' family planning (FP) use. The dependent variable takes a value of one if the respondent is currently using FP and a value of zero if the respondent is not. The independent or explanatory variables are the theoretically relevant variables such as demographic variables, spousal support and other economic variables. The Statistical package for social sciences (15th editions) was used for all data analysis. Ethical clearance was obtained from the Babcock University Health Research Ethics Committee before commencement of the survey. Furthermore, informed consent forms were also attached to the questionnaires where the respondents indicated their willingness to participate in the study by signing after reading the terms and conditions that applied to the study.

3. RESULTS AND DISCUSSION

3.1 Background Characteristics

Results, as presented in Table 1, showed that most of the respondents were between 20 and 40 years old (73%) and mostly married (96%). By implication, most of these women, being in their active reproductive age, are expected to be aware and well disposed to family planning (FP) if they actively utilize the public healthcare services [3]. The fact that 62% of the respondents had more than 3 children from previous births suggests the possibility of early marriage and early child bearing and poor utilization of FP. Most of respondents had relatively good level of education with majority having secondary education and above (81%). Previous studies have established relationship between educational attainment and health seeking behaviour including use of FP [17,8,11,12,18,19]. Thus their level of education is expected to influence their search for knowledge, attitude and practices regarding FP. Since most of the women are either unemployed (31%) or

self employed (44%), they may depend on their husbands for household financial sustenance and immediate care for their health, thus the suggestions or permission of their spouses may have great impact on their use of FP. Also, 69% of the respondents earned less than ₦ 20,000 a month (approx. \$57.8). This is less than \$ 2/day thus, without spousal support; the women are vulnerable to poverty. With poor financial independence, husbands' opinion plays significant role in determining the women disposition to FP. The family type for majority of the respondent was monogamy (53%). High coital frequency and births are higher in monogamous families [20]. Tradition and religious affiliation plays role in determining women's outlook to issues of reproductive health especially family planning [3]. Result in Table 1 shows that most of the respondents are Christians (57%) and belong to the Yoruba ethnic group (83%).

3.2 Family Planning Knowledge, Attitude and Use

Although the majority of the women reported that they know of FP methods (70%), only 35% were currently using any method and about 45% reported ever having used modern method even though 69% reported they had knowledge of modern methods (Table 2).

This result, consistent with Odimegwu [17] inferred that awareness or knowledge is not likely the constraint to FP use in the study area. The main motivation for the use of FP among most of the respondents was for spacing birth (66%) and not for limiting number of birth. With early child bearing, these women may still have many children as reflected in Table 1.

Result in Table 3 shows that respondents were generally supportive of family planning. Fourteen positive attitudinal statements were exposed to the respondents with maximum scale measure of 14. Mean score for all respondents was 10.08 ± 1.27 which translates to approximately 72% of respondents agreeing to all the attitudinal statements for family planning. This result is consistent with Odimegwu [17].

The regression analysis for the predictors of FP use among the respondents (Table 4) shows that the factors which positively influenced use of FP included respondents' educational level ($p < 0.05$), their religion ($p < 0.05$), access to FP information ($p < 0.01$), income level ($p < 0.05$), spousal approval ($p < 0.01$) and number of

children ($p < 0.01$). According to this result, increasing respondents' exposure to reproductive health education and FP seminars will enhance use of FP. Since the Christian religious affiliation seem to favour FP use, FP information can be effectively disseminated through Christian religious leaders and in worship centres. The impact of spousal approval for FP use is well detailed in previous studies [3,17]. Women with more children tend to favour FP possibly because they now realise its importance from their experience.

Identified constraints to FP use are detailed in Table 5. Major factors militating against the use

of FP, as reported by the respondents, included nonchalant attitude due to infrequent sex (55%), belief that conception cannot take place while breastfeeding (62%), opposition from husbands (79%), prohibition due to religious beliefs (59%) and high cost of FP materials especially when using modern methods (67%). Besides attitudes towards fertility regulation, access (in terms of cost) to the means of fertility regulation and communication between husband and wife about desired family size and timing of pregnancy are essential for effective family planning [5]. Acceptance of family planning methods varies within and between societies and religious groups [6,7].

Table 1. Demographic information of respondents

Variables	Freq (n= 400)	%
Age		
Less than or equal to 20	24	6.0
21 – 30 years	125	31.2
31 – 40 years	166	41.5
41 years and above	85	21.3
Marital status: Married	383	95.8
Family type: Monogamy	214	53.4
Religion		
Christianity	227	56.8
Islam	102	25.6
Traditional	71	16.5
Ethnicity:		
Yoruba	332	82.9
Igbo	41	10.3
Hausa	27	6.8
Education		
Below secondary	77	19.2
Secondary and above	323	80.8
Monthly income level (₦)		
≤15,000	154	38.5
15,001-20,000	123	30.7
20,001-30,000	46	11.5
>30,000	77	19.2
Employment status:		
Unemployed	123	30.8
Self employed	176	44.0
Civil servants	60	15.0
Private organization	41	10.2
No. of children:		
None	2	0.4
One	17	4.3
Two	53	13.2
Three	77	19.2
Four	125	31.2
Above four	126	31.6

₦346 = \$ 1

Source: Computed from field survey (2016)

Table 2. Distribution of respondents by knowledge and use of family planning

Variable	Freq (n= 400)	Percentage
Knowledge		
Any method	280	70.0
Traditional method	180	45.0
Modern method	275	68.7
Ever used		
Any method	222	55.5
Traditional method	160	40.0
Modern method	182	44.5
Currently using		
Any method	140	35.0
Traditional method	83	20.7
Modern method	59	14.8
Main motivation for use (n=222):		
For spacing	146	65.7
For limiting	76	34.3

Source: Computed from field survey (2016)

Table 3. Distribution of respondents according to their agreement with selected attitudinal statements about family planning

Attitudinal statements	Freq (n= 400)	Percentage
FP can help parents to be responsible	241	60.3
Use of FP allows couple to prepare for children	322	80.5
FP enhances standard of living	257	64.2
FP helps mothers to regain strength before next conception	312	78.0
Child spacing can protect health of mother and child	346	86.5
Early marriage can militate against FP	302	75.5
Female education can facilitate FP	252	63.0
Spouses who really care for each other practice FP	272	68.0
Husbands should support and participate in FP	322	80.5
Having a large family can strain the relationship between couples	227	56.8
Practicing FP have positive effect on the society	291	72.7
Couple who practice FP will have less conflict	320	80.0
Risks can be minimized if appropriate methods of FP are used	280	70.0
FP does not make sexual relations uninteresting	264	66.0
Average score:	71.8%	
Mean score (maximum scale measure = 14)	10.08±1.27	

Source: Computed from field survey (2016)

Table 4. Binary Logit regression for the predictors of FP use among respondents

Variable	Coefficient	t-value
Constant	3.65	4.62**
Age (in years)	0.65	1.03
Education (bellow secondary = 0; above secondary = 1)	1.47	2.40*
Religion (Christian = 1; otherwise = 0)	1.35	2.18*
Access to FPI (No access = 0; access =1)	2.54	3.05**
Income level (in naira)	1.25	2.34*
Spousal approval (No = 0; Yes =1)	1.69	3.27**
Number of children	0.98	3.11**
-2log likelihood = 228.4		
Chi-square = 176.5		
R-square = 0.68		

Source: Computed from field survey (2016)

Table 5. Distribution of respondents by reasons militating against use of family planning

Reasons	Freq (n= 400)	Percentage
Infrequent sex	218	54.5
Menopausal	155	38.7
Breastfeeding	248	62.0
Opposition from husband	314	78.5
Religious prohibition	234	58.5
Lack of knowledge	72	18.0
Fear of side effect	184	46.0
High cost	264	66.5
Health concern	163	40.7

Source: Computed from field survey (2016)

4. SUMMARY, CONCLUSION AND COMPETING INTERESTS RECOMMENDATION

This study assessed the knowledge, attitude and practice of women in Ilishan-Remo, Ogun State, Nigeria. The study found out that most of the women have good knowledge and positive attitude towards family planning (FP); however, this did not translate to reasonable utilization of family planning. Constraints listed by respondents included nonchalant attitude due to infrequent sex, belief that conception cannot take place while breastfeeding, opposition from husbands, prohibition due to religious beliefs and high cost of FP materials especially when using modern methods. Further analysis however identified respondents' educational level, their religion, access to FP information, income level, spousal approval and number of children as the predictors of FP use among study group. Based on our findings, the following have been recommended:

1. The need to intensify family planning education, especially in semi-urban and rural community cannot be over-emphasized. Deliberate government policies directed at achieving this in germane.
2. Counselling and campaign outreaches should consider incorporating the Christian religious centres for family planning education.
3. The men should also be encouraged to attend ante-natal and post-natal clinics so as to get more knowledge about family planning. This will increase their approval and support of family planning.
4. The government should encourage the usage of family planning by subsidizing family planning equipments at all health facilities thus making it accessible.

Authors have declared that no competing interests exist.

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