

Knowledge and Attitude of Pregnant Women Towards the Utilization of Family Planning Methods at the University of Nigeria Teaching Hospital (UNTH), Enugu Southeast Nigeria: A KAP Study

Stella O Okoye

Department of Health Administration and Management,
Faculty of Health Sciences and Technology, University of Nigeria Enugu Campus

Ngozi D Udem

Department of Pharmacy,
University of Nigeria teaching Hospital Ituku Ozalla Enugu

Charles C Ezenduka

Department of Health Administration and Management,
Faculty of Health Sciences and Technology, University of Nigeria Enugu Campus

ABSTRACT

Family planning is the practise of controlling the number of children one has and the intervals between their births, particularly by means of contraceptives or voluntary sterilization. Ability of women to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy. Contrarily poor family planning practices inputs excessive burden on family budget which in many cases leads to poor quality of life in various aspects such as health, education, environment and housing. The aim of this study is to assess the knowledge, attitude and practices of family planning among pregnant women receiving antenatal care at the University of Nigeria Teaching Hospital (UNTH) Ituku Ozalla, Enugu, southeast Nigeria. The study was conducted using a pre-tested, semi-structured self-administered questionnaire for four months between the period of June to September 2022 at the Teaching Hospital. The level of knowledge, attitude and practise of family planning were elicited from the questionnaire as well as factors influencing them. Almost all the women (98.6%) had knowledge of family planning/contraceptives. Their sources of information were mainly through TV/radio (52.2%). Though the attitude of the women towards family planning information was low (40.3%), most (87%) still practiced one form of planning methods or the other. Withdrawal, natural and behavior, injectables and barrier were the most adopted methods. Factors such as desire for children (29.2%), side effects/ fear of complication (16.7%) and lack of knowledge of modern methods (16.7%) influence the use of family planning among the women. Finding suggest overwhelming knowledge of family planning among the pregnant women with corresponding high-level practice of them. Withdrawal method, natural and behavioral method contraceptives were the most commonly used.

Keywords: Family planning, knowledge, attitude, practice, pregnant women

INTRODUCTION

In the 2019 the world population size was estimated to be 7.7 billion [1]. While the Nigerian population was put at 201,079,792 with fertility rate of 5.67 based on United Nations estimates [1]. The increasing population growth can only be controlled by reduced birth rate through family planning.

Family planning is the information, means and methods that allow an individual to decide if and when to have children. It also involves information about how to become pregnant when it is desirable as well as treatment for infertility [2,3]. It can also encompass the services, policies, information, attitudes, practises and commodities, including contraceptives, that give women, men, couples and adolescents the ability to avoid unintended pregnancy and choose when to have a child [2,4].

The proportion of reproductive-age of married women who use contraceptives method rose from 55 to 63 % between 1990 and 2010, according to a global analysis [5,]. In Africa, poverty, less desire to space births, changes in contraceptives, non-competent health care-providers, low promotion of active behavioural change through communication interventions, religion, disapproval by husbands, socio-cultural norms, and lack of political will amount to low use of contraceptive [5]. It was also observed that low practices are due to affordability and awareness on such modern methods of contraceptives [6]. The increasing population growth due to poor family planning practices has excessive burden on national, state, local and family budgets. This has negative effect on many sectors such as health, education, environment and housing. The family also experience low quality of life.

Many studies have been carried out on the knowledge of married women regarding the use of family planning methods. A study carried out in Jalingo; northcentral Nigeria reported a high knowledge of family planning among women of up to 85% [7].

Another study among pregnant women, reported an even higher level of knowledge of up to 92 % [8].

However, in southern Nigeria, about 33.8 % of respondents had negative attitude towards family planning [9]. In another study, the prevalence of family planning practise was only 38.7% [10]. A related study in southeastern Nigeria, reported low family planning practise at 42.3% [11]. In contrast, 62.7% used modern contraceptives methods prior to their current practise [12]. In Cross River state, Nigeria, 68.3% had used at least one family planning method at some point in time [13].

This study was undertaken to determine the level of knowledge and practice of family planning among pregnant women that utilize antenatal care at the University of Nigeria Teaching Hospital, Ituku Ozalla, Enugu. Findings will contribute evidence-based information in the promotion of family planning for enhanced population health.

METHODOLOGY

The study was conducted for four months from June to September 2022. The location of the study is Antenatal clinic at the University of Nigeria Teaching Hospital, Ituku Ozalla (UNTH) in Enugu State. Enugu State is in the South Eastern part of Nigeria. UNTH is a teaching hospital

that trains doctors and nurses. Family planning services are accessible in UNTH. The hospital has seven hundred and forty-two (742) bedded hospitals. The hospital has staff strength of five thousand (5000). The study population were women accessing antenatal care in UNTH. The number that participated in the study were 217.

The following inclusion criteria were met: pregnancy, utilizing antenatal care in UNTH Ituku Ozalla Enugu, women of 15-48 years and those that gave an informed consent.

Data Collection

Study design is a cross sectional study involving 217 pregnant women accessing antenatal-care service at UNTH Ituku Ozalla in Enugu state. Convenience sampling method was used. Data collection was through a questionnaire administered to pregnant women during the antenatal visit and who gave informed consent.

Socio-demographic characteristics of pregnant women namely age group, parity, ethnic groups, marital status, marital settings, religion, highest levels of education and occupation were collected from questionnaire. Their husband's highest level of education and occupation were elicited from the questionnaire. Detailed information on their knowledge and practices of family planning were also elicited from the questionnaire. Factors influencing the use of family planning were also elicited.

Ethical Approval

The study was approved by the University of Nigeria Teaching Hospital Health Research Ethics Committee with ethical clearance certificate Number: NHREC/05/01/2008B-FWA00002458-1RB00002323.

Data Analysis

The analysis was performed with aid of Statistical Package for the Social Science (SPSS) version 25. The collected data was analyzed using both descriptive and inferential statistics. The descriptive statistics – frequency and percentage were used to summarize the items on the questionnaire. The relationship of factors such as level of education and type of marriage to family planning was determined using inferential statistics – Chi-Square Test of Association and Fishers Exact Test were used to ascertain to test the hypothesis at 5% level of significance. Hence, significant association existed if p-value is less than .05, $p < .05$.

RESULTS

This study was carried out among 217 pregnant women receiving antenatal care in Antenatal clinic, University of Nigeria Teaching Hospital, Ituku-Ozalla, Enugu.

The results are presented below. A total number of 217 pregnant women filled the questionnaire. The majority of women were of age group of 30-39 years (46.8%). They were mainly Igbos by ethnicity (59.3%) and Christians by religion (75.5%). Majority of them were married (52.8%), and were in monogamous family type (68.1%), and had 3-4 children (46.3%). Most of the women had tertiary education (75.5%). A total number of 94(42.1%) were in business. Tertiary education (57.4%) and business (43.5%) were the predominant education level and occupation for their husbands. Table 1 displayed the level of knowledge of family planning/ contraceptives.

Table 1: Knowledge, Availability and Accessibility of Family Planning Information n = 216

	Frequency	Percent
Are you aware of family planning/contraceptives		
- Yes	213	98.6
- No	3	1.4
Source of knowledge of contraceptives		
- Friends	102	47.2
- TV/radio	109	50.5
- Social workers	90	41.7
- Family planning centre	25	11.6
- Antenatal day visits	107	49.5
- Relatives	65	30.1
- Social media	88	40.7
Do you have access to available family planning/contraceptives information		
- Yes	209	96.8
- No	4	1.9
- <i>No response</i>	3	1.4
Type of contraceptive heard of n = 209		
- Barrier (condom)	91	42.1
- Natural and behavioral	127	58.8
- Oral contraceptive pills	47	21.8
- Injectibles	43	19.9
- Intrauterine contraceptive device	95	44.0
- Withdrawal	60	27.8
- Norplant	31	14.4
- Sterilization	22	10.2
Do you have access to available family planning/contraceptive methods		
- Yes	123	56.9
- No	71	32.9
- <i>No response</i>	22	10.2
Do you know some benefits of family planning		
- Spacing of births	87	40.3
- Reduces risk of dying from pregnancy-related complications	39	18.1
- Limiting family size	96	44.4
- Don't know	39	18.1
- <i>No response</i>	7	3.2
Do you know the side effects of some of the family planning methods?		
- Yes	169	78.2
- No	39	18.1
- <i>No response</i>	8	3.7

Table 1 shows that almost all the women had knowledge of family planning/contraceptives (98.6%). Their sources of information were majorly through TV/radio (52.2%) and teaching received on antenatal day visits (51.2%). Natural and behavioral method contraceptives was commonly heard (60.8%), followed by intrauterine contraceptive device (45.5%) and barrier use (43.5%). Slightly more than half had access to available family method/contraceptive

(56.9%). Two major benefits of family planning known were limiting family size (44.4%) and birth spacing (40.3%). Majority knew the side effects of family planning methods (78.2%).

Table 2: Attitude of Women Accessing Family Planning **n = 216**

	Frequency	Percent
Opinion of contraceptives		
- Agree	87	40.3
- No idea	77	35.6
- Disagree	39	18.1
- No response	13	6.0
Does family planning have benefits?		
- Yes	174	80.6
- No	36	16.7
- No response	6	2.8
Does family planning make its users promiscuous?		
- Yes	116	53.7
- No	84	38.9
- No response	16	7.4
Are contraceptives harmful because of their side effects?		
- Yes	95	44.0
- No	104	48.1
- No response	17	7.9
Are the family planning services somewhat expensive?		
- Yes	71	32.9
- No	129	59.7
- No response	16	7.4
Does your role in family planning conflict with your moral/cultural/religious beliefs?		
- Yes	87	40.3
- No	112	51.9
- No response	17	7.9
Are contraceptives actually effective in family planning?		
- Yes	148	68.5
- No	56	25.9
- No response	12	5.6

Table 2 shows that 40.3 % of the respondents agreed with family planning information. However, 35.6% having no idea on the facts. Majority of the women agreed that family planning have benefits (80.6%). Many perceived contraceptives services from the provider to be affordable (59.7%). Moral/cultural/religious beliefs had less impact on use of family planning methods (40.3 %). For Most of the women believed that contraceptives were effective in family planning (68.5%).

Table 3: Practice of Family Planning **n = 216**

	Frequency	Percent
Have you done any family planning		
- Yes	188	87.0

- No	24	11.1
- <i>No response</i>	4	1.9
Method of family planning used		
- Barrier	42	19.4
- Natural and behavioral	81	37.5
- Oral contraceptive pills	37	17.1
- Injectibles	48	22.2
- Withdrawal	91	42.1
- Intrauterine contraceptive device	13	6.0

As shown in Table 3 majority of the women had done family planning (87.0%). Among various known family planning methods, withdrawal method (42.1%) and natural and behavioral method (37.5%) were the most adopted method.

Table 4: Factors Affecting Use of Family Planning

	Frequency	N=24s
Table 4: Factors Affecting Use of Family Planning		Percent
Reasons for not intending to use a method		
- Desire more children	7	29.2
- Husband's refusal	-	-
- Religious prohibition	1	4.2
- Side effects / Fear of complication	4	16.7
- Culture	-	-
- Affordability	-	-
- Lack of knowledge about methods	4	16.7
- No response	8	33.3

Desire for children (29.2%) recorded the highest reason for non-adoption of any family planning method (Table 4). The least reasons recorded for not practicing family planning were religious prohibition, side effect/fear of complication (16.7%) and lack of knowledge about methods (16.7%).

Table 5: The Influence of Knowledge on Practice of Family Planning

	Practiced Family Planning			Chi-Square	p-value
	Yes	No	Total		
Awareness of family planning/contraceptives				-	0.001
- Yes	188(90.0)	21(10.0)	209		
- No	0(0.0)	3(100.0)	3		
Access to available family planning /contraceptive information				-	< .001
- Yes	186(90.3)	20(9.7)	206		
- No	0(0.0)	4(100.0)	4		
No. of known contraceptives				21.267	< .001
- < 2	33(70.2)	14(29.8)	47		
- 2	105(95.5)	5(4.5)	110		
- > 2	50(90.9)	5(9.1)	55		

Awareness of family planning/contraceptives				-	0.001
- Yes	188(90.0)	21(10.0)	209		
- No	0(0.0)	3(100.0)	3		

Table 5 showed that women who have knowledge and practiced family planning (90 %) were more than those that do not have knowledge. The effect of knowledge on practice of family planning was statistically significant ($p = 0.001$). Majority of the women (110) knew only two contraceptive methods and 105 (95.5%) of them practiced family planning.

Out of a total of 206 women that have access to available family planning, 186 (90.3%) practiced family planning. Four (100%) of those that do not have access did not practice family planning. Knowledge and accessibility significantly affect practice of family planning.

Table 6: Association between the Women's Demographic Characteristics and their Practice of Family Planning

	Family Planning Practice			Chi-square	p-value	OR
	Yes	No	Total			95% CI
Age				0.881	0.348	-
- < 30	46(85.2)	8(14.8)	54			
- 30 +	142(89.9)	16(10.1)	158			
Ethnicity				9.069	0.003	7.3
- Igbo	107(84.3)	20(15.7)	127			1.66-32.11
- Non-Igbo	78(97.5)	2(2.5)	80			
Religion				-	1	-
- Christianity	140(87.0)	21(13.0)	161			
- Islam	20(90.9)	2(9.1)	22			
Marital status				19.874	<.001	25.3
- Married	89(79.5)	23(20.5)	112			3.35-191.41
- Single/once married	98(99.0)	1(1.0)	99			
Type of marriage				4.073	0.044	4.2
- Monogamy	125(86.2)	20(13.8)	145			0.94-18.44
- Polygamy	52(96.3)	2(3.7)	54			
Parity				-	0.001	7.2
- < 3	42(82.4)	9(17.6)	51			2.10-24.50
- 3 +	134(97.1)	4(2.9)	138			
Educational level				-	1	-
- Informal	15(93.8)	1(6.3)	16			
- Formal	171(88.6)	22(11.4)	193			
Occupation				-	1	-
- Unemployed	36(90.0)	4(10.0)	40			
- Employed	140(88.1)	19(11.9)	159			

Findings in Table 8 revealed that practice of family planning was never associated with age ($p = .348$), religion ($p = 1.000$), educational level ($p = 1.000$) and occupation of the women ($p = 1.000$). It was however significantly associated with ethnicity ($p = .003$), parity ($p = .001$), marital status ($p < .001$) and type of marriage ($p = .044$). For ethnicity, the non-Igbos were more associated with the practice compared to the Igbos. Singles/ once married practice family

planning (99 %) more than married. Practice of family planning was significantly better among women in polygamy family (96.3%) than those from monogamous family. The practice was likewise associated with those with 3 or more children.

DISCUSSION

Family planning has been reported as the information, services, policies, attitudes, practices and commodities, including contraceptives that give women, men, couples and adolescents the ability to avoid unintended pregnancy and choose when to have a child [2,4] In this study, the level of knowledge of family planning among pregnant women was very high (98.6%). Information on family planning has been greatly disseminated in our locality and nation at large. This is consistent with findings in studies done in Uyo (92.4%), Owo (89%), Ghana (98%) and Rwanda (94% [12,14,15,16]

The commonest source of knowledge was media (television and radio) (52.2%) and teaching received on antenatal visits (51.2%). The knowledge of family planning is well disseminated by government and non-governmental agency through radio, television and News papers. The healthcare providers also play impactful role in regularly educating pregnant women on family planning during their ante natal visits. This is similar with study done in Kano, Nigeria where commonest source was nurses/midwives (80.20%) and media (56.3%) [17]. These sources were also reported in many previous studies [9,13,14,15,16,18].

Majority of women have access to family planning methods (56.9%). The contraceptives available were intrauterine contraceptive device, barrier such as male and female condoms, oral contraceptive pills, injectables, implants and sterilization. The level of knowledge of types of family planning methods shows that natural and behavioral (58.8%), Intrauterine contraceptives device (44.0%), Barrier (condom) 42.1% were mostly heard methods. Similarly, condom was one of the most common forms of contraception (74% and 60.3%) that were heard in studies done in Southern western Nigeria and Uyo in South- South Nigeria respectively [14,15]. This is contrary to another studies done were oral contraceptive pills and injectables were mostly heard [9,17]

Two major benefits of family planning known were limiting family size (44.4%) and birth spacing (40.3%). In course of regular dissemination of family planning topic, all the benefits were excellently communicated to encourage women to practice. In reports from previous studies, benefits of family planning known include child spacing, prevention of unwanted pregnancy, limiting of family size and prevention of sexually transmitted disease [13,15,18]. In addition, improving life of the mother and the baby (43.90%) was a known benefit for family planning done in Rwanda [12].

In this study, majority of the women (84%) agreed with benefits of family planning. However, 40.3 % respondents had positive attitude to family planning information. As most respondents accept benefits of FP, conviction to practice family planning is likely expected which is not the case. This is contrary to a study where most of the respondents (over 86%) approved family planning [18].

Promiscuity (53%), side effects of contraceptive, (44 %) and moral, cultural and religious beliefs (40.3%) were the main reasons given for not approving family planning. This is

consistent with studies reported in literatures were fear of side effects, promiscuity, husband disapproval were reasons for non-approval for family planning (FP) [9,17]. Having these factors at the back of the mind of women will prevent the pregnant women from wholesomely embracing facts of family planning. The health workers and media need to intensify efforts to disseminate correct information thereby removing fears and doubts of family planning. Despite these negative attitudes, 68.1% agree that contraceptives are actually effective. Generally, the pregnant women believe that family can be used to limit size of family, prevent unwanted pregnancy and space children.

Most of the women (87.0%) had practiced at least one family planning methods. Out of 98.6 % that have knowledge of FP, 80 % had practiced. The effect of knowledge on practice of FP was statistically significant ($p=0.0001$). This is an excellent finding that shows translation of FP knowledge into practice. 80 % practise of FP contraceptives is higher than value reported in literatures; 75% in Abakpa -Enugu, 68.3% in CrossRivers, 62.7% in Rwadan, 48% in Ghana, 42.3% in Midim – Akwalbom and 25% in Nnewi -Anambra as seen in studies conducted in Abakpa- Enugu, Cross Rivers, Rwadan, Ghana, Midim- Akwaibom and Nnewi-Anambra [9,11,12,13,16,18]. Withdrawal was the most frequently (42.1%) used contraception method, followed by Natural and behavioural (37.5%), injectables (22,2%) and barrier (19.4%). The percentage of women using injectables (22%) is consistent with studies in Southern Nigeria [9]. With exception of injectables contraceptives, these family planning methods requires husband cooperation. This study showed that most husband had tertiary education and most of them were professionals and businessmen. Their status helped them understand the fact of family planning and thereby co-operate with their wives. Most women (90%) have access to family planning, however less than 40% are practicing modern contraceptives.

Desire for children, side effects/fear of complication and lack of knowledge of modern methods are major reasons for not practicing family planning. Regular and excellent communication of modern contraceptives with their advantages and disadvantages will remove fears of side effects and sterility from the women. This will have impact great positive effect on practice of modern contraceptives. In addition, husband disapproval, religious and cultural beliefs have negligible effect on use of family planning. This explained reason for husband practicing withdrawal and participating in natural and behavioural methods. All the women never selected cost as reason for non-practicing of family planning. Hence, it can be inferred that contraceptive is affordable for this group.

There was no significant positive association between age, educational qualification, occupation, religion and family planning. This is contrary with studies done in Southern Nigeria where educational qualification had positive association with use of FP methods [9,15]. This is also not consistent with another study where age and occupation have significant association with use of family planning [13]. However, there was significant association with ethnicity ($p = .003$), parity ($p = .001$), marital status ($p < .001$) and type of marriage ($p = .044$) with family planning. Singles/once married group practiced family planning (99 %) more than the married group. Women from polygamous family practiced family planning more than women in monogamous family. The FP practice was also associated with pregnant women with 3 or more children. It is expected that single/ once married women will practice FP to limit size of family, they will cope it.

CONCLUSION

The knowledge of family planning among women receiving antenatal care in University of Nigeria Teaching Hospital is quite high (98.6%). Most sources of family planning were by media (Television and radio) and lectures received in antenatal visits. The family planning is available and accessible (90.3%). The contraceptives available were intrauterine contraceptive device, barrier such as male and female condoms, oral contraceptive pills, injectables, implants and sterilization. Though the attitude of the women to facts of family planning information is poor (40.3%), most women still practiced family planning methods (87.0%). Withdrawal, natural and behavior, injectables and barrier were the most adopted methods. Current contraceptives are poorly practiced. Desire for more children, fears of complications and side effects of contraceptives were factors that affected the use of family planning. Husband disapproval and religious belief had no effect on practice of family planning. Educational level, age, occupation and religious beliefs had no association with practice of family planning.

References

1. Worldpopulationreview.com
2. World Health Organization 2018. Family Planning < Family Planning<http://www.who.int/topics/family_planning/en/
3. Starbird E, Norton M and Marcus R. Investing in Family Planning: Key to achieving the sustainable development goals. *Global Health: Science and Practice*. 2016 4(2):191-210
<https://dx.doi.org/10.9745/GHSP-D-15-00374>.
4. Boerma J, Bryce J, Kinfu Y, Axelson H, Victoria C. Countdown 2008 equity analysis group. Mind the gap: equity and trends in coverage of maternal, newborn, and child health services in 54 Countdown countries. *Lancet* 2008; 371: 1259-67 doi, 10.1016/s0140-6736(08)60560-7 pmid: 18406860.
5. Daskoch P. Global Levels of contraceptives use by married women have risen, especially in developing countries. *International Perspective on Sexual and Reproductive Health*, 2013, 39, 2,103-104.
6. Garba A, Kullima A, Kolo M, Bako B, The practice of traditional family planning among rural kanuri communities of North eastern Nigeria, *International Journal of Biological& Medical research*,2012;3(10)1277-1280.
7. Apuke OD. Knowledge, attituded and practice of family planning among married women living in jalingo, *Arabian Journal of business and management Review Nigeria* 2017, 4(4), 9-17
8. Ashimi AO, Amole GT, Ugwa EA, and Ohunsi AO. Awareness, Practice, predictors of family planning by pregnant women attending a tertiary hospital in semi-rural community of North-West Nigeria. *Journal of Basic and Clinical Reproductive Sciences*, 2016 5(1), 6-11
9. Johnson O and Ekong I. Knowledge, attitude and Practice of family planning among women in rural community in Southern Nigeria. *British Journal of medicine and Medical Research*, 2016 12(2)1.
10. Shafei MN, Shah MS and Ismal TA. knowledge and attitude towards family planning practice and prevalence of short birth spacing among residents of suburban area in Terengganu, Malaysia, 2012, *J community Med and Health Education* 2 (9)1-4 i000180
11. Ikechiebelu II, Joe-Ikechiebelu NN and Obiajulu FN. Knowledge, attitude and Practice of family planning among Igbo women of South-eastern Nigeria, *Journal of Obstetrics and Gynaecology*, 2005 25(8),792-795.

12. Emmanuel H, Stephen R and Ghebre R. Knowledge Attitude and Practise of Family Planning methods among pregnant women attending antenatal clinic at six health facilities in Rwanda, *International journal of current Microbiology and Applied sciences* 2018, 7 (5) 770-787
13. Etokiderm AJ, Ndifon W, Etowa J and Asuquo EF. Family Planning practices of rural community dwellers in Cross River state, Nigeria. *Nigerian Journal of Clinical Practice* 2017; 20,707-715
14. Umoh AV and Abah MG, Contraceptive awareness and practice among antenatal attendees in Uyo, Nigeria. *Pan African Medical Journal* 201110(53) <http://www.panafrican-med-journal.com/content/article/10/53>
15. Omolase CO, Faturoti SO, Omolase BO. Awareness of family planning amongst antenatal patients in a Nigerian community: an exploratory study. *Annals of Ibadan Postgraduate Medicine*. 2009. 7(1) 36 -39.
16. Pemberton KS, Knowledge, Attitudes and Practices of Family Planning Methods among Women Attending Axim Government Hospital in Axim, Ghana, General Electric/ National Medical Fellowships Medical Scholar ,2012
17. Ibrahim G, Rabi A, Abubakar IS. Knowledge, attitude and Practice of contraceptives among grand multiparous women attending antenatal clinic i specialist hospital, kano, Nigeria. *Niger J Basic Clinic Sci*, 2015:12:90-4
18. Onwuzurike BK and Uzochukwu BSC. Knowledge, attitude and practice of family planning amongst women in a high-density low income urban of Enugu, Nigeria, *African Journal Reproductive Health*, 2001, 5(2) 83-89.