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Knowledge, Attitude and Practice of Family Planning Services Utilization among Women aged 15-49 in Bauchi Local Government Area of Bauchi State, Nigeria

[1]Umar Ibrahim, and [2]Maryam Mohammed

[1]Nursing Department, Health and Human Services Secretariat, Federal Capital Territory Administration, FCDA Secretariat, 11 Kapital Road, Area 11, Garki, Abuja-FCTA, Nigeria.
[2]Bauchi State MDGs Project Support Unit, No 35 Yaya Abubakar Link, GRA Bauchi
Email: *Umarsap@yahoo.com; kyallu77@gmail.com*

ABSTRACT

This study was carried out to ascertain Knowledge, Attitude and Practice of Family Planning Services Utilization among Women aged 15-49 in Bauchi Local Government Area of Bauchi State, Nigeria. Survey research design was adopted for this study through application of semi structured questionnaire to women of reproductive age 15 to 49 years in Bauchi Local Government area of Bauchi state. A sample of 240 respondents 60 from each of the four wards were randomly selected through a multi-stage sampling technique. Data analysis was done using frequency distribution tables, simple percentages and Chi-square test. Level of significance was set at P-values ≤0.05 for all inferential analysis. The SPSS Version 12.0 statistical package was used for data entry and analysis. The study revealed that high level of knowledge of contraceptives did not translate to high contraceptive usage. Finally, the study revealed associations between age and current use of family planning and also religion and current use of contraceptive. The study concluded that age and religion are among the factors that should be taken into consideration while designing an intervention programme on family planning usage in the study area.

Key words: Family-Planning; Women; Practice; Utilization

INTRODUCTION

Practice of traditional birth control method in rural communities in Nigeria dates back to the oldest rural settlement, but the introduction of modern Family Planning (FP) method is a recent development.[1] Therefore, modern FP helps women to avoid unwanted pregnancies, illegal abortions and

child bearing that will threaten their own personal health and that of the children. Family planning involves two concepts – contraceptive use and family planning services which is used by couples to bring about healthy sexual relationships among them without fears of unwanted pregnancies and sexually transmitted infections.[2] Family planning is the planning of when to have and use birth techniques to implement such plans. Other techniques commonly used include sexual education, prevention and management of sexually transmitted diseases, pre-conception counseling, management and infertility management.[3] However, family planning is usually used as a synonym for the use of birth control. It is most adopted by couples who wish to limit the number of children they want to have and control the timing of pregnancy, also known as spacing of children.[3] Family planning may encompass sterilization, as well as pregnancy termination. It also includes raising a child with methods that require significant amount of resources namely: time, social, financial and environmental. Family planning measures are designed to regulate the number and spacing of children within a family, largely to curb population growth and ensure each family has access to limited resources. The first attempt to offer family planning services began with private groups and often aroused strong opposition. Activists, such as Margaret Sanger in the U.S., Marie Stopes in England and Dhanvanthis Rama Rou in India, eventually succeeded in establishing clinics for family planning and health care. Today, many countries have established national policies and encouraged the use of public family services. [4] The concept of informed choice in family planning can be applied to a wide range of sexual and reproductive health decisions. It focuses on whether to seek, to avoid pregnancy, whether to space and time one's childbearing, whether to use contraception, what family methods to be used, and whether or when to continue or switch methods. The term family planning choice could also refer to the family decision making;[5] The principles of informed choice focus on the individual; however, it also influences a range of outside factors such as: social, economic and cultural norms, gender roles, social networks, religious and local beliefs.[6] Limited Awareness and Knowledge as a Barrier In a variety of cultures with low resource settings, lack of awareness and knowledge has been cited as a significant barrier in the uptake of family planning among couple. Health Belief Model (HBM) is one theoretical framework that has been widely used to understand why an individual chooses to participate

in a health-promoting behavior, such as family planning services. There is a need for solid awareness with regards to individual, social and wider contextual determinants of relevant health outcomes. Justification for proposed family planning interventions should be grounded in knowledge about the benefit and gains of practicing it. This study analyze the level of awareness, socio-economic characteristics, and constraints to the utilization of family planning use among married women in Bauchi local government area of Bauchi state.

METHODOLOGY

Survey research design was adopted for this study. The research instrument was a questionnaire developed by the researcher and was validated and tested for reliability using a test retest method was used. Cronbach's alpha reliability coefficient of 0.84 at 0.05 significant levels was obtained. The administration of questionnaire was carried out by the researcher and four trained Research Assistants, one from each of the wards who can effectively translate the questionnaire in to Hausa language. The target populations were women of reproductive age 15 to 49 years in Bauchi Local Government area of Bauchi state. Women who responded to the research instruments constitute the study population. A sample of 240 respondents 60 from each of the four wards were randomly selected through a multi-stage sampling technique. In stage I, 4 of the 12 wards of the Local Governments area were selected by simple random sampling, employing simple balloting. A list of wards designated as rural and urban was obtained from the local government secretariat. In stage II, two rural and two urban wards were selected using simple random sampling (simple balloting). This evolved a total of two rural and two urban wards for the study. In stage III, a sampling frame of all enumeration areas in each ward was drawn. The enumeration areas used were those drawn by the National Population Commission for the 2006National population census. One enumeration area (EA) was selected per ward using simple random sampling (simple balloting). In stage IV, a sample frame of household numbering was utilized to select the houses. Dawaki and Dan'amar B wards were selected as urban while Zungur and Juwara wards were selected as rural. All eligible women met in the sampled houses were interviewed with pre coded, pre tested interviewer administered questionnaires conducted by trained

research assistants who could also speak Hausa language. Data analysis was done using frequency distribution tables, simple percentages. A binary logistic regression analysis was also carried out. Level of significance was set at P-values ≤0.05 for all inferential analysis. The SPSS Version 12.0 statistical package was used for data entry and analysis.

RESULT AND DISCUSSION

Table 1: Distribution of Respondents According to Level of Education

Educational	level Frequency	Percentage
No formal education	14	06
Primary school	41	17
Secondary school	118	49
Tertiary	67	28
Total	**240**	**100**

Sources: Author; Field Survey, 2014.

As shown in **table 1**, majority of those using family planning had post primary education, while the least users of family planning had no formal education. In percentage terms, whereas 49 percent of the users of family planning services had secondary education, 28 percent had university education while only 17 percent had primary education with 6 percent reporting no formal education. Female education appears to be an important determinant of current contraceptive use, perhaps because educated women are more likely to appreciate the advantages of having fewer, better educated children. Education of women is statistically significant in explaining current contraceptive use. Furthermore, more educated women are less likely to be fatalistic toward the use of family planning and more likely to be knowledgeable about alternative methods of family planning and their potential side-effects. Fajobi [7] reported that a major problem hindering modern family planning in Nigeria is illiteracy; he describes illiterates as the worst offenders of unplanned families. Majority of the married people in the rural areas of Nigeria are ignorant of the importance and necessity of the modern family planning programmes and alternatively, they rather prefer to ask their children to live with other family members who are financially capable than themselves. The low level of family planning adoption in the study area could be attributed to this factor.

Table 2: Knowledge of family planning methods among respondents

Method	Frequency	Percentage
Pills	192	80
Injectables	96	40
Condom	216	90
IUCD	72	30
Diaphragm	60	25
Male sterilization	24	10
Tubal ligation	144	60
Withdrawal method	168	70
None	14	6

Sources: Author, Field Survey, 2014.

In **Table 2**: Majority of the respondents 94% had heard about Family planning services while only 6% indicated that they had never heard about the services. This means that most of the respondents were aware of family planning programmes. Knowledge of family planning was defined operationally as having heard of a method. The survey, which used an interview method, showed that 90% of the women had knowledge of condom, while 80% of the respondents had knowledge of pills. Only 10% of the respondents had knowledge of male sterilization. This study reveals that knowledge or awareness of family planning methods did not guarantee high level practice of family planning. This finding is corroborated by the report of Orji and Gwarzo [8, 9]. The reasons could be that mere provision of family planning units at rural health facilities did not motivate utilization by rural mothers who needed to be educated on its benefits.

Table 3: Respondents Socio-economic Characteristics and the Use of Family Planning

Dependent Variable	Coefficient	Z
Religion	-1.955*	-5.24
Partners approval	7.362*	6.61
No of living children	0.119	0.97
Income	0.011**	2.01
Level of education	1.023*	2.58
Knowledge of family Planning	1.369**	2.22
Area of Residence	-0.221	-2.73

Sources: Author, Field Survey, 2014.
***Result of Logistic regression Analysis**

In **Table 3:** Use of family planning services was the dependent variable and was used as a proxy for demand for contraceptives. This took the value of one [1] if contraceptives were used and zero (0) if otherwise. The explanatory variables considered were religion of the woman, partners approval, number of living children, income, educational level of the woman, and partners approval, knowledge of contraceptives, and area of residence. In order to determine the explanatory variables to use, correlation analysis was undertaken to establish the degree of correlation between the explanatory variables to avoid the problem of multicolinearity. However, explanatory variables are rarely uncorrelated with each other and so multicolinearity is a matter of degree. All the variables with a correlation of 0.50 and above were identified and only one of the variables was selected for use in the regression. For instance, the degree of correlation between age of woman (age) and number of living children was 0.64. Number of living children was picked and age of woman dropped from the regression. The correlation between proximity to the family planning facility and price of family planning services was -0.50. Given that government health facility offers the services free of charge, proximity was considered an ideal proxy for price of the contraceptives. The further away from the facility a respondent is the higher would be transport cost or transaction cost of accessing the facility. The partner's approval was preferred over availability of contraceptives. The choice of the variable was also influenced by the fact that marital status and partner's education had a correlation of 0.50. Since partners approval is already included, it was ideal to

include marital status. The explanatory variables that were included in the regression were income, proximity, female education, knowledge of the contraceptives, partner's approval, number of living children and religion, The results of the binomial logistic regression are presented in table 3. As presented in table 3, all the explanatory variables had coefficients with expected income of the woman and knowledge of woman on family planning services had coefficients with positive signs. This implies that they increase the likelihood of the respondent using family planning services. On the other hand, religious background of the woman, and area of residence had negative coefficients. This implies that they reduce the likelihood of respondents using family planning services.

The coefficients of religion and partner's approval were statistically significant at 1% whereas the coefficients of quality of family planning services, proximity to the provider and friendly staff at facility were statistically significant at 5%. On the other hand, the coefficients of income and knowledge of family planning were statistically significant at 10% level significant. This means that the probability of a respondent using family planning services was 83% where consent from partner was granted compared to where no consent was granted. The significance of this could be attributed to the fact that for a woman to use family planning services, partner's approval was critical. Otherwise if found using without the consent of partner it could be misinterpreted, thereby causing misunderstanding in a marriage. The likelihood of using family planning services would be 26% higher for woman with knowledge of family planning services than those without. This clearly suggests that for increased uptake of family planning services, promotion that facilitates awareness about the available family planning services and their possible side effects and benefits is paramount. The negative impact of area of residence of the respondents could be attributed to the fact that when the service provider is far away from the woman, there is bound to be some imbedded costs in terms of transport and transaction costs as well as waiting and travelling time, which may discourage the woman from seeking the services.

Table 4: Constraints to the use of family planning practices

Constraints	Percentage (N=108)
Lack of knowledge	40
Distance	33
Cost	25
Religious norms	70
Fear of Side effects	60
Husband's decision	65
Availability	75

Sources: Author, Field Survey, 2014.

Table 4 reveals that about 33% of the respondents indicated that family planning centers are located faraway. [9] The table also reveals that 70% of the respondents indicated that religious norms are their major constraint to the use of family planning, due to the perception that having many children is an indication of God's blessing. About 70% of the respondents did not accept to practice modern birth control methods on the basis of religious belief. As the society is patrilineal, characterized by early marriage, men determined familial fertility and contraceptive decisions.[10] Seventy five percent 75% of the respondents said FP methods were not available to them. Their assertion may have resulted from the non-promotion of FP by the responsible FP vendors in the study area. It was observed that most of the women used such facility when pregnant yet, they were not stimulated to consider the use of FP methods irrespective of their social or obstetric history. This brings to question current strategies in reaching out to the women. Availability of FP services, perception about child birth and the number of children a woman should have and having discussion with one's partner could influence the use of FP. [11] Many of the women (65%) revealed that their partner's decision is paramount to their practice of family planning. A similar trend in sub-Saharan Africa was noted by Derose and others, [12] which are in line with the findings of this study.

CONCLUSION AND RECOMMENDATION

The findings revealed that there is high awareness of family planning which needs to be translated into use. The major factors militating against family planning in the study area are religious beliefs. The government should intensify efforts in providing the populace with detailed information about specific

family planning methods especially the men who are key decision makers in the family and on other reproductive issues. Male involvement and support can help make family planning easier for the women and even widen the choice of methods that a couple can use since husband's opposition to contraceptive use can have serious consequences.

Based on the findings of the study, the following recommendations are made:

- Improvement in the delivery of family planning services to all parts of the LGA and the state in general will help make its adoption more appealing.
- The inclusion of men as targets of family planning campaigns will have an important influence in its acceptance and usage. The findings of this study show that husbands exercise considerable influence on the women use of family planning methods.
- Moreover, religious organizations should be encouraged to teach and educate their members about the importance of family planning.
- Stakeholders should ensure knowledge and practice gap should be bridge by intensifying FP commodity supply within the LGA.

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Biographical Note

Umar Ibrahim is a Principal Nursing Superintendent with Health and Human Services Secretariat, FCTA. He has 21 years progressive experience in Nursing and Public health practice especially in research and training. His areas of focus are monitoring and evaluation of community projects with impact assessment, community mobilization; teach the trainers, and engagement with strong prowess for establishing sustainability mechanisms, more especially in Nursing and Public Health Facilitation consultancy services. He is looking for challenging opportunities to explore his potentials at best and developed further in the field of Public Health Nursing. He is passionate about keeping up to date with the latest relevant online courses and also dedicated to working in the health care industry.

Work history

- **Principal Nursing Superintendent**, Health & Human Services Secretariat, FCTA, AbujaAugust 2008 – Present.
- **Care Coordinator,** North East Zone, International Health, Management Services Limited, Shehu Hashimu Road, Off Sir Kashim Ibrahim Way, Kofa Biyu, Maiduguri, Borno State, Nigeria. April 2007 – April 2008
- **Nigerian Navy,** Directorate of Medical Services, Lagos/Abuja, Nigeria January 1995 – January 2007
- **Ministry of Health** and Human Services, Bauchi November 1991 – December 1994

Biographical Note

Maryam Mohammed as an Assistant Project Coordinator, MDGs Project Support Unit Bauchi Nigeria from 2007 till date. Her responsibilities includes but not limited to quality assurance, monitoring and evaluation of the implemented project. Moreover as assistant project coordinator she supervise facilitation of 2007 MDGs conditional grants scheme project that supported five most needy communities of Bauchi state. She was also part of Bauchi state first lady's team that facilitates a DFID Girls Education Program (GEP). She was also a member of New Partnership for African Development (NEPAD) on her program that encourages the general public to contribute their quota in national plan of action.