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Knowledge Attitude and Practice of Family Planning Among Married Women in Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Amaku, Awka

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Abstract: *This research aimed to investigate the knowledge, attitude and level of practice of family planning among married women. It was carried out in Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Amaku, Awka. Method: A descriptive cross-sectional study was carried out among 199 married women. The sample size was determined using the Cochran Formulae for determining the minimum sample size. Simple random sampling was used. Data were collected using pre-tested, semi-structured questionnaires and analysed using SPSS (statistical package for social sciences) computer software package version 21. Results: The result was presented in text, tables and pie charts. There were 199 respondents with a mean age of 27.56 (SD = 5.20), 198 (99.51%) of them were Christians and the majority 93 (46.66%) had completed tertiary education. The knowledge of contraceptives and family planning methods was high among the participants 188 (94.50%) with the use of condoms as the most known contraceptive method 188(100.00%). Most of them got their knowledge from husbands and friends 124 (62.30%) and 135 (67.80%) respectively. The participants showed a positive attitude toward family planning 170 (85.43%) and only 29 (14.57%) showed a negative attitude toward contraception. The level of practice and use of contraceptive methods was high, 127(63.81%) of the respondents had used contraceptive methods with condoms and safe period being the most popular among the participants 123(96.85%) and 117(92.13%) respectively and sterilization being the least 0(0.00%). The modal reason for not using contraceptives was because religion was against it 26(13.10%) and the major reasons for dissatisfaction with contraception were discomfort and side effects 30(15.17%) and 22(11.13%) respectively. Conclusions: The results of this research shows that the knowledge of contraceptives and family planning methods was high among the participants 188 (94.50%) with the use of condom as the most known contraceptive method 188(100.00%). The attitude towards family planning among participants was good 170 (85.43%) and only 29 (14.57%) showed a negative attitude towards contraception. The level of practice and use of contraceptive methods was high, 127(63.81%) of the respondents had used contraceptive methods with condoms and safe period being the most popular among the participants 123(96.85%) and 117(92.13%) respectively and sterilization being the least 0(0.00%). The modal reason for not using contraceptives was because religion was against it 26(13.10%) and the major reasons for dissatisfaction with contraception were discomfort and side effects 30(15.17%) and 22(11.13%) respectively.*

Keywords: Practice of Family Planning, attitude and level of practise of family planning; married women; COOUTH

Introduction

Family planning is regarded as an important preventive measure against maternal and child morbidity and mortality. This study was aimed at determining the knowledge, attitude and use of family planning methods among married women attending antenatal clinics in Amaku Awka.

Many countries, especially in sub-Saharan Africa face population-related problems like spiralling population growth and contracting economy, resulting in situations where nations are unable to muster adequate socioeconomic resources to cater to the needs of their citizens[1]. Added to this is the need to promote reproductive health which can be harmed by uncontrolled childbearing, and unprotected sex, leading to avoidable social dislocations. It is in the realization of the importance of keeping tabs on population growth and reproductive health that nations, international agencies and non-governmental organizations (NGOs) spend time and resources to promote family planning[2].

Nigeria, with the highest population in Africa, has an annualpopulationgrowthrateof2.9%[3]. This is considered to be one of the highest in the world. The total fertility rate is 5.2 as compared to Europe which is 1.8 and India 4.33[4]. The effect of population growth on the environment and socio-economic development is enormous. This is readily visible in urban areas of developing countries. There is, therefore, a need for family planning to regulate and stabilize his population

The Nigerian Demographic Health Survey (NDHS, 2008) shows that the level of fertility rate in Nigeria is quite high because the Total Fertility Rate (TFR) is 5.7, which means that an average Nigerian woman will bear approximately six children throughout her reproductive years[5,6]. Improving reproductive health is central to achieving the Millennium Development Goals (MDGs) improving maternal health, reducing child mortality, eradicating extreme poverty, promoting gender equality and empowering women.

Given this, there is a need for men and women to have access to safe and effective methods of fertility control. The decision on when or even whether to have children is a human right that everybody must enjoy.

Problem Statement

Unintended pregnancies are the primary cause of unwanted pregnancy in Nigeria and many women with pregnancies from unintended intercourse decide to end them by abortion[7].

A study was carried out in two states of south-western Nigeria b Ode-Adeniran and reported a prevalence rate of unwanted pregnancy of 26.6% and abortion prevalence of 21.7%[8]. Since abortion is illegal in Nigeria (unless medically recommended to save the mother's life), man abortions are carried out in an unsafe environment. An estimated 610,000 abortions are reported to occur in Nigeria annually[9]. Married women also experience unwanted pregnancy as they constitute 34.8% and 63.2% of abortion seekers in two studies respectively from south-western Nigeria[8,10].

In Nigeria, induced illegal abortion is widely practised when a woman confronts an unwanted pregnancy[11]. A rough estimate of 700,000 illegal abortions is said to be performed clandestinely in Nigeria with about 20,000 deaths resulting from this procedure annually[12].

Worldwide, 38% of pregnancies were unintended in 1999[13,14]. In the developed world an estimated 49% of pregnancies were unintended and 36% in the developing world[14]. In Britain as of 2013, approximately 15% of pregnancies are unplanned, 29% are ambivalent and 55% are planned[15]. In France, 33% of pregnancies are unintended with only 30% using contraceptives and 20% using intrauterine device[18]. United States' rate of unintended pregnancy is higher than the world average[16]. Almost 49% of US pregnancies are unintended, with more than 3 million unintended pregnancies per year[17,19].

Research Objectives

1. To assess the knowledge of family planning among married women in COOUTH Amaku Awka.
2. To assess the attitude towards adherence to family planning among married women in COOUTH Amaku Awka.
3. To assess the level of practice/use of family planning among married women in COOUTH Amaku Awka.
4. To identify the determinants to effective use of family planning methods married women in COOUTH Amaku Awka.

Methodology

Study Area

Anambra state is located in the south-eastern part of Nigeria. It lies between latitude 6'20N and longitude 7'00E. It was created on the 27th of August 1991 with a landmass of about 4844km2 and at the last census in 2006, the total population was about 4,177,828 which makes Anambra state the 8th most populated state in Nigeria. Anambra state has 21 local government areas.

Chukwuemeka Odumegwu Ojuwku University Teaching Hospital was established in 2011 under the then governor Dr. Peter Obi when the need for a state medical college was observed. The formerly known General Hospital Amaku was hence converted to a teaching hospital. In 2014, it was named after the Biafran General Chukwuemeka Odumegwu Ojuwku but before this, it was known as Anambra State University of Science and Technology Teaching Hospital. It is affiliated with Chukwuemeka Odumegwu Ojuwku which is a state university established in 2000.

Chukwuemeka Odumegwu Ojukwu University Teaching Hospital (COOUTH) Awka is a state government health facility under the State Ministry of Health (SMOH) in the Southeast geopolitical zone of Nigeria. It is also a state government-owned tertiary institution located in the southeastern part of Nigeria, West Africa. It is located in the heart of Awka, the third-largest city in Anambra state. It lies between latitude 6,12N and longitude 7,6E. Awka is a town in Awka South Local Government Area of Anambra State.

The temperature is between 23-27 degrees centigrade and has a total population of about 301,657.

Apart from providing specialized and comprehensive medical care to patients, Chukwuemeka Odumegwu Ojukwu University Teaching Hospital since its inception has provided undergraduate training to medical students both male and female.

Study Design

This study will be a cross-sectional descriptive survey on the knowledge, attitude and practice of family planning among married women clients in COOUTH, Awka.

Study Population

This will include married women who attend the antenatal clinic of COOUTH, Awka.

Sample Size Determination

The sample size will be determined using Cochran's Formula.

N = Z2 (PQ)/D2

Where:

N = minimum sample size

Z = confidence interval at 95% level of significance given at 1.96

P = referenced prevalence which is 82.3% prevalence from previous studies (Got from study conducted by Gebregziabher, N.K., Zeray, A.Y., Abtew, Y.T. et al. Factors determining choice of place of delivery: analytical cross-sectional study of mothers in Akordet town, Eritrea)
P = 82.3/100 = 0.823
Q = 1 – P, where P = 0.823; Q = 0.177
D = maximum sampling error allowed = 0.05
Therefore, N = Z2 (PQ)/D2
N = 1.962 x 0.823 x 0.17
0.05
N = 0.5224576
0.0025
N = 208.9 ~ 209
Then, a conversion is made using the formula for calculation of minimum sample size for population less than 10,000
(nf) = The desired sample size when population is less than 10,000
n = The desired sample size when population is greater than 10,000 = 209
N = The estimate of the population size = 250 (estimated number of women who attend antenatal care monthly)
Nf = 209
1 + (209/250)
= 114
Using a non-respondent rate of 10% = 11.4
The minimum sample size = 114 + 11.4 = 125

Inclusion Criteria

Inclusion criteria for respondents include

- **i.** Married women
- **ii.** Clients who attend the antenatal clinic in COOUTH, Awka.
- **iii.** Clients that are stable enough to answer the questions.
- **iv.** Clients that are willing to participate.

Exclusion Criteria
The following Respondents will be excluded

- i. Antenatal clients who are in distress.
- ii. Pregnant women on admission.
- iii. Clients who did not give consent.

Sampling Procedure

Systematic random sampling technique will be used to conduct this study.

Research Instrument

Semi-structured, the interviewer administered a questionnaire, consisting of four sections viz;

Section A: BIODATA

Section B: Knowledge of family planning.

Section C: Attitude towards family planning.

Section D: Practice of family planning.

Data Collection

The semi-structured questionnaire will be distributed to the respondents during the antenatal clinic days of Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Awka which are Mondays, Tuesdays, and Wednesdays, Thursdays and Fridays. This will be done strictly after seeking individual consent.

Data Analysis
The administered questionnaires will be checked for data errors and omissions at the end of each day.

Ethical Clearance

Approval and Ethical clearance will be obtained from the COOUTH Ethical Committee to carry out this study before the study commences properly.

4. Results
Table 1: Socio-Demographic Characteristics of Respondents
The sample size for the study was 200 however only 199 participants responded completely to the research questions leading to a response rate of 99.5%.

Variable	Frequency(N)	Percentage (%)
Age		
19-25	86	43.19
26-30	53	26.63
31-35	42	21.07
35-40	18	9.01
Mean = 27.56		
SD = 5.20		
Marital Status		
Married	194	97.47
Divorced	1	0.53
Widowed	4	2.00
Religion		
Christian	198	99.51
Islam	1	.49
Ethnicity		
Igbo	194	97.55
Yoruba	3	1.45
Hausa	1	0.50

Others	1	0.50
Educational level		
None	2	1.01
Primary	26	13.12
Secondary	78	39.21
Tertiary	93	46.66
Employment status		
Unemployed	72	36.20
Employed	92	46.20
Trader	35	17.60
Number of children		
None	35	17.60
1-3	106	53.30
more than 3	58	29.10

Most of the participants 86 (43.19% were between ages 19-25 with a mean age of 27.56. Majority identified as married 194 (97.50%) and 198 (99.50%) as Christians. 93 (46.66%) of the respondents had completed tertiary education and most of them 92 (46.20%) were employed.

Table 2: Knowledge of contraceptive method

Variable	Frequency(N)	Percentage (%)
Reasons for being willing to give birth		
Inadequate boys	77	38.70
Inadequate girls	31	15.60
Culture	10	5.00
Religion	3	1.50
Has not completed family	113	56.80
Husbands demand	131	65.80
Others	12	6.00
Are you aware of contraception/family planning		
Yes	188	94.50
No	11	5.50
How many times have you been informed of family planning		
Once	31	15.60
Twice	89	44.70
Thrice	60	30.20
More	8	4.00
What type of contraception do you know of		
Pills	141	70.90
Condom	188	94.50
Intrauterine contraceptive device(IUCD)	107	53.80
Injectable	84	42.20
Safe period	151	75.90
Abstinence	174	87.40
Sterilization	31	15.60
Breast Feeding	106	53.30
Implants	91	45.70
Withdrawal	166	83.40
Information source		
Health workers	64	32.20
Mass media	65	32.70
Husbands	124	62.30

Friends	135	67.80
Benefits of family planning		
Prevent unintended pregnancy	154	77.40
Child spacing	149	74.90
Limit family size	185	93.00
Prevent sexually transmitted infection(STIs)	116	58.30
Do not know	7	3.50

The knowledge of contraceptives and family planning methods was high among the participants 188 (94.50%) with use of condom as the most known contraceptive method 188. Most of them got the knowledge from husbands and friends 124 (62.30%) and 135 (67.80%) respectively

Table 3: Relationship between Knowledge of contraceptives and family planning with the different socio-demographic variables of respondents

Variable	*Are you aware of contraception/Family Planning*		X^2	P-Value
	Yes	No		
Age at last birthday				
19-25	80	6	1.14	0.766
26-30	50	3		
31-35	41	1		
35-40	17	1		
19-25	80	6		
Marital Status				
Married	183	11	0.30	0.861
Divorced	1	0		
Widowed	4	0		
Religion				
Christian	187	11	0.06	0.808
Islam	1	0		
Ethnicity				
Igbo	184	10	17.34	0.010
Yoruba	3	0		
Hausa	0	1		
Others	1	0		
Educational Level				
None	1	1	57.79	0.003
Primary	17	9		
Secondary	78	0		
Tertiary	92	1		
Employment Status				
Unemployed	71	1	33.15	0.001
Employed	91	1		
Trader	26	9		
Number of Children				
None	31	4	3.94	0.139
1-3	100	6		
more than 3	57	1		

Significance is at p<0.05

The Chi-square test of independence was used to compare the relationship between the knowledge of Contraceptive/family planning with the different socio-demographic characteristics of respondents. A statistically significant relationship was found between Ethnicity (X^2 (3) = 17.34, p = 0.01), Educational status (X^2 (6) = 57.79, p = 0.003), Employment status (X^2 (2) = 33.15, p =

0.001) and knowledge. Those in the tertiary institution were more likely to have good knowledge 92 (48.93%) than other levels of education.

Table 4: Attitude towards contraceptives and family planning

Variables	Frequency (N)	Percentage (%)
Do you think family planning is good		
Strongly disagree	7	3.50
Disagree	23	11.60
Agree	39	19.60
Strongly agree	130	65.30
Do you think family plan is bad		
Strongly disagree	127	63.80
Disagree	41	20.60
Agree	21	10.60
Strongly agree	6	3.00
Do you think family planning should be encouraged		
Strongly disagree	6	3.00
Disagree	29	14.60
Agree	48	24.10
Strongly agree	112	56.30
Are your friends against family planning		
Yes	28	14.10
No	171	85.90
Is your culture against family planning		
Yes	50	25.10
No	146	73.40

A 4-point likert scale with 3 items scored in ascending order from 1-4 were used to assess the attitude towards contraceptives and family planning among the respondents. The average score was graded to give the attitude of the respondents. Those that scored >2.5 were graded as bad attitude while >2.5 were graded as having a good attitude towards contraception. The participants showed good attitude towards contraception as 170 (85.43%) scored >2.5 and 29 (14.57%) scored <2.5.

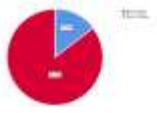

Figure 1: Attitude towards contraceptive and family planning

Table 5: Practice of contraceptive and family planning methods

Variables	Frequency (N)	Percentage (%)
Have you used any contraceptive method		
Yes	127	63.81
No	70	35.19
If yes, which type(s) of contraception have you used		
Pills	43	21.60
Condoms	123	61.80
Intrauterine contraceptive device(IUCD)	48	24.10
Injectable	40	20.10
Safe period	117	58.80
Abstinence	42	21.10
Sterilization	0	0.00
Breast feeding	21	10.60
Implants	55	27.60
Withdrawal	29	14.60
If no, reason for not using contraceptives		
Husband against it	18	9.00
Fear of sterility	6	3.00
Unwanted side effects	17	8.50
Religion against it	26	13.10
Others	3	1.50
If you have used any before, were you satisfied		
Yes	51	25.60
No	76	38.20
If Not satisfied, reason for non-satisfaction		
Failure of method	18	9.00
Cause discomfort	30	15.10
Not easy to use	6	3.00
Side effects	22	11.10

The level of practice and use of contraceptive methods was high, 127(63.81%) of the respondents had used contraceptive methods with condoms being the most used 123(61.80% or 96.85% of those who have used contraceptive methods) and sterilization being the least 0(0.00%). The modal reason for not using contraceptives was because religion was against it 26(13.10%) and the major reasons for dissatisfaction with contraception were discomfort and side effects 30(15.17%) and 22(11.13%) respectively.

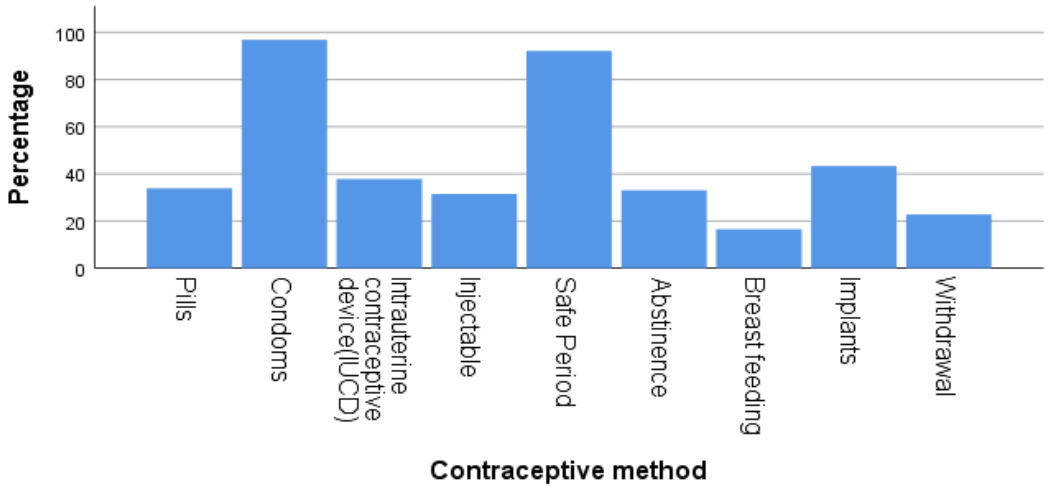

Figure 2: Use of Contraceptive methods

The study showed that use of condoms and safe period was more frequent among the participants 123(96.85%) and 117(92.13%) respective.

Table 6: Relationship between Practice of contraceptives and family planning with the different socio-demographic variables of respondents

Variable	*Have you used any contraceptive Method*		X^2	P-Value
	Yes	No		
Age at last birthday				
19-25	50	35	3.50	0.320
26-30	39	14		
31-35	26	16		
35-40	12	5		
Marital status				
Married	122	70	2.83	0.243
Divorced	1	0		
Widowed	4	0		
Religion				
Christian	127	69	1.82	0.177
Islam	0	1		
Ethnicity				
Igbo	124	68	2.37	0.499
Yoruba	2	1		
Hausa	1	0		
Others	0	1		
Educational level				

None	2	0	2.42	0.491
Primary	13	11		
Secondary	50	28		
Tertiary	62	31		
Employment status				
Unemployed	47	25	0.668	0.716
Employed	57	35		
Trader	23	10		
Number of children				
None	21	13	0.14	0.132
1-3	68	37		
more than 3	38	20		

Significance is at p<0.05

Women who had reached the tertiary level of education were shown to use contraceptives the most 62(48.82%). Chi-square test of independence was used to compare the relationship between the knowledge of contraceptive/family planning with the different socio-demographic characteristics of respondents, however, no statistically significant relationship was demonstrated.

5.1 Discussion

Raising a child requires significant amounts of resources: time, social, financial, and environmental. Family planning can help assure that resources are available. The purpose of family planning is to make sure that any couple, man, or woman who has a child has the resources that are needed in order to complete this goal. This study was a cross-sectional descriptive study assessing the knowledge attitude and practice of family planning methods among married women in Chukwuemeka Odumegwu Ojukwu University Teaching Hospital Amaku, Awka. There were 199 respondents with mean age of 27.56 (SD = 5.20), 198 (99.51%) of them were Christians and the majority 93 (46.66%) had completed tertiary education.

5.1.1 Knowledge of Family Planning

The knowledge of contraceptives and family planning methods was high among the participants 188 (94.50%) with use of condoms as the most known contraceptive method 188(100.00%). Most of them got their knowledge from husbands and friends 124 (62.30%) and 135 (67.80%) respectively. The most recognized benefit of family planning among the respondents was to limit family size 185 (93.00%). Chi-square test of independence was used to compare the relationship between the knowledge of family planning with the different socio-demographic characteristics of respondents. A statistically significant relationship was found between Ethnicity (X2 (3) = 17.34, p = 0.01), Educational status (X2 (6) = 57.79, p = 0.003), Employment status (X2 (2) = 33.15, p = 0.001) and knowledge. Those in tertiary institution were more likely to have good knowledge 92 (48.93%) than other levels of education. This is comparable to research done among 326 females of reproductive age group (15-49years) of Bagbaharablock Mahasamund district in Chhattishgarh State in India on knowledge, attitude and practice of family planning methods among the rural females which showed that most of the respondents (79%) were aware of at least one contraceptive method. The most common source of information on contraception was Health staffs (46%), followed by media (7.5%) and relatives/friends (4%)7. Similarly, another cross sectional carried out in 2005, involving a total of 200 Nigerian women visiting Nnamdi Azikiwe University Teaching Hospital antenatal clinic were interviewed about their knowledge, attitude and practice of family planning. About 90% were literate. Their knowledge about contraception and contraceptive methods was high (80%) and the most common methods known were safe period, condom, withdrawal and intrauterine contraceptive device. However, unlike this study the most common source for knowledge of contraception was mass media9.

5.1.2 Attitude Towards Family Planning

The participants showed a positive attitude towards family planning 170 (85.43%) and only 29 (14.57%) showed a negative attitude towards contraception. Similar to our findings, the study in Bagbaharablock Mahasamund district in Chhattishgarh State in India on knowledge, attitude and practice of family planning methods among the rural females showed that there was good attitude towards contraception as 62% of respondents showed favourable attitude towards family planning methods while other (34%) are

against it.7 On the contrary, another study carried out among rural communities in Imo State Nigeria showed a bad attitude towards contraception6. This shows the need to breach the knowledge gap between urban, sub-urban and rural communities by female education and enlightenment.

5.1.3 Level of Practice of Family Planning

The level of practice and use of contraceptive methods was high, 127(63.81%) of the respondents had used contraceptive methods with condoms and safe period being the most popular among the participants 123(96.85%) and 117(92.13%) respectively and sterilization being the least 0(0.00%). The modal reason for not using contraceptives was because religion was against it 26(13.10%) and the major reasons for dissatisfaction with contraception were discomfort and side effects 30(15.17%) and 22(11.13%) respectively. A comparable study was carried out in Nepal among 99 women and showed that 64 (68%) of them were using modern contraception methods. Injectable hormonal contraceptives were most commonly practiced by 34 (54%) women and among those not using any contraceptives, 18 (60%) of them said the reason was their husband being abroad.14 Another study carried out in Mbouda Health District Cameron among 120 households revealed that Sixty-six women (65.3 %) were currently practicing at least one contraceptive method, and the three prevailing methods used were: the safe period (50 %), the male condom (34.8 %), and injectables (12.1 %). The main reasons precluding women from practicing contraception were lack of knowledge (31.4 %), uselessness (31.4 %) and unbearable side effects (8.6 %).15 Another study on knowledge, attitude and practice of family planning among grand multiparous women attending antenatal clinic in a specialist hospital in Kano, Nigeria, it was observed that the major cause of non-use of contraceptives was the fear of side effects (77.2%) and the desire for more children12.

Women who had reached tertiary level of education were shown to use contraceptive the most 62(48.82%). Chi-square test of independence was used to compare the relationship between the knowledge of contraceptive/family planning with the different socio-demographic characteristics of respondents; however no statistically significant relationship was demonstrated.

5.2 Conclusion

The knowledge of contraceptives and family planning methods was high among the participants 188 (94.50%) with use of condom as the most known contraceptive method 188(100.00%). A statistically significant relationship was found between Ethnicity (X^2 (3) = 17.34, p = 0.01), Educational status (X^2 (6) = 57.79, p = 0.003), Employment status (X^2 (2) = 33.15, p = 0.001) and knowledge. The attitude towards family planning among participants was good 170 (85.43%) and only 29 (14.57%) showed a negative attitude towards contraception. The level of practice and use of contraceptive methods was high, 127(63.81%) of the respondents had used contraceptive methods with condoms and safe period being the most popular among the participants 123(96.85%) and 117(92.13%) respectively and sterilization being the least 0(0.00%). The modal reason for not using contraceptives was because religion was against it 26(13.10%) and the major reasons for dissatisfaction with contraception were discomfort and side effects 30(15.17%) and 22(11.13%) respectively.

5.3 Recommendations

1. Resources and efforts should be put in place to educate the public about the safety and convenience of modern, long term, reversible methods of contraception among both healthcare professionals and the public.

2. Provision of family planning unit accessible to women and families in the rural areas.

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