

ASSessment of Factors Affecting Family Planning Practice Among Women Attending Antenatal Clinic at General Hospital Kontagora, Niger State, Nigeria

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Abstract

The purpose of the study is to assess the factors affecting family planning practice among women attending Antenatal clinic at general hospital Kontagora, Niger State. The respondents in this study reported using various contraceptive methods. The traditional method was the most used method among the respondents (88%) and this is followed by contraceptive pills (80%) methods respectively. Residents in this community are more likely to have hindered access to adequate information on contraceptive, such as the ability of condoms to give dual protection (prevention of unwanted pregnancies and sexually transmitted infections). In a view of the use of contraceptives, using a nationally representative data in the 2017 national

Introduction

Family planning is known to be one of the most popular practices of birth control worldwide (WHO, 2014). It is the ability of individuals and couples to attain their desired number and spacing of their children through contraceptive use. It is one of the most effective public health interventions and is pivotal to reducing the country's rate of child birth (Agboola, 2019). In 2015, the population of the world was established at 7.3 billion projected to increase to 8.5 billion by 2030. This projections degree of

demographic and health survey, the overall rate for current contraceptive use was 13.2%, while the rate for modern methods was 9.4%. The findings from this study apparently reveals the factors that influence the utilization of family planning services among the respondents, majority (61%) agreed that family planning is not easily accessible in their locality, which this is figured out as major factor. It also reveals that (49%) of the women are not supported by their partners or husbands. Also, majority submitted that concern about side effects and health risk appears somewhat a strong factor affecting contraceptive use, (73%). (41%) from the study also reveals that they cannot afford the family planning services. Others are being influenced by their religion, culture or norms of their community respectively (76%). In conclusion, this study has achieved its objectives by providing a comprehensive understanding of the level of knowledge and utilization of family planning as well as the factors influencing family planning practice among women attending antenatal clinic of General Hospital Kontagora. The findings of this study have important implications for public health officers, family planning service providers and other professions to improve family planning services and promote reproductive health among women of reproductive age.

Keywords: Family planning, Antenatal, and Women

Uncertainty depends majorly on future levels of fertility in countries with high fertility including Nigeria which as at 2016 had a fertility rate of 5.58 children per woman. The population of Nigeria is estimated at over 190million and it is projected to increase by 44%o between 2015 and 2030. Contraceptives have been used worldwide since ancient times. Writings in Egyptian papyri, the Bible and Greek and roman texts indicate the usage of various herb root preparations for contraception and abortion (Agboola, 2019). Decisions regarding the timing of pregnancy and control over family size continue to be important issues for all adults.

The use of contraceptive is essential in slowing unsustainable population growth and reduction of maternal morbidity and mortality by preventing ill-timed pregnancies and births. However, past studies have shown a low uptake of contraceptive methods and high unmet needs in Nigeria. The most recent national demographic and household survey reported a only 17% contraceptive prevalence rate among married women between 15-49years with 12% users of

modern contraceptive method. Although the use of contraceptive methods was higher (37%) among sexually active unmarried women with 28% using a modern method. It was further stated that the rate of child birth decline is a means of achieving a demographic dividend with the consequent potential of reducing poverty, boosting economic growth and contributing to the overall well-being of families and societies (WHO, 2015).

However, family planning provides holistic service that aims to promote a positive view of sexuality and enable people to make informed choices about their sexual reproductive well-being. It also ensures that resources are available for raising a child in significant amount, which include time, finance and social environment at intervals mutually determined by both partners to have their desired number of children. Studies indicates that the utilization of family planning services in Nigeria is low when compared to high population growth rate in Africa, high fertility that translates into high population growth. Many scholars reported that it is likely that the utilization of family planning services can alter the population growth rate. Studies have also shown that contraceptive knowledge, and usage is very low in Nigeria, hence the reason for the high fertility and increase population (Lori, Donna and Toshiko, 2014).

Family planning could nip to the bud up to one- third maternal deaths by allowing women to delay motherhood, space births, avoid unintended pregnancies and abortions, and stop child bearing when they have reached their desired family size (Lori, Donna and Toshiko, 2014). Contraception is the use of various devices, drugs, agents, sexual practices or surgical procedures to prevent pregnancy (WHO, 2015). They are usually referred to as birth control methods (WHO, 2015). By helping women prevent unwanted pregnancies, programs can reduce unwanted births and unsafe abortions, and improve maternal and child health (Singh, Darroch and Ashford, 2014). These gains can also contribute to other development objectives, such as curbing poverty and slowing population growth (Canning and Schultz, 2014). Enabling women to act on their pregnancy preferences has become a high priority on the global development agenda. Not long past strategies have called for improving the unmet need for modern contraception, which arises when women want to avoid a pregnancy but are using no method or a traditional one. The most prominent of these initiatives is family planning 2020, a global partnership launched in 2012 that aims to add 120 million new users of modern contraceptives in the world's 69 poorest countries by 2020 (Family Planning Summit, 2012). Previous studies have shown evidence

of the influence of age, number of children, educational level, socio-economic status, fertility intention, cultural belief, and awareness of family planning methods, fear of side effects, partner's disapproval, misconceptions and myths on low uptake of modern contraceptives. However, no study has examined the relationship between the use of modern contraceptive and women's perception of being favoured by someone in the community to use family planning, awareness of contraceptive use among friends or family, recent visitation by community health worker on family planning and attendance in community gathering where family planning was favoured.

In Niger State, the practice of family planning is crucial due to the country's high fertility rates in the world, with an average of 7.6 children per woman. This has significant implications for the state's population growth, with projections indicating that the population will be more than triple to 68 million by 2050 (USAID, 2020). Niger State, Nigeria has one of the lowest family planning uptake rates, contributing to high maternal and infant mortality rates. Against this backdrop, married women tend to give birth to too many children, forgetting the importance and benefit of family planning. Ignorance, illiteracy, African traditional values and norms, husband dominance among others have come against the practice of family planning among married women. This is a serious problem in view of the global economic challenge and that of security, where children that are not catered for by parents turnout to be security threat or wayward. Family planning practices in Kontagora town, Niger State are influenced by various factors which require a multifaced approach. It is on this premise that this paper assessed the factors affecting the practice of family planning among women attending Antenatal clinic at general hospital Kontagora, Niger State.

Materials and Methods

A cross sectional descriptive survey was adopted for the study to determine the level of knowledge and practice of family planning among women attending antenatal clinic in general hospital Kontagora, Niger State. Face validity of the research instrument was established by the researcher. In order to validate the instrument, the researcher gave the developed tool to the Supervisor for face content modification of items, assessment and approval of the instrument, all correction was incorporated before the final draft of the questionnaire. Data was collected by use of self-administered approach whereby the questionnaire was

distributed by the researcher to the respondents and retrieved after completion. The questionnaires were collected and manually counted and sorted out. The results were preserved using descriptive statistics of frequency and percentage. The researcher ensured that the ethical consideration is obtained and maintained from the research ethics review committee of General Hospital Kontagora, thus the researcher sort for the free informed consent of the respondents. In order to ensure accurate and honest responses from them and were not induced in any for. The researcher also assured the respondents with almost confidentiality of all information collected and manipulated to suit a desired outcome.

Results and Discussions

Knowledge of family planning among women attending antenatal clinic

From the Table 1 of this study, the average source of knowledge of the respondent is good 100% as all of the respondent falls within this range as regards to family helps to limit the number of children. On family planning helps in spacing of childbirth, majority of the respondent also is good 98% and some is poor 1(2%). On family planning services would not prevent unwanted pregnancies majority of the respondent is good 83% most are fair, 17%. On condom use can prevent sexually transmitted infections, majority is good which is 98% while some poor which is 2%. On family planning is a means of reducing population majority is good 95% while 5% are poor respectively. On awareness of family planning services, majority is good 83%, most is fair 17%. On contraceptive use could make me infertile for a life majority is fair 63%, most is poor 37%. On knowing the nearest places to access family planning services, majority is good 85%, and some is poor 15% respectively. On family planning services are not accessible in my area, majority of the respondent is fair 63%, most is 37%. On female condoms are readily available in stores around here, majority is poor 56%, 44% is good. On male condoms are readily available in stores around here, majority is good 80% while 20 is poor.

Table 1: Knowledge of the respondents on family planning

VARIABLE	FREQUENCY		PERCENTAGE
	YES (%)	NO (%)	
Family planning helps me to limit the number of children	100 %	0 %	
Family planning helps in spacing of child birth	98 %	2 %	

Family planning services would not prevent unwanted pregnancy	17 %	83 %
Condoms use can prevent sexually transmitted infections	98 %	2 %
Family planning is a means of reducing population	95 %	5 %
I am aware of family services	83 %	17 %
Contraceptive use could make me infertile for a lifetime	37 %	63 %
I know the nearest place to access family planning service	85 %	15 %
Family planning services are not easily accessible in my area	37 %	63 %
Female condoms are readily available in stores around here	56 %	44 %
Male condoms are readily available in stores around here	80 %	20 %

As indicated in the Table 2 of this study, the study reveals that majority of the respondent is good 59% while 41% is fair in regards to the use of any form of family planning methods. On the use of oral contraceptive pills, majority is good 80% while 20% is poor. On the use of intra uterine device (IUD), majority is poor 80% while 20% is good. On the use of condoms some is poor 46% while majority is good 54%. On the use of injectable, majority of the respondent is good 61% while poor 39%. On the use of spermicides, majority is poor 90% while some is good 10%. On the use of implants, majority of the respondent is good 61%, while in some is poor 39%. On the use of tubal ligation, majority is poor which 37 90% while some is fair 10%. On the other methods of family planning, majority of the respondent is poor 88% while some is fair 12%.

Table 2: Respondent current utilization of family planning method

Options	FREQUENCY	PERCENTAGE
	YES (%)	NO (%)
Do you use any form of family planning method?	59 %	41 %
Do you use oral contraceptive pills?	80 %	20 %
Do you use intra uterine device (IUD)?	20 %	80 %

Do you use condoms?	54 %	46 %
Do you use injectables?	61 %	39 %
Do you use spermicides?	10 %	90 %
Do you use tubal implants?	61 %	39 %
Do you use tubal ligation?	10 %	90 %
Other methods	88 %	12 %

As shown in Table 3 of this study, the result reveals that majority of the respondent is good 63% while most is fair 37%, on my religion encourages me to use family planning. On I believe that family planning can promote promiscuity, majority of the respondent is fair 63%, while in some is poor 37%%. On I feel that family planning usage makes me look sick and weak, majority of the respondent is good 66% and 37% is poor. On contraceptive use makes me look sickly and weak, majority is 56%fair and some is poor. On my village norms and culture do not support the use of family planning services 76% is good while some is poor 24%. On family planning is not accepted in my marital life setting, majority of the respondent is good 51%, while 49 is poor. On family planning is costly to do, I cannot afford it, majority of the respondent is good 59% while 41 is poor. On planning is not easily accessible in my locality, majority of the respondent is poor 73% while some is fair 27%. On husband does not approve my usage of family planning, majority of the respondent is good 73% while some is poor 27%. I had a bad experience of family planning method I once used, majority of the respondent is fair 73%, while some is poor 27% respectively.

Table 3: Factors that affect the respondent practice of family planning methods

Options	FREQUENCY		PERCENTAGE
	Ye (%)	No (%)	
My religion encourages me to use family planning services	63 %	37 %	
I believe that family planning can promote promiscuity	63%	37 %	
I feel that family planning usage could makes me look sick	34 %	66 %	
Contraceptive use makes me look sickly and weak	44 %	56 %	

My village norms and culture do not support the use of family planning services	24 %	76 %
Family planning is accepted in my marital life setting	49 %	51 %
Family planning is costly to do. I cannot afford it	41 %	59 %
Family planning is not easily available in my locality	61%	39 %
My husband does not approve my usage of family planning	27 %	73 %
I had a bad experience of a family planning method i once used	27 %	73 %

From the data gathered and analyzed, the respondents are aware of family planning and its methods such as pills, injections, use of condoms among others and most women got the information on family planning from friends and family. Findings reveals that although the respondent are aware of family planning, they mostly use the traditional method. The findings and recommendations should serve to improve the use of family planning by women of child bearing age, the role of the family planning providers, spouse involvement in family planning and government in making essential provisions for women's health promotion and their families to support the millennium development goal, support safe motherhood and accelerate the country's progress towards reducing poverty.

Conclusion

This study aimed to investigate the level of knowledge and utilization of family planning among women attending antenatal clinic of General Hospital Kontagoara, as well as identify the factors affecting family planning practice. The findings of this study have provided valuable insights into the knowledge, attitudes, and practices of family planning among this population. The results of this study have shown that there is a high knowledge of family planning among women in the study area but they do not utilize family planning, as they have low accessibility of family planning services. Furthermore, the study identified other factors such as religious belief/ creed as significant predictors of family planning practice among women attending antenatal clinic of General Hospital Kontagora. Overall, this study has achieved its objectives by providing a comprehensive understanding of the level of knowledge and utilization of family planning as well

as the factors influencing family planning practice among women attending antenatal clinic of General Hospital Kontagora. The findings of this study have important implications for public health officers, family planning service providers and other professions to improve family planning services and promote reproductive health among women of reproductive age.

It is recommended that health care providers especially midwives should educate women based on isolated factors affecting contraceptive use, such as side effects, preference, and spousal opposition. Societies and communities should give a couple advice to their neighbours on the importance of family planning in order to promote healthy living.

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