

# Knowledge And Attitudes Towards Family Planning Acceptance Among Women

Deliverance Brotobor<sup>1</sup>, Constance O. Izekor<sup>2</sup>, Rosemary Ngozi Osunde<sup>3</sup>, Tovia Odion Francis<sup>4</sup>

<sup>1,3&4</sup>Department of Nursing Science, Ambrose Alli University, Ekpoma, Nigeria

<sup>2</sup>School of Post Basic Nursing, Irrua Specialist Hospital, Irrua, Nigeria

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## Abstract

**A. Overview:** The introduction of family planning and the increasing availability of safer and more effective methods of preventing pregnancy have permitted people around the world to exercise their choice, make responsible decisions with respect to their reproduction and enjoy the benefits of family planning. Uncontrolled population growth has been a problematic issue all over the world. Although efforts to control fertility in Africa are being vigorously pursued, few results have been recorded. Therefore, this study seeks to assess the knowledge and attitude of women towards the acceptance of family planning. **Method:** This study used a community-based descriptive cross-sectional quantitative design to obtain data on the knowledge and attitude towards acceptance of family planning among women who reside in the Ujoelen community in a southern part of Nigeria. Two hundred and eighty-eight (288) women were selected using multistage sampling. In the first stage, the women were grouped in clusters, and simple random sampling was used in the second stage. All the 288 questionnaires were retrieved and analyzed. **Results:** This study showed that all of the pregnant women were aware of at least one method of family planning. Almost all women surveyed (97.2%) had a positive attitude towards the practice of family planning methods, and 70.1% reported having used any of the contraceptive methods. **Conclusion:** The knowledge and attitude of mothers towards acceptance of family was good. There was a positive attitude towards the usage of the family planning methods. This was achieved as a result of the health education by the healthcare workers at the clinic. Therefore, in order to achieve the desired outcome for the goal of family planning, there is a need to sustain health education on family planning and investigate other factors contributing to population overgrowth in Nigeria.

**Keywords:** Acceptance, Attitude, Family Planning, Knowledge, Women.

## I. INTRODUCTION

Family planning (FP) is one of the public health achievements of the last century, and worldwide acceptance is rising (Starbirda, Nortona, and Marcusa, 2016). Uncontrolled population growth has been a problematic issue all over the world (Manadhar, Amatya, Gautam, Kumar, Ahlawat, Adhkari, et al., 2020). It is

reported that 75% of the world's population live in developing countries and are characterized by high fertility rates, high maternal and infant mortality, and low life expectancy, with Nigeria inclusive (Population Reference Bureau 2017; National Population Commission & ICF Macro, 2017). In the developed countries, fertility rates have fallen largely due to the wide usage of contraceptives; however, in developing countries with specific reference to Nigeria, the fact seems to be unrealistic as the population hits 170 million and remains the most populous country in Africa (National Population Commission and ICF Macro, 2017; (World Health Organization [WHO], 2018). It is documented that Nigeria may have a projected population of 264 million by 2050 (National Population Commission and ICF Macro, 2017).

Increased knowledge of family planning and the desire to improve family living standards among women has led to the acceptance of contraceptives (Shrestha, Kayastha, Manandhar and Chawla, 2017; Undelikwo, Osonwa, Ushie and Osonwa, 2016). Family planning allows the adequate spacing between pregnancies and enables couples to systematically plan the number of children they will have, thereby limiting family size (WHO, 2018). This factor contributes to the better health of infants, children, and women (Ejembi, Dahiru, and Aliyu, 2015; Malarcher *et al.*, 2016). In poorer countries, complications related to pregnancy and childbirth are common causes of maternal death (Undelikwo *et al.*, 2016). The use of family planning methods translates into the prevention of unwanted pregnancy and subsequent abortions. (Starbirda, *et al.*, 2016; Manadhar, *et al.*, 2020).

Subsequently, having limited children has contributed to improved household income and socioeconomic status. Relief from the burden of childbearing and rearing has encouraged women to pursue higher education, training, and employment or professional advancement; women, who are better educated, have a higher socioeconomic standing (Reshma, 2015, Johnson, 2017; Oyedokun, 2017). Cultural norms about family size, community pressure to bear children, a high level of religious adherence, employment opportunities for women, male perceptions of family planning, and the availability of family planning services affect women's reproductive health decisions (Starbirda *et al.*, 2016). In addition, a desire to limit family size to enable the family to provide better education for the children, the increased



participation of women in the labor force, and urbanization are other factors leading to the desire of Nigerian women to have a predetermined number of children (Monjok, Smesny, Ekabua and Essien, 2017).

If contraceptive use in the population increases among Nigerian men and women who are sexually active, there will be a significant reduction in unwanted pregnancies and abortions, leading to reduced maternal mortality (Starbirda et al., 2016). Currently, family planning services are provided by both the public and private sectors, with the commodities provided free in public sector facilities.

In spite of the various investments in family planning programs in the country, it is saddened to know that the use of contraceptives is low (Shrestha, Kayastha, Manandhar, and Chawla, 2017). Nigeria is still among the few countries in Sub- Sahara Africa with consistently low contraceptives use of 15% among married women whose average rate is 5.5 (Nigeria Demographic and Health Survey [NDHS], 2013). Furthermore, related research in Nigeria found that, although all 291 were aware of contraceptives, 198 (68.3%) respondents had used at least one family planning method at some point in time, while only 50 (17.2%) respondents were currently using at least one family planning method (Etokidem, Ndifon, Etowa and Asuquo, 2017). Although efforts to control fertility and improve the use of family planning in Africa is being vigorously pursued, little results have been recorded. Therefore, this study seeks to assess the knowledge and attitude of women towards the acceptance of family planning.

**II. MATERIALS AND METHODS**

This study used a community-based descriptive cross-sectional quantitative design to obtain data on the knowledge and attitude towards acceptance of family planning among women who reside in Ujoelen community in a southern part of Nigeria. Two hundred and eighty-eight (288) women were selected using multistage sampling. In the first stage, the women were grouped in clusters, and simple random sampling was used in the second stage. Women within the reproductive ages of 18-49 years and who have lived in the community for at least a period of 1 year were selected. After obtaining ethical approval from the local government ethical committee, a structured questionnaire including section A: background information of the respondents; section B: assessment of the knowledge of family planning; and section C: determination of the attitude towards family planning was used to collect data. After data were collected, all the questionnaires (288) were retrieved and analyzed.

**III. RESULTS**

**A. Section A: Sociodemographic Characteristics**

The sociodemographic characteristics showed varied ages. The mean age of the respondents was 31.54 ± 8.8 years. The most encountered was 25-34 years (37.5%) followed by 35-44 years (28.8%), 15-24 years (24.7%), and 45 years and above 26 (9.0%). Two hundred and seventy-six (95.8%) of the respondents were Christians, and 12 (4.2%) were Muslims. Out of the 288 respondents,

260 (90.3%) were married, 21 (7.3%) were still single, 2 (0.7%) were divorced, 3 (1.0%) were separated and 2 (0.7%) were widowed. 104 (36.1%) had a tertiary educational level, 142 (49.3%) had a secondary educational level, 38 (13.2%) had a primary educational level, and 4 (1.4%) had no formal education. The result revealed that 72 (25.0%) of the respondents were civil servants, 16 (5.6%) farmers, 109 (37.9%) traders, 11 (3.8%) students, 75 (26.0%) businesswomen, and 5 (1.7%) housewives (see table 1).

**TABLE 1: Sociodemographic Characteristics of the Respondents**

Variable	Description	Frequency	Percentage (%)
Age (years)	15-24	71	24.7
	25-34	108	37.5
	35-44	83	28.8
	45 and above	26	9.0
	<b>Total</b>	<b>288</b>	<b>100</b>
Religion	Christianity	276	95.8
	Islam	12	4.2
	<b>Total</b>	<b>288</b>	<b>100</b>
Marital status	Single	21	7.3
	Married	260	90.3
	Divorced	2	0.7
	Separated	3	1.0
	Widowed	2	0.7
	<b>Total</b>	<b>288</b>	<b>100</b>
Level of education	Tertiary	104	36.1
	Secondary	142	49.3
	Primary	38	13.2
	No Formal education	4	1.4
	<b>Total</b>	<b>288</b>	<b>100</b>
Occupation	Civil servant	72	25.0
	Farming	16	5.6
	Trading	109	37.9
	Student	11	3.8
	Business	75	26.0
	Housewife	5	1.7
<b>Total</b>	<b>288</b>	<b>100</b>	

**B. Section B: Knowledge of family planning**

This study, as detailed in Table 2, shows that all of the pregnant women were aware of at least one method of family planning. Regarding the understanding of family planning, 83 (28.9%) gave their definition of family planning as limiting of births; 104 (36.1%) gave their definition of family planning as spacing of births; 34 (11.8%) gave their definition of family planning as stopping of births; 22 (7.6%) gave their definition of family planning as limiting, and spacing of births; and 45 (15.6%) had no idea on the definition of family planning. The sources of information as reported by the respondents were Clinic/Healthcare providers 169 (58.7%); School 16 (5.6%); Television/Radio 38 (13.2%); Friends/Relatives 43 (14.9%); and Newspaper/magazine/handbills 22 (7.6%).

**TABLE 2: Respondents' knowledge on family planning**

Variable	Description	Frequency	Percentage (%)
Heard of family planning	Yes	200	100
	No	0	0
	<b>Total</b>	<b>288</b>	<b>100</b>
Understanding of family planning	Limiting the giving of births	83	28.9
	Spacing of births	104	36.1
	Stopping of births	34	11.8
	Limiting and spacing of births	22	7.6
	No idea	45	15.6
<b>Total</b>	<b>288</b>	<b>100</b>	
Source of information on family planning	Clinic/Healthcare providers	169	58.7
	School	16	5.6
	Television/Radio	38	13.2
	Friends/Relatives	43	14.9
	Newspaper/magazine/handbills	22	7.6
<b>Total</b>	<b>288</b>	<b>100</b>	

**Section C: Attitude towards family planning**

Analysis from the study, as shown in table 3, proves that the respondents (97.2%) have a positive attitude favorable to the use of family planning. Most of the respondents, 218 (75.7%), believed that family planning does not make users promiscuous; contrary to 70 (24.3%) that believe it makes users promiscuous. Two hundred and twenty-four (77.8%) believed that contraceptives are not harmful, contrary to 64 (22.2%) that believed that contraceptives are harmful because of their side effects. The majority, 264 (91.7%), of the respondents stated that family planning methods are cheap. Sixty-three (21.9%) also stated that their role in family planning conflicts with their moral/ cultural/ religious beliefs. 202 (70.1%) of the respondents had previously used a method of family planning while 282 (97.9%) of the respondents claimed they would recommend other women to use family planning, and finally, 212 (73.6%) affirmed that contraceptives are actually effective in planning families, 76 (26.4%) disagreed.

**TABLE 3: Respondents' attitude towards family planning**

Variable	Description	Frequency	Percentage (%)
Is the use of family planning methods acceptable to you?	Yes	280	97.2
	No	8	2.8
	<b>Total</b>	<b>288</b>	<b>100</b>
Does family planning make its users promiscuous?	Yes	70	24.3
	No	218	75.7
	<b>Total</b>	<b>288</b>	<b>100</b>
Are contraceptives harmful because of their side effects?	Yes	64	22.2
	No	224	77.8
	<b>Total</b>	<b>288</b>	<b>100</b>
Are the family planning services somewhat expensive?	Yes	24	8.3
	No	264	91.7
	<b>Total</b>	<b>288</b>	<b>100</b>
Does your role in family planning conflict with your moral/ cultural/ religious beliefs?	Yes	63	21.9
	No	225	78.1
	<b>Total</b>	<b>288</b>	<b>100</b>
Would you recommend family planning to others?	Yes	282	97.9
	No	6	2.1
	<b>Total</b>	<b>288</b>	<b>100</b>
Are contraceptives actually effective in planning families?	Yes	212	73.6
	No	76	26.4
	<b>Total</b>	<b>288</b>	<b>100</b>
Ever used family planning	Yes	202	70.1
	No	86	29.9
	<b>Total</b>	<b>288</b>	<b>100</b>

**IV. DISCUSSION**

The introduction of family planning and the increasing availability of safer and more effective methods of preventing pregnancy have permitted people around the world to exercise their choice, make responsible decisions with respect to their reproduction and enjoy the benefits of family planning. The results of this study showed that all of the respondents had heard of family planning. This is in line with Johnson and Ekong (2016) in a community-based

study, where the majority of the women of childbearing age were familiar with contraceptive methods. In this study, sociodemographic characteristics seem to have an impact on the level of knowledge and attitude of mothers. The majority of the mothers were above 25 years, and their level of education was secondary and above. This could have influenced their acceptance level, as 70.1% were reported to have used family planning. This result conflicts with Sekereci and Yildirim (2020), who found the majority of their respondents' level of information on family planning was negatively affected by their age, income level, and social security status.

Determination of the knowledge and attitudes of women regarding family planning will help the nurses to make a contribution to the future provision of specific care (Sekereci and Yildirim, 2020). The study demonstrated that the main source of information was from healthcare providers in the clinic. This finding corroborates that of Nansseu *et al.* (2015), where the majority of women (96%) had already heard about family planning, more than half of them (58.8 %) during educative sessions as part of antenatal care delivered in health facilities. Furthermore, Kasa, Tarekegn, and Eembiale (2018) revealed that all the respondents had knowledge on at least one family planning method and that 57.5% claimed to have heard about family planning from the health workers and 41.5% from radio. Therefore, our primary health care providers have a major role to play in improving women's knowledge of family planning and awareness of different contraceptive methods available (Musarrat, Fouzia, Farmanullah, and Nargis, 2017; Manandhar et al., 2020). In this regard, primary health care providers' knowledge and skills must be continuously enhanced and reinforced to deliver the right education and improve the quality of family planning counseling in the clinics (Gold, 2017; Komasa, Yuasa, Shirayama, Sato, Komasa and Alouri, 2020).

Attitudes toward family planning and the various methods of contraceptives are no doubt multidimensional. Almost all women surveyed (97.2%) had a positive attitude towards the practice of family planning methods, and 70.1% reported having used any of the contraceptive methods. However, the percentage results of this present study are higher than the results reported in a similar study by Kasa, Tarekegn, and Eembiale(2018) in a community-based cross-sectional study in Ethiopia (58.8%). Those who showed negative attitude in this study attributed it to family planning making its users promiscuous (24.3%), conflict with moral/cultural/religious beliefs (21.9%), and fear of side effects (22.2%). Likewise, Kasa, Tarekegn, and Eembiale(2018) reported similar reasons for negative attitudes to family planning acceptance. There is a need for urgent intervention strategies to improve behavioral change towards a positive attitude (Erenoglu and Sekereci, 2020).

## V. CONCLUSION

The knowledge and attitude of mothers towards acceptance of family was good. There was a positive attitude towards the usage of the family planning methods. This was achieved as a result of the health education by the

healthcare workers at the clinic. Therefore, in order to achieve the desired outcome for the goal of family planning, there is a need to sustain health education as we investigate other causes of population overgrowth in Nigeria.

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