



# Knowledge, Attitude and Practice of Family Planning among Women in a Rural Community in Southern Nigeria

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## Authors' contributions

*This work was carried out in collaboration between both authors. Author IE designed the study under the supervision of author OJ, supervised the data collection and contributed to the first draft of the manuscript, while author OJ analyzed the data, wrote the protocol and the first draft of the manuscript. Both authors approved the final manuscript.*

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## ABSTRACT

**Aims:** This study was carried out to determine the knowledge, attitude and practice (KAP) of family planning (FP) among women of child bearing age in a community in south-south Nigeria.

**Methodology:** This was a cross-sectional descriptive study which took place in a clan in Abak, Akwa Ibom State, Nigeria among women of child bearing age (15-45 years). The instrument of data collection was an interviewer administered semi-structured questionnaire which examined the socio demographic characteristics and KAP of FP among respondents. The study area was selected through multi-stage sampling method. All consenting women of child bearing age in alternate households were selected until the sample size of 358 was achieved. Data obtained was analyzed using Statistical Package for Social Sciences (SPSS) version 17. Frequencies were generated and Chi-square test was used to explore associations. Level of significance was set at 0.05.

**Results:** A total of 338 questionnaires were retrieved. About 45.9% of the respondents were aged 15-25 years, 136 (40.2%) were married and 17 (5.0%) had no form of formal education. Majority,

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299 (88.5%) had heard of FP and the commonest source of information was clinic, 112 (37.5%). The most commonly mentioned FP were injectable, 134 (44.8%) and pills, 81 (27.1%) respectively. Up to 114 (33.8%) had a negative attitude towards FP. A total of 143 (42.3%) respondents used a FP method. The commonest were pills, 39 (27.3%) and injectable, 36 (25.2%). Fear of side effect was the most frequently given reason by 89 (45.6%) for non-use of FP. There was a significantly positive association between educational qualification and use of FP methods (<0.05).

**Conclusion:** Though the knowledge of family planning methods was high among the women in this study, their use was relatively poor. Adequate health education should be carried out by health workers to dispel fears and encourage higher contraceptive use among women of child bearing age. Female education and male involvement are also advocated.

*Keywords: Family planning; injectable method; health education; KAP; female education; pills.*

## 1. INTRODUCTION

Family planning practices help individuals or couples to avoid unwanted pregnancies, regulate the intervals between pregnancies, control the time of birth in relation to the age of the parents and determine the number of children in the family [1,2]. Though contraceptive use has increased worldwide over the last couple of years, the contraceptive prevalence rate (CPR) in low resources countries is very low [3]. An average of 25% of couples in Sub-Saharan Africa who want to space their children do not use any form of family planning method [4]. A report from the National AIDS and Reproductive Health Survey (NARHS), 2012, in Nigeria indicated that while awareness of contraceptive was high, the proportion of females using any method and a modern method of contraception was 13% and 10% respectively [5]. The methods of modern contraceptives available at the regional and national levels include: pills, intrauterine contraceptive device, injectables, implants, male condom, female condom, male and female sterilization, diaphragm, foam/jelly, lactational amenorrhoea and emergency contraception [6]. In a bid to curb the rate of unwanted pregnancies, effort must be made to increase family planning utilization. According to the Nigerian Demographic and health Survey, 2013 (NDHS), about 23% of teenage girls between age 15 and 19 years were already mothers or pregnant with their first child [6]. About 250 out of 1000 adolescent pregnancies in Nigeria end in unsafe abortion and of the estimated 600,000 induced abortions annually, adolescents contribute 60% [7]. Despite this, the level of contraceptive use among this group has been reported to be low [7]. Young people often decide not to seek FP because they do not want their parents or other adults to know they are sexually active, while many fear ridicule and disapproval from service

providers [8]. Apart from unintended pregnancy and maternal mortality, there is also the problem of sexually transmitted infections, including HIV. Sentinel survey report of pregnant women aged 15-49 years reported a national prevalence of 4.1% and 10.9% in Akwa Ibom State in 2010 [9]. While the National Demographic and Health Survey 2013 recorded knowledge of contraceptive among women as 85%, the trend in contraceptive method used by married women aged 15-49 in Nigeria in 1990, 2003, 2008 and 2013 stood at 6%, 12.6%, 14.6% and 15.1% respectively [6]. These rates are quite low compared to the high sexual activity, especially among adolescents [10]. Urban dwellers are reported to have greater access and higher chances of utilizing FP [11]. The rural communities, which contribute about 70% of Nigeria's population, have very high fertility rate and a low CPR [12]. A study in south western Nigeria however reported the point prevalence of contraceptive use among rural women as 66.3% [13]. One of the factors influencing utilization is level of education [14].

In Akwa Ibom State, the prevalence rate of contraceptive was recorded to be 32.7% in 2008 [6]. Health facility records in the study area showed that out of 738 women of child bearing age attending the clinic, 2.6% and 27% responded to FP in 2008, 2009 respectively [15]. This study was carried out to determine the changing trend in the knowledge, attitude and practice of family planning (FP) among women of child bearing age in this community.

## 2. MATERIALS AND METHODS

### 2.1 Study Area

This study was carried out in Midim, one of the six wards in Abak local government area (LGA) of Akwa Ibom State in southern Nigeria. The

ward is made up of nine villages and has a population of 14,750 [16] and one health centre which gives health services to the inhabitants of all the villages.

## 2.2 Study Design/ Population

This was a cross sectional descriptive study involving women of child bearing age (15-45 years) residing in Midim, Abak LGA in Akwa Ibom State, Nigeria.

## 2.3 Sampling Size

A sample size calculation for cross sectional studies was carried out using the formula for estimating single proportion [17], with prevalence, (0.71) being the 2008 knowledge of any modern contraceptive method among married and sexually active women aged 15-49 years. [6],  $z$  of 1.96, sampling error set at 5%, and 10% over estimation to accommodate for non- response. A sample size of 358 was obtained.

## 2.4 Data Collection Instrument

The instrument of data collection was an interviewer administered questionnaire adapted from NDHS 2013 questionnaire. It had 4 sections which examined the socio demographic characteristics and knowledge, attitude and practice (KAP) of family planning among respondents. The instrument was pre-tested on 30 women in a community in a neighboring local government area not involved in the study. Their comprehension of the questionnaire was adequate and the tool was confirmed good enough for use among respondents in the study population.

## 2.5 Inclusion and Exclusion Criteria

Only women aged 15-45 years were included in the study, while those below 15 and above 45 years were excluded. Participation in the study was limited to consenting respondents. For those respondents below 18 years, additional consent was obtained from their parents/guardians. Women who only visited the community but were not resident there were excluded from the study.

## 2.6 Sampling Technique

The study area was selected through multi stage sampling method. One out of three senatorial

districts in Akwa Ibom State was selected by simple random sampling method, then Abak, one out of six local government areas (LGA) in the senatorial district was subsequently selected by simple random sampling. Out of the six wards in the LGA, Midim was also selected by simple random sampling and Ikot Ekiduk village was finally selected from nine villages in the ward using the same sampling method.

A list of households was obtained from the village head and consenting women of child bearing age in alternate households were selected until the required sample size was achieved. The questionnaires were administered by the second author and four previously trained research assistants. Data collection lasted one week.

## 2.7 Data Management

The data obtained was edited manually, then analyzed using the Statistical Package for the Social Sciences (SPSS) version 17. Frequencies were generated and the Chi-square was used to test the significance of association between variables with level of significance set at 5%.

## 2.8 Ethical Considerations

Prior to the study, a letter of consent to carry out the study was obtained from the clan head and verbal consent was obtained from the heads of the individual households involved in the study. Verbal informed consents were obtained from respondents after the purpose; content and significance of the study were adequately explained to them. They were told that participation was voluntary and they would not suffer any consequences if they chose not to participate. The questionnaires were coded to ensure confidentiality

## 3. RESULTS AND DISCUSSION

### 3.1 Results

A total of 358 questionnaires were distributed and 338 were retrieved giving a response rate of 94.4%. Some of the reasons for non- response included privacy and lack of time, while the rest just refused to be included in the study and gave no reasons. The commoner age groups were 15-25 years, 155 (45.9%) and 26-35 years, 131 (38.8%). A total of 136 (40.2%) respondents were married. Only 17 (5.0%) had no form of

formal education. The commonest form of occupation was trading, 152 (44.9%) and 184 (54.4%) had varying number of children (Table 1).

Majority of the respondents, 299 (88.5%) had heard of family planning and the commonest source of information was the clinic, 112 (37.5%). The most commonly mentioned form of family planning was the injectable, 134 (44.8%), followed by pills, 81 (27.1%) (Table 2).

**Table 1. Socio-demographic characteristics of respondents**

Variable	Frequency N=338	Proportion n (%)
<b>Age (year)</b>		
15-25	155	45.9
26-35	131	38.8
36-45	30	8.8
>45	22	6.5
<b>Marital status</b>		
Single	136	40.2
Married	167	49.4
Widow	26	7.7
Divorced	9	2.7
<b>Educational level</b>		
Primary	131	38.8
Secondary	164	48.5
Tertiary	26	7.7
None	17	5.0
<b>Occupation</b>		
Civil Servant	18	5.5
Farmer	46	13.6
Trader	152	44.9
Student	122	36.0
<b>No of children</b>		
None	154	45.6
1-3	84	24.9
4-6	86	25.4
7-9	14	4.1

Up to 114 (33.8%) had a negative attitude towards FP. The most common reason given by 48 (42.1%) was fear of side effects. Different family planning methods were used by 143 (42.3%) of the respondents. The most commonly used methods were pills, 39 (27.3%) and injectable, 36 (25.2%). Fear of side effect was the most frequently given reason by 89 (45.6%) of the respondents for non-use of FP (Table 3).

There was a significant association between age, educational qualification and use of FP methods (<0.05). A significantly higher proportion, 63 (48.1%) of respondents aged 26-35 years used

some family planning method. Also, a significantly greater proportion of those with tertiary education, 13 (61.9%) reported using FP ( $p<0.05$ ) (Table 4).

### 3.2 Discussion

The contraceptive uptake of women of child bearing age in the study area is worthy of note. Women aged 15-25 years constituted about 46% of the study population. This is within the crucial age during which teenage pregnancy is reported. The NDHS 2013 reported that 23% of women aged 15-19 years in Nigeria had begun child bearing [6]. Several complications have been documented in the course of teenage pregnancies. A study reported higher risks of low birth weight, premature labor, anemia and pre-eclampsia in teen births even after controlling for other risk factors such as utilization of antenatal care [18]. Sex education in combination with access to birth control go a long way in preventing teenage pregnancy [19,20].

Almost ninety percent of the respondents in this study knew about family planning. Similar findings were reported in a national survey in Nigeria in 2013 where contraceptive knowledge was reported to be 85.2%. This was much higher than that reported in 2006 in a community based study in Northern Nigeria where the knowledge level recorded was 67% [21]. The clinic being the most common source of family planning information in this study ties with findings of a study on family planning practice in tertiary institutions in 2009 where the clinic was reported to be the main source of information [2]. A similar finding was also reported in a community based study in Ethiopia, where the source of family planning information was government health center (71.3%) and hospital (20.8%) [22].

The injectable method of contraception was the most widely known by almost half of the respondents in this study. Similar findings were reported in a community based study in northern Nigeria [21]. The injectable is possibly popular due to convenience of use.

While those who showed negative attitude in this study attributed it to fear of side effects, in the Northern Nigeria study, 78% of the respondents stated that their negative attitude was as a result of husbands' influence [21]. A study in Cambodia reported that women whose husbands made the final decision about contraception were less likely than other women to use a family planning

method [23]. It is therefore very important to include behavioral change messages for men in programs targeted at improving contraceptive uptake of especially married women.

**Table 2. Awareness of family planning by respondents**

Variable	Frequency N=338	Proportion (%)
<b>Ever heard of FP</b>		
Yes	299	88.5
No	39	11.5
<b>Source of Information on FP (N=299)</b>		
Clinic	112	37.5
School	56	18.7
TV/Radio	50	16.7
Friends	49	16.4
Others	24	8.0
Church	8	2.7
<b>Methods of FP known by respondents</b>		
Injectable	134	44.8
Pills	81	27.1
Condom	41	13.7
IUCD	18	6.0
Calendar	10	3.3
Others	10	3.3
Tubal ligation	5	1.7

**Table 3. Respondents' attitude and use of family planning**

Variable	Frequency N=338	Proportion (%)
<b>Respondents' Attitude</b>		
Positive	224	66.2
Negative	114	33.8
<b>Reason for negative attitude ( N=114)</b>		
To avoid side effects	48	42.1
Against religious belief	25	21.9
Desire more children	22	19.3
Others	19	16.7
<b>Use of FP by respondents</b>		
<b>N=338</b>		
Yes	143	42.3
No	195	57.7
<b>Method of FP used</b>		
<b>N=143</b>		
Pills	39	27.3
Injectable	36	25.2
Condom	26	18.2
Natural	21	14.7
Others	13	9.0
IUCD	8	5.6
<b>Reason for non-use of FP</b>		
<b>N=195</b>		
Fear of side effects	89	45.6
Husband's objection	36	18.5
Others	29	14.9
Don't know where to get it	21	10.8
Desire more children	10	5.1
Against religious belief	10	5.1

**Table 4. Association between selected socio demographic profile and use of FP**

Variable	Use of FP N=143 n(%)	Non use of FP N=195 n(%)	Statistics $\chi^2$	p-value
<b>Age (yrs)</b>				
15-25	67 (43.2)	88(56.8)		
26-35	63 (48.1)	68 (51.9)	10.25	0.02*
36-45	5 (16.7)	25 (83.7)		
>45	8 (36.4)	14 (63.6)		
<b>Marital Status</b>				
Single	69 (50.7)	67(49.3)		
Married	63 (37.7)	104 (62.3)		
Widow	8 (30.8)	18 (69.2)	Fishers exact = 0.07	
Divorced	3 (33.3)	6 (66.7)		
<b>Educational Status</b>				
Primary	34 (27.6)	89(72.4)		
Secondary	95 (51.9)	88 (48.1)		
Tertiary	13 (61.9)	8 (38.1)	Fishers exact = 0.00*	
None	1 (9.1)	10 (90.9)		

\* Statistically significant

The contraceptive prevalence rate of 42.3% in this study was higher than the 28% reported by NDHS in 2013 in the South- South zone [6]. This could have been due to the increased awareness over the years. Also, single women were included in the present study in addition to married women and some of them may have been sexually active. The NDHS report focused only on married women. The contraceptive use was also much higher than that reported in a community study in Zaria where the reported prevalence was 12.5% [24].

Pills and injectable contraceptives were the more commonly used methods of contraception accounting for about half all methods used with a slightly higher use of pills. Several studies have reported the most commonly used FP method to be the injectable contraceptive [22,25,26]. A possible reason could be the convenience of use of the injectable method as it does not involve elaborate procedures or daily use. However, in the present study, since more than half of the respondents had at least secondary education, this could have made it easy for them to cope with oral contraceptive use.

The reason given by almost half of those who did not use FP in this study was the fear of side effects. A similar community based study among women aged 15-49 years in Nigeria reported that the most frequently stated reasons for non-use of contraceptives were: "did not think about it", "against religious belief" and "fear of side effects" [21]. In a similar study in Ethiopia, the main reasons stated were desire to be pregnant

(38.9%) and exclusive breastfeeding (25%) [22]. This may have been due to the fact that the study was exclusively among married women.

There was a significant association between age and use of FP methods. A significant proportion, of respondents aged 26-35 years used some family planning method compared to the other age groups. This could have been due to the fact most women in this age group are more likely to be married and/or sexually active. This study also showed a significant association between level of education and usage of FP as a significantly greater proportion of those with tertiary education reported using FP. This ties with findings in a KAP study among rural dwellers which reported that high educational level in addition to providing contraceptive knowledge and methods helps in improving acceptance of family planning devices [21]. Similar findings were reported in other studies [17,27-29].

#### 4. LIMITATION

The issue of self- reporting was considered a limitation as the findings of the study were entirely based on the information given by the respondents. Also, the extent of disclosure of the respondents may not have been total due to the sensitive nature any sex related topic.

#### 5. CONCLUSION

Though the knowledge of family planning methods was high among the women in this study, their use was relatively poor. The fear of

side effect was the commonest reason given by those with poor attitude and those who did not use FP. Adequate health education should be carried out by health workers to dispel fears and encourage higher contraceptive use among women of child bearing age. Female education and male involvement are also advocated.

### COMPETING INTERESTS

Authors have declared that no competing interests exist.

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