



Original Article

Factors Affecting the Utilization of Family Planning Services among Rural Women
(A Case Study of Nsukka LGA of Enugu State)

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Abstract

Background: Family planning is known to be one of the most popular practices of birth control worldwide. It is the ability of individuals and couples to attain their desired number and spacing of their children through contraceptive use as well as provides a holistic service that aims to promote a positive view of sexuality and enable people to make informed choices about their sexual and reproductive health and well-being. Despite, the campaign on the usefulness of family planning services in having smaller and healthier families, studies have indicated that contraceptive use is still low in many developing countries, including Nigeria where 23.7% of currently married women had ever used one. Fortunately, majority of Nigerian women are aware of family planning, but very few of them make use of it for birth control. **Aim:** The main aim of the study was to determine the factors affecting utilization of family planning services in rural area among women (A case study of Nsukka LGA of Enugu State). **Methods:** A descriptive cross-sectional study was conducted. Three hundred questionnaires were distributed to 300 women of reproductive age. Data was analyzed using Statistical Package for Social Sciences (SPSS). Descriptive statistics was used to summaries and organize the data. Pearson's Chi square test was used to test for association between variables and level of significance was set at $p < 0.05$. **Result:** The results showed that majority (84.5%) of participants' utilization of family planning services depends on husband's acceptance of the family planning method. The study also found that cultural acceptance, access to family planning services, schedule of family planning clinic, and awareness; 61.5%, 75%, 62.5%, and 63.5% respectively all influence utilization of family planning. Academic attainment and knowledge of family planning methods were significant and influenced family planning use. **Conclusion:** The study showed that family planning method used is dependent on its acceptance by husbands. There is need for spouses to be continuously involved in family planning education as their approval influences family planning. It is hoped that the knowledge of this research will help in providing adequate health education and add to knowledge of family planning services to ensure adequate child spacing and reproductive health.

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Quick Response Code:



Introduction

Family planning 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 cost-effective public health interventions and is pivotal to reducing the country's rate of child birth.¹

Family planning services are defined as educational, comprehensive medical or social activities which enable individuals, including minors to determine freely the number, spacing and timing of their children, and to select the means by which this may be achieved, furthermore, a woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy². Nigeria, the seventh most populous nation in the world, contains a calculable population of 186 million that was projected to achieve 285 million by 2050³. There was an estimated 35 million women of reproductive age in the country, with an annual number of births of approximately 7 million and annual population growth of 2.9% per annum. The country's rapid population growth was attributable to a high total fertility rate (TFR) of 5.5 children per woman⁴. Modern family planning use has risen in the developed world compared to the developing countries in which Nigeria is inclusive. As a result of this, Nigeria is facing a population explosion with the resultant effect that food reproduction cannot match the growing population⁵. In Nigeria today, the birth rate is higher than the World average⁶.

Fortunately, majority of Nigerian women are aware of family planning, but very few of them make use of it for birth control⁷. He further demonstrated that education, woman's income, and other demographic and socio-economic factors affect family planning services. The significance of these factors have not been determined for the women of Nsukka LGA of Enugu State. According to Nwachukwu and Obasi⁸, some of the factors identified that prevented use of modern birth control methods in a 2008 study in Nigeria were "perceived negative health reaction, fear of unknown effects, cost, spouse's disapproval, religious belief and inadequate information significantly influenced the choice of family planning among couples.

Kiggundu, et al.⁹ (2020) in a study in Uganda found out that religion, partner resistance; perceived loss of libido, perceived barrenness, long waiting time and distance from the health facility, lack of privacy/confidentiality, excessive menstrual bleeding, cancer and fear of having disabled babies, limited the utilization of family planning contraceptive services while contraception as HIV prevention and child spacing encouraged young people to use family planning contraceptive services.

In 2015, Waled, et al.¹⁰ conducted a study of South Sudan's post conflict environment. The majority of the people in Rena and jelhak preferred to have several children in order to increase the size of their family for various reasons, which further suggests that perception is the primary factor influencing the utilization of family planning services. These have to do with taboo, social stigma, and religion that are associated with those who choose not to have children or who use family planning as a means of birth control.

Methodology

This was a cross-sectional descriptive study of married women between the ages of 15 to 49 years in Nsukka LGA, Enugu State. An interviewer administered structured questionnaire was used to collect data. Data were analyzed using IBM statistical package 23.0. Univariate analysis was used for data summary and bivariate analysis for association. Test of significance was set at $p < 0.05$.

Results

Majority, 120(40%), of the participants were within 25-34yrs of age whilst 23(7.7%) were above 45(year). Christianity is the religion (258(86%) practiced by most of the participants. Participants were mainly educated to secondary level 152 (50.7%) with only one participant having no form of education. Most of the participants were artisan 162(54%) while others were either civil servants or students. Only a few percentages were unemployed full-time housewives 32(10.7%). Majority of the participants, 103 (34.3%) earned less than 10,000. Most of the participants 170 (56.7%) were married while very few, 3 (1.0%), were divorcee.

Table 1: Showing Socio-demographic Distribution of the Participants

Characteristics		Frequency	Percentage (%)
Marital status	Married	170	56.7
	Single	117	39
	Widowed	10	3.3
	Divorced	3	1
Age group	15 – 24	109	36.3
	25 – 34	120	40
	35 – 44	48	16
	45 – 54	23	7.7
Religion	Christian	258	86
	Muslim	-	-
	Traditionalist	42	14
Educational level	Tertiary	114	38
	Secondary	152	50.7
	Primary	34	11.3
	None	-	-
Occupation	Civil servant	55	18.3
	Artisan	162	54
	Full-house wife	32	10.7
	Student	51	17
Average income per month	Below 10,000	103	34.3
	11,000 – 24,000	92	30.7
	25,000 – 40,000	42	14
	40,000 and above	63	21
Parity	4 or more children	72	24
	1 – 3 children	219	73
	None	9	3

All participants, 300(100%) have heard about family planning services and have knowledge about methods of contraception. Majority of the participants, 187 (62.3%) were aware that family planning method does not decrease sexual urge. They, 186 (62.0%) also agreed that it prevents Sexually Transmitted Infection (STI). Hormonal pills, 192 (64.0%) were the most common contraceptive method used by the participants and the women 169 (56.3%) mostly obtain these hormonal pills from the primary health center.

Table 2: Frequency distribution of participant’s knowledge on Family Planning

Characteristics		Frequency	Percentage (%)
Have you heard of family planning methods?	Yes	300	100
	No	-	-
Tick the family planning method you know?	1 – 2 methods	146	48.7
	3 – 4 methods	51	17
	All methods	103	34.3
Where did you first learn about family planning methods?	Health center	123	41
	Mass media	50	20
	Family and friends	102	34
	Other	15	5
Does family planning methods decrease sexual urge?	Yes	113	37.7
	No	187	62.3
Do some of the methods prevent STI?	Yes	186	62
	No	114	38
Which of the following modern family planning methods are available in the community?	Hormonal pills	192	64
	Hormonal implants	3	1
	Hormonal injections	15	5
	Condom	90	30
Where do you obtain family planning methods in the community?	Primary health center	169	56.3
	Chemist(drug store)	87	29
	Teaching hospital	18	6
	Other	26	8.7

In the utilization of family planning methods, more than half of participants 156(52.0%) at the time of this study have never used any family planning methods. Amongst the participants who had used a family planning method 144 (48.0%), less than half of them 139(46.3%) were currently using a type of family planning method. Injectable, 54 (38.8%), were the most commonly used. Fewer participants 20 (6.7%) visited the family planning services regularly and more participants 210 (70.0%) appear not to have time for follow up visits.

Table 3: Distribution on utilization of family planning methods

Characteristics		Frequency	Percentage (%)
Have you used any family planning method before	Yes	144	48.0
	No	156	52.0
If yes, are you currently using any family planning methods	Yes	139	46.3
	No	161	53.7
If yes, which method	Injectable	54	38.8
	Withdrawal method	25	18
	Pills	9	6.5
	Condom	30	21.6
	Implant	-	-
When last did you visit the family planning clinic	Abstinence	21	15.1
	Within the last 1 month	20	6.7
	Within the last 3 months	49	16.3
	Within the last 6 months	51	17.0
Do you have time for your follow up visit to family planning clinic	Others (within the last six months and above)	180	60.0
	Yes	90	30.0
Participants' knowledge on family planning methods	No	210	70.0
	High	234	78.0
	Low	66	22.0

Among the factors affecting family planning utilization were; opposition of spouse, 254 (84.7%), religious acceptance 247(82.3%), fear of side effect, 242 (80.7%), non-availability of equipment 228(76.0%), inaccessibility of family planning services, 225 (75.0%), Lack of awareness of family planning services, 191(63.7%), schedule of family planning clinic, 187 (62.3%), Cultural acceptance,184(61.3%), unwelcoming attitude of family planning service providers,182 (60.7%) and Language barrier, 153 (51.0%).

Table 4: Frequency distribution of factors affecting family planning services

Characteristics		Frequency	Percentage (%)
Unwelcoming Attitude of family planning provider	Yes	182	60.7
	No	118	39.3
Non-availability of equipment	Yes	228	76.0
	No	72	24.0
Lack of awareness of family planning services	Yes	191	63.7
	No	109	36.3
Language barrier	Yes	153	51.0
	No	147	49.0
Fear of side effects	Yes	242	80.7

	No	58	19.3
Schedule of family planning clinic	Yes	187	62.3
	No	113	37.7
Inaccessibility of family planning services	Yes	225	75.0
	No	75	25.0
Husband/spouse opposition	Yes	254	84.7
	No	46	15.3
Religious acceptance	Yes	247	82.3
	No	53	17.7
Cultural acceptance	Yes	184	61.3
	No	116	38.7

Women’s knowledge and utilization of family planning services among the women were respectively found to be associated. $x^2 = 26.9684$, $P < 0.0002$.

Table 5: Association between the women’s knowledge and utilization of family planning services among the women

Variables		Utilization of family planning services			X ²	Df	p-value
		High	Low	Total			
Level of knowledge Of family planning services	High	127	107	234	26.9684	1	<0.00001
	Low	12	54	66			
	Total	139	161	300			

Table 6: Association between the women’s educational level and knowledge of family planning services

Variables		Knowledge of family planning services			X ²	Df	p-value
		High	Low	Total			
Educational level	Tertiary	89	25	114	0.0518	3	0.974413
	Secondary	118	34	152			
	Primary	27	7	33			
	None	-	-	-			
	Total	234	66	300			

Spouse/husband opposition to family planning methods and utilization of family planning services were found to be associated, $x^2 = 6.1011$, $P = 0.01351$.

Table 7: Association between husband/spouse opposition and utilization of family planning services

Variables		Utilization of family planning services			X ²	Df	p-value
		High	Low	Total			
Husband/spouse opposition	Yes	110	144	254	6.1011	1	0.01351
	No	29	17	46			
	Total	139	161	300			

Discussion

The awareness about family planning methods was generally high among the participants with 99.5% and almost all of them being aware of one method or the other. This high level of awareness has been similarly reported by previous studies within and outside Nigeria.^{11,12,6,13} The knowledge of participants about contraception/family planning was also high having good knowledge of contraception. This was also corroborated by Moronkola, *et al.*¹⁴, in their study carried out in south western Nigeria. This pattern should be expected in light of much enlightenment that is on-going on the issue of family planning in the country. It is however still worthy of note that some contraceptive methods were very unpopular among the participants. Only about 1.0% knew about the implants and not up to 1.0% of the participants knew about female condoms as methods of contraception. This is most likely due to the fact these methods are not readily available and are relatively more expensive than the other commoner methods like the male condoms. The most popular contraceptive method from this study is the hormonal pills and condom with about 64.0% and 30.0% of the participants knowing about it respectively. This is similarly reported by other studies^{15, 6} and is probably due to the fact that it is cheap and readily available and it is much more advertised probably also because of its dual function as a means of preventing sexually transmitted infections and also as a family planning method. Unlike in other studies where the media was the predominant source of information,^{16, 17} majority of the participants (41.0%) knew about contraception through health personnel, which is similar to the finding of a study done in Pakistan by Shah, *et al.*¹⁸ on the awareness and pattern of utilizing family planning services among women attending Urban Health Care Centre. This is a pointer to the importance of enhanced primary health care services in the rural communities, though the media would still need to do much more work on public enlightenment about contraception. An appreciable number (34.0%) heard about contraceptives from friends and relatives, and this underscores the need for peer educators in ensuring correct and adequate information about contraceptives/family planning.

On the factors reducing contraceptive choices among participants, majority (80.0%) agreed that fear of side effect prevented them from utilizing family planning services. This supports Machiyama & Cleland¹⁹, who they submitted that concern about side effects and health risks appear somewhat a strong factor affecting contraceptive use. Majority (84.5%) agreed that spouse opposition reduced their choice of family planning, which supports the view of Olaitan²⁰ that “the woman’s husband is one of many socially significant actors who might discourage or oppose a woman who wishes to use contraception”. Larger percentage (75.0%) had inaccessibility of family planning, which is similar to what has been reported by other studies.^{21, 6, 22} Majority (60.5%) also saw unwelcoming attitude of the family planning providers as reducing their choices. This agrees the findings of Ahanonu²³ that most of the providers had negative attitudes towards the provision of contraceptives for young people and were not prepared or were hesitant to give young people contraceptives.

The study found the association between knowledge of family planning and utilization of family planning services using chi-square. The result showed a significant relationship between knowledge of family planning and utilization of family planning services. This further corroborates the findings of other studies¹⁹.

The study assessed the association between women's educational level and knowledge of family planning services using chi-square. The result showed a significant relationship between the women's educational level and knowledge of family planning services. The findings of the current study echoed in many other studies. Oyedokun²⁴ found that well educated women are more willing to engage in innovative behavior than less educated women and in many developing countries, the use of family planning methods remains innovative.

Conclusion

The study showed that family planning method used is dependent on its acceptance by husbands. There is need for spouses to be continuously involved in family planning education as their approval influences family planning. It is hoped that the knowledge of this research will help in providing adequate health education and add to knowledge of family planning services to ensure adequate child spacing and reproductive health.

Recommendation

Based on the findings from this study, the following recommendations were made; Family planning services should be made available, accessible and affordable to high-risk groups. Counseling should be done in religious institution and health centers to propagate the knowledge of family planning and encourage the utilization of the services by their members to enhance their reproductive health.

Health care providers should educate women based on isolated factors affecting contraceptive use, such as side effects, preference, and spousal opposition. Men play an active part in their family's decision making; therefore health care provider should educate men on benefit of family planning services to enhance its acceptance and utilization among women of reproductive age.

The public should be enlightened on family planning services through the mass media, as it is the largest means of dissemination of information.

Lastly, the media would be an important tool in the dissemination of information because of the increase in use of the internet.

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