

Perception and attitude of mothers toward family planning in Southern Nigeria

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A – Study Design, B – Data Collection, C – Statistical Analysis, D – Data Interpretation, E – Manuscript Preparation, F – Literature Search, G – Funds Collection

Summary Background. The prevailing low utilization of modern contraceptives for family planning in developing countries in spite of an almost universal level of awareness by the populace is a cause for concern by relevant stakeholders.

Objectives. The aim of this study was to determine the feeling and attitude of women toward family planning and the reasons for such attitude.

Material and methods. A 7-item structured, pre-coded questionnaire was used to sample respondents' feelings and attitude toward family planning.

Results. All the respondents were aware of family planning, and 412 (90.9%) of them believed in the practice. The majority 269 (59.4%) of the respondents preferred to allow 24 months between their last delivery and the next pregnancy. 306 (74.3%) respondents believed in the use of modern contraceptives for family planning and preferred: the male condom – 160 (52.3%), intrauterine contraceptive device (IUCD) – 27 (8.8%), and hormonal contraceptives – 119 (38.9%). Those who did not believe in modern contraception preferred abstinence – 12 (11.3%), the withdrawal technique – 75 (70.8%) and the rhythm method – 19 (17.9%). The major reasons why some respondents would not use modern contraceptives for child spacing were the feeling that it is not natural – 39 (36.6%), it could fail – 13 (12.2%), fear of side effects – 41 (39.0%), and the fear that it could cause infertility – 13 (12.2%).

Conclusions. The willingness to utilize modern contraceptives for family planning in Nigeria remains relatively low despite a universal level of awareness about the practice. This is due to misconceptions about modern contraception.

Key words: awareness, attitude, modern contraceptives, utilization, reasons, family planning.

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Background

Family planning has been recognized as a panacea for healthy motherhood with a multiplier favorable socioeconomic impact on the family, society, the nation and the world at large. A family is said to be planned when a couple uses modern contraceptives and other methods of birth control to regulate the number, timing and spacing of pregnancies [1–3]. Family planning allows the couple, particularly the woman, to have control over her fertility without the need for any adjustments in her social and sexual life.

The utilization of different measures to regulate human reproduction is not a completely modern phenomenon, as throughout history, humans have used primitive and traditional methods, like periodic abstinence, prolonged lactation, extra-vaginal intercourse, the withdrawal technique, barrier methods and even self-induced abortions in an attempt to regulate their fertility with variable levels of success [4, 5]. Some of such measures were not without their demerits and danger to maternal health. Expansion in scientific knowledge and technological development have, however, revolutionized these efforts in modern times, resulting in contraceptive methods that are safe and highly effective, promoting maternal health and infant survival [6, 7].

The fertility rate globally has decreased considerably due to an escalation in the use of modern contraceptives, especially in developing countries in the last 3 decades [8, 9]. Generally, in the 1960s, only about 9% of married women in developing countries practiced any form of contraception, as opposed to 62% at present [10]. As a result of increased contraceptive use, the unmet need for family planning has also declined from 15%

to 12% worldwide, but remains above 25% in most African countries [11]. In Nigeria, for instance, a recent national demographic health survey revealed that 85% of women are aware of contraception, but only 15% of currently married women use a method of contraception, leaving an unmet need for family planning of 16% in the country [12].

Several studies in Sub-Saharan Africa have adduced reasons for the low prevalence of contraceptive use by women in the sub-continent despite the almost universal level of awareness. Some of the factors identified include inadequate knowledge, as well as misconceptions and myths about the use of modern contraceptives [7, 13]. Some of the myths about contraception in Africa are the belief that use of contraceptives is associated with health problems, that contraceptives have serious side effects and that contraceptives could cause infertility [7, 13, 14].

Failure to utilize contraceptives invariably results in unintended pregnancies and short birth intervals, which pose serious health risks to mothers and their infants [1]. Notably, some unintended pregnancies result in unsafe abortions, which carry significant risk that could result in maternal mortality [1, 12]. The national demographic health survey in Nigeria has revealed that birth intervals of less than 24 months are often associated with poor health outcomes, especially for the baby, who is at increased risk of sickness and death during infancy [12].

Objectives

There has been an observation that the majority of women accessing maternity care in the University of Uyo Teaching Hospital, Nigeria, when counseled on the need for family planning



during their postnatal visits, often decline to utilize modern contraceptives for child spacing. This study, therefore, sought to determine the perception and attitude of Nigerian women toward the use of modern contraceptives for family planning.

Material and methods

Study design and study area

A cross-sectional, questionnaire-based descriptive study of mothers who attended antenatal care during a two-month period from 1st October to 30th November 2015 in the Maternity Unit of the University of Uyo Teaching Hospital, Uyo, Nigeria, was conducted.

The University of Uyo Teaching Hospital is a specialist hospital, which serves as a referral center for Akwa Ibom State and its environs. It is located in the south–south geopolitical zone of Nigeria. Nigeria is divided into six geopolitical zones namely, south–south, south–east, south–west, north–central, north–east and north–west. Akwa Ibom State has a population of 3.9 million people according to the Nigerian census conducted in 2006 and is projected to have 5.1 million people by 2015 [12]. The people of the state are predominantly government employed civil servants, public servants working in corporate organizations and other persons indulging in peasant farming, petty trading, fishing, as well as small and medium scale businesses [12].

Data collection and analysis

The Ethical Committee of the University of Uyo Teaching Hospital had granted approval before commencement of the study. Selected resident doctors in the department were trained to serve as research assistants and to administer the questionnaires to women attending antenatal care in the center during the study period. The mothers were counseled on the purpose of the study and informed that participation in the study was voluntary. The freedom of the women to withdraw from the study at any time should they desire to do so was emphasized. Women who declined to participate in the study, those who were found to be emotionally unstable and anyone who had a mental illness were excluded from the study.

The questionnaire, which was structured and partly pre-coded, had been pretested in a general hospital in Uyo to improve the validity and reliability of the questions. The questionnaires were administered by research assistants to a cross section of women attending antenatal care on every clinic day for the period of the study for self-completion. Respondents who were not literate were assisted through interpretation to complete the questionnaires, and those who needed explanations were attended by the research assistants. Questions were set to obtain the demographic and obstetric parameters of the respondents, awareness about family planning, individual perception about family planning, preferred delivery-pregnancy interval, perception about use of modern contraceptives in child spacing, preferred method of modern contraceptives for family planning for those who believed in it, as well as other methods preferred by respondents who did not believe in modern methods. Four closed-ended questions and three open-ended questions that focused on awareness of contraception, perception and attitude of the respondents toward family planning were asked. The respondents were also asked about their preferred inter-pregnancy interval and reasons for their contraceptive preferences.

Data generated from the study was coded and entered into the software of the Statistical Package for Social Sciences (SPSS), Version 17 Inc. Chicago, Illinois, USA. All the variables were normally distributed, as was confirmed by the Shapiro–Wilk normality test. Descriptive statistics were performed for continuous variables, and deductions were made using descriptive and inferential statistics.

Results

A total of 453 eligible women attending antenatal care in the Maternity Unit of the University of Uyo Teaching Hospital during the study period participated in the study. The mean age of respondents was 29.07 ± 4.70 years, with a mean weight of 78.61 ± 16.01 kg. Table 1 shows the demographic and obstetric parameters of the women in the study population.

Table 1. Demographic and obstetric characteristics of women in the study population

Demographic and obstetric characteristics	<i>n</i>	%
Marital status		
Married	428	94.5
Engaged	14	3.1
Single	9	2.0
Widowed/divorced	2	0.4
Religion		
Christianity	448	98.9
Islam	5	1.1
Educational level		
No formal education	3	0.7
Primary secondary	21	4.6
Secondary	140	30.9
Post-secondary	289	63.8
Occupation		
Unemployed	141	31.1
Unskilled	114	25.2
Semiskilled	56	12.4
Skilled/Technical	127	28.0
Professional	15	3.3
Booking status		
Booked	404	89.2
Un-booked	38	8.4
Referred	11	2.4
Total	453	100.0

Most of the women were married – 428 (94.5%), Christians – 448 (98.9%), and had booked – 404 (89.2%), receiving antenatal care in the center. The majority – 289 (63.8%), had attained a post-secondary level of education and 141 (31.1%) of them were unemployed.

Perception and attitude of respondents toward family planning is shown in Table 2. All the respondents were aware of family planning, and most – 412 (90.9%), of the respondents believed in family planning. The majority – 269 (59.4%), of the respondents preferred to allow 24 months between their last delivery and the next pregnancy, while 8 (1.8%) opted for a delivery-pregnancy interval of 6 months or less. 306 (74.3%) respondents believed in the use of modern contraceptives for family planning, while 106 (25.7%) did not. Respondents that believed in modern contraception preferred: the male condom – 160 (52.3%), intrauterine contraceptive device (IUCD) – 27 (8.8%), and hormonal contraception – 119 (38.9%). Those who did not believe in modern contraception preferred abstinence – 12 (11.3%), the withdrawal technique – 75 (70.8%), and the rhythm method – 19 (17.9%). The major reasons why some respondents would not use modern contraception for child spacing were the feeling that it is not natural – 39 (36.6%), it could fail – 13 (12.2%), the fear of side effects – 41 (39.0%), and the fear that it could cause infertility – 13 (12.2%).

Table 2. Women's perception and attitude towards family planning in the study population		
	n	%
Are you aware of family planning?		
Yes	453	100.0
No	0	0.0
Do you believe in family planning?		
Yes	412	90.9
No	41	9.1
Delivery-pregnancy interval preferred		
≤ 6 months	8	1.8
12 months	161	35.5
24 months	269	59.4
36 months	15	3.3
Total	453	100.0
Do you believe in modern contraception for family planning?		
Yes	306	74.3
No	106	25.7
Total	412	100.0
If yes, what method do you prefer?		
Male condom	106	52.3
Intrauterine contraceptive device	27	8.8
Hormonal contraceptives	119	38.9
Total	306	100.0
If no, what other methods do you prefer?		
Abstinence	12	11.3
Rhythm method	19	17.9
Withdrawal technique	75	70.8
What are your reasons for not believing in modern contraception		
It's not natural	39	36.6
It could fail	13	12.2
Fear of side effects	41	39.0
It can cause infertility	13	12.2
Total	106	100.0

Discussion

The prevailing low utilization of contraception for family planning in Nigeria despite a high level of awareness by the populace is due to inadequate knowledge about contraception, as well as misinformation and misconceptions about modern methods of contraception. Failure to utilize modern methods of contraception has significant health implications in the family, with negative consequences on the socioeconomic growth and development of the nation. Respondents in this study were drawn from an obstetric population comprising women of reproductive age with a mean age of 29.07 ± 4.70 years, comparable to the mean age of respondents of 31 years in a global cross-sectional, self-administered online survey of the preferences of hormonal contraception users in 8 European countries [15]. Similarly, the mean age of respondents in a survey that was conducted in Cross River State, Nigeria, a neighboring state to the study area, was 30 years, in agreement with the finding of this study [16]. These results confirm the fact that contraceptives are often utilized by women in their peak reproductive age. Most of the women in this study population were married, Christians, were receiving antenatal care in the center, and 289 (63.8%) of them had attained a post-secondary level of education. This profile is common to obstetric populations in urban areas of southern Nigeria [13, 16]. In contrast, due to sociocul-

tural differences, obstetric populations in northern Nigeria usually largely comprise younger Muslim women with lower levels of formal education [12].

All the respondents were aware of contraception, with most 412 (90.9%) believing in the practice, in confirmation with findings from earlier studies in Nigeria, which has been captured in the current national demographic health survey [12]. This result is also in agreement with findings obtained from studies from other geopolitical zones of Nigeria, Uganda and Pakistan [7, 14, 17, 18]. Knowledge and awareness of available health care services or risky health behavior among married women could be influenced by education, wealth and media exposure, as demonstrated by a study on awareness and behavior regarding sexually transmitted diseases (STDs) and HIV/AIDS in Bangladesh [19]. It is, however, noteworthy that awareness about contraception does not translate into willingness to practice the same; besides, general awareness about contraception could embellish inadequate knowledge that might be laced with misinformation and misconceptions [14, 17].

It was assuring to find that the majority – 269 (59.4%), of the respondents opted to delay their delivery-pregnancy interval by 24 months, which provides an appropriate birth interval. This finding is set against the backdrop that several studies have identified a birth interval of 24 months or longer to be associated with optimal maternal health and child survival [1, 12, 20]. A vast majority – 306 (74.3%), of the respondents believed in the use of modern contraception to space their pregnancies, with 160 (52.3%) opting for the male condom, 27 (8.8%) opting for an intrauterine contraceptive device (IUCD), while 119 (38.9%) opted for hormonal methods. This finding is comparable to results obtained from a similar study in India, where 36.4% of respondents opted for the male condom, 5.5% opted for IUCD and, in addition, 8.3% opted for traditional methods [21]. Similarly, the study in Cross River State, Nigeria, showed a comparable proportion (46.6%) of respondents opting for the male condom and 10.7% opting for IUCD, although a much larger proportion (61.2%) of respondents opted for hormonal methods [16].

In this study, respondents who opted for traditional methods like the withdrawal technique were 75 (70.8%), which was much higher than 20.9% of the respondents from the Cross River State study [16]. In contrast, while 19 (17.9%) of the respondents in this study opted for the rhythm method, a higher proportion of women (33.5%) opted for the same method in the Cross River State study, and in addition, no respondent in that series chose abstinence as a method of family planning [16]. Notwithstanding, use of the male condom and abstinence were preferred by the majority of respondents in a study conducted in Ibadan, southwest Nigeria [17]. In contrast, the majority of women from developed countries of Europe and America prefer to utilize one of the more effective modern contraceptive methods [15].

Major impediments to the use of modern methods of contraception among the respondents were the perception that they were not natural – 39 (36.6%), they could fail – 13 (12.2%), fear of side effects – 41 (39.0%), and the feeling that they could cause infertility – 13 (12.2%), which was similar to revelations from other studies in Africa [13, 22, 23]. Fear of side effects might be the reason relatively few women in this study population opted for hormonal methods. These results, however, contrasted with findings from a study in Uganda, where fear of side effects accounted for why a vast majority (88.2%) of respondents in that series would not use a modern contraceptive [18]. Interestingly, respondents in the study in Ibadan, southwest Nigeria, would not use modern contraceptives because of concern about certain side effects like stomach ache, menstrual abnormality and loss of fertility [17]. Respondents from a study in Pakistan, on the other hand, would not use modern contraceptives because of concern about negative perception by their in-laws, contrasting religious beliefs and lack of access to quality

services in their areas [14]. Notwithstanding, women from developed Western countries are more concerned about the efficacy of a given method, nondaily usage or reversibility, and over half (58%) of the respondents in that series did not mind certain side effects, like changes in their menstrual pattern, in a global online survey of hormonal contraception users [15, 24]. These contrasting findings are a reflection of differences in the level of awareness and preferences of women regarding contraception in developing and developed countries of the world.

Study limitations

The study population of this research was drawn through a non-probability convenient sampling technique, so the results may not be a true representation of the entire Nigerian obstetric population. The tool for data collection was a questionnaire, which was structured and in part pre-coded; the array of options provided may not have been exhaustive enough to capture all possible options.

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Conclusions

In conclusion, all the respondents in the study population were aware of family planning, and most of them believed in the practice. Even though the majority of respondents made the right choice and opted to space their pregnancies for 24 months, a modest 74.3% believed in using modern contraceptives to space their pregnancies, with only 38.9% opting for hormonal methods. Major impediments to the use of modern contraceptives among respondents were the feeling that it was not natural, it could fail, fear of side effects and concern that it could cause infertility. The need for intensification of public enlightenment on the essence of modern contraception for family planning in developing countries has become imperative.

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