

Original Article

Awareness, Acceptance and Utilization of Family Planning Services Among Women of Reproductive Age in Benin City Nigeria

Osunde Rosemary Ngozi¹, Chukwuka Lucy O², Oderinde Mary Osalumese³, Atsikidi Gloria Airemiogho⁴, Ona Patience⁵

^{1,4,5}Department of Nursing Science, College of Health Sciences, Wellspring University, Benin City, Edo State, Nigeria.

²Department of Nursing Science, Anchor University Lagos, Nigeria.

³Department of Nursing Science, School of Basic Sciences, College of Medicine Igbinedion University Okada, Edo State Nigeria.

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Abstract - Background: With the high rate of maternal death recorded each year, the use of family planning services may be able to assist in reversing the trend. This study looked at women of reproductive age at the University of Benin Teaching Hospital in Benin City, Nigeria, to see how they perceived, accepted, and used family planning methods.

Materials and method: This cross-sectional descriptive study with a sample size of 287 uses a structured questionnaire as the data collection tool. Cronbach alpha reliability provided a coefficient of 0.775, considered significant for the investigation. The data was analyzed using SPSS version 22, and hypotheses were tested using the Person Chi-square test at a significance level of 0.05%.

Results: This present data found that the respondents' mean SD age was 32.61 6.425, that the majority are educated, with 127 (45.4%) having higher education, and that 276 (98.6%) have heard about family planning and are aware of various methods. Health workers are an important source of information about family planning and its methods, accounting for 188 (68.1%). Only 218 people (77.9%) had ever tried any form of family planning. The failure rate of contraception was 12 (5.5%), whereas the discontinuation rate was 200 (91.7%). Now, 192 (68.6%) were using family planning, while (68.2%) of those who are not using contraception intended to utilize one of the methods in the near future. Economic status was connected with family planning utilization ($P = 0.009$). The desire for additional children 22(35.5%), fear about side effects 12(19.4%), husband disapproval 10(16.1%), financial restrictions 4(6.5%), and religious belief 14(22.5%) are all barriers to acceptance.

Conclusion: Although respondents are aware of family planning methods, acceptance is relatively low due to a desire for additional children, fear of side effects, husband disapproval, financial constraints, and religious beliefs, all of which must be considered to have a successful implementation of family planning in Nigeria.

Keywords - Awareness, Acceptance, Utilization, Family Planning Methods.

1. Introduction

Family planning is a vital tool and a fantastic intervention not only to restrict the number of children a couple should have but also to ensure the health of mothers to assist in reducing the alarming prevalence of maternal mortality and morbidity[1]. The use of family planning methods will directly impact reducing the need for abortion, lowering infant mortality, assisting in the prevention of HIV/AIDS, and slowing unsustainable population increase. [2]

A woman's decision to wait 24 months before having another pregnancy and to reduce the number of childbirths

has a direct effect on her health and well-being as well as the outcome of each pregnancy [2] as the resultant effect also has a significant influence on the social and economic life of families, particularly in developing countries like Nigeria. Providing high-quality, inexpensive reproductive health care and information, including the use of pregnancy prevention measures, is critical for women to achieve their rights and well-being [3]. Despite the availability of family planning services, more than 200 million women in underdeveloped countries who want to avoid pregnancy do not use these safe treatments [4]. According to studies, this may be related to method selection, perceived dread of its ill effects, cultural or religious factors [4].



Other factors include inadequate service quality, cultural distortion of the effect of various techniques, and gender-based hurdles. [2] Contraceptive use appears to be increasing in many countries of the world, particularly Asia and Latin America but remains low in Sub-Saharan Africa [1]

Family planning refers to birth control measures a couple can use to limit or space the number of children they want [5].

However, various factors, including cultural standards, religious views, and couples' decisions, have influenced women's use of family planning [6]. Despite their high level of understanding of contraceptive options, 17% of women were currently utilizing family planning methods, with an unmet demand of 19% [8].

The purpose of this study was to analyze women's awareness, acceptability, and use of family planning methods at the University of Benin Teaching Hospital in Benin City.

2. Material and Methods

This study included 287 women of reproductive age (15-49 years) who attended an outpatient clinic at a tertiary health institution in Benin City, Nigeria.

2.1. Study Design

The cross-sectional descriptive study design was selected for this study.

2.2. Study Location

The study was carried out in a tertiary health institution in Benin City, Edo State, Nigeria.

2.3. Duration

The period of study lasted from November 2022 through January 2023.

2.4. Sample Size

287 women.

2.5. Sample Size Calculation

The studied sample was calculated from the study population using the Taro Yamane equation [9]. The Yamane formula is given as $n = N / (1 + N e^2)$: N= the population size e = alpha level, i.e. e = 0.05 at a confidence interval of 95%. Moreover, a sample size of 287 respondents was obtained for the study.

2.6. Subject and Selection Method

A convenience sampling approach was utilized in recruiting 287 respondents for the study.

2.7. Inclusion Criteria

Women aged 15 to 49 years attending the outpatient department who were present during the data collection period and willing to participate in the study.

2.8. Procedure Methodology

The data for this study were gathered utilizing a structured questionnaire with open and closed-ended questions. The questionnaire asked about their socio-demographic features, awareness, acceptance, use, and impediments to the use of family planning methods.

The surveys were self-administered each day for a week until the required study number was reached. Of the 287 questionnaires distributed, 280 were returned fully, representing a 2% attrition rate. A pilot study was conducted on 29 (10% of the sample size) women attending another tertiary outpatient clinic in the city - Edo Specialist Hospital in Benin City - utilizing the test-retest method, with data computed in SSPSS version 22 using the Cronbach alpha reliability test. A coefficient of 0.775 was achieved, deemed adequate for the instrument to be used in the investigation.

2.9. Statistical Analysis

The raw data was coded and imputed onto a computer before being analyzed with IBM SPSS version 22.0. The descriptive data was presented in the form of words and frequency distribution tables, and the hypothesis was tested using Chi-square at a 5% level of significance.

2.10. Ethical Declaration

The study institution provided an ethical clearance with approval protocol number ADM/E 22/A/VOL.VII/141735193. Individuals were given reasons for participating before enrolling in the study, and verbal and written consent were obtained.

3. Results

3.1. Section A: Socio-Demographic Attributes of Respondents

According to Table 1, the majority of respondents (120/42.9%) are between the ages of 26 and 33, followed by 100 (35.7%) between the ages of 18 and 25, and 60(21.4%) between the ages of 34 and 49. The average SD age was 32.61 and 6.425. The majority of them 127 (45.4%) had higher education, followed by 81(28.9%) with secondary education, 61(21.8%) with primary education, and 11(3.9%) with no formal education. 252 (90.0%) were married, whereas 28 (10.0%) were unmarried. The majority of respondents, 124 (44.3%), had 1-2 children, 40(14.3%) had 3-4 children, 28(10.0%) had >4 children, and 88(31.4%) had no child yet. Under occupation, 118 (42.1%) were traders, 104 (37.1%) were public servants, 27 (9.6%) were artisans, 8 (2.9%) were full-time homemakers, and 23 (8.2%) were farmers. The majority of 215 (76.8%) were from monogamous families, while 65 (23.2%) were from polygamous families. 144 (51.4%) have an estimated family monthly income of N50,000-N100,000, 103 (36.8%) have more than N100,000, and 33 (11.8%) have less than N50,000.

Table 1. Showing social-demographic characteristics of the respondents (n = 280)

Variable	Tenets	Frequency	Percent
Age	18-25years	100	35.7
	26-33years	120	42.9
	34-49years	60	21.4
	Mean \pm SD = 32.61 \pm 6.425		
Academic qualifications	Primary	61	21.8
	Secondary	81	28.9
	Tertiary	127	45.4
	None	11	3.9
Marital status	Single	28	10.0
	Married	252	90.0
Number of children	None	88	31.4
	1-2	124	44.3
	3-4	40	14.3
	>4	28	10.0
Occupation	Civil Servant	104	37.1
	Trading	118	42.1
	Artisan	27	9.6
	Farming	23	8.2
	Full housewife	8	2.9
Family setting	Monogamous	215	76.8
	Polygamous	65	23.2
Estimated family monthly income	<N50,000	33	11.8
	N50,000 – N100,000	144	51.4
	> N100,000	103	36.8

3.2. Section B: Showing Awareness of Family Planning Methods

Table 2 reveals that 276 people (98.6%) know the various family planning techniques. Health settings 188(68.1%) were the most common source of information on family planning and its techniques, followed by acquaintances 76(27.5%).

Social media and religious gatherings were the least used sources of information, accounting for 6(2.2%) of the total. Oral contraception (276.0%), natural/traditional methods (266.4%), barrier techniques (228.6%), and surgical treatments (209(75.75) were the most often used family planning methods among respondents.

Table 2. Awareness of family planning methods among the respondents (n = 280)

S/ No	Items	Response	
		Yes(%)	No(%)
1	Are you aware of family planning methods?	276(98.6)	4(1.4)
2	If yes, what is the source of information? (n= 276)		
	Health settings (workers)	188(68.1)	88(31.9)
	Social Media	6(2.2)	270(97.8)
	Religious gathering	6(2.2)	270(97.8)
	Acquaintances	76(27.5)	200(72.5)
3	Which of the following family planning method(s) are you familiar with? (n = 276)**		
4	Natural/traditional method	266(96.4)	10(3.6)
5	Oral contraceptive	276(100.0)	-
6	Barrier methods	228(82.6)	48(17.4)
7	Surgical methods	209(75.7)	67(24.3)
	All of the above	256(92.8)	20(7.2)

Key=**Multiple Responses

3.3. Section C: Acceptance of Family Planning Methods

Table 3 shows that only 218 (77.9%) had ever used any family planning method, with 9.2% using natural/traditional methods, 71.1 % using the contraceptive pill, 5.0 % using injectables, 5.5 % using condoms, 3.7 % using implants, and 5.5 % using IUCD. 12 (5.5%) had experienced contraceptive failure, with 91.7% experiencing it only once and 8.3% experiencing it twice.

Natural/traditional family planning methods were used by 66.7 percent of those who encountered contraceptive failures, while oral tablets were used by 33.3%. Seventy-five percent of the resulting pregnancies were aborted, while twenty-five percent were carried to term. The most common reasons for discontinuing the family planning method they were using were to obtain pregnancy 188(94.0%) and partner complained 6(3.0%).

Table 3. Acceptance of family planning methods among respondents (n = 280)

S/N	Items	Response	
		Yes(%)	No(%)
1	Have you used any family planning methods before?	218(77.9)	62(22.1)
2	If Yes, which method did you use?		
	• Natural/traditional method	20(9.2)	198(90.8)
	• Contraceptive pill	155(71.1)	63(28.9)
	• Injectable	11(5.0)	207(95.0)
	• Condoms	12(5.5)	206(94.5)
	• Implants	8(3.7)	210(96.3)
	• IUCD	12(5.5)	206(94.5)
3	Have you ever missed your period while on family planning in the past? (n = 218)	12(5.5)	206(94.5)
4	If yes, how many times? (n = 12)		
	• Once	11(91.7)	1(8.3)
	• Twice	1(8.3)	11(91.7)
5	Which method did you use? (n =22)		
	• Natural/traditional method	8(66.7)	4(33.3)
	• Contraceptive pill	4(33.3)	8(66.7)
6	What was the pregnancy outcome?		
	• Carried to term	3(25.0)	9(75.0)
	• Aborted	9(75.0)	3(25.0)
7	Have you ever discontinued family planning before? (n = 218)	200(91.7)	18(8.2)
8	If Yes, Why? (n = 200)		
	• Due to weight gain	4(2.0)	196(98.0)
	• To achieve pregnancy	188(94.0)	12(6.0)
	• Loss of sexual pleasure	2(1.0)	198(99.0)
	• Partner complaint	6(3.0)	194(97.0)

Table 4. Utilization of family planning methods (n = 280)

S/N	Items	Response	
		Yes(%)	No(%)
1	Are you currently on any family planning method?	192(68.6)	88(31.4)
2	If No, do you intend to use any method of family planning in the nearest future?	60(68.2)	28(31.8)
3	If Yes, which method are you currently on? **		
	• Natural/traditional method	40(20.8)	152(79.2)
	• Contraceptive pill	67(34.9)	125(65.1)
	• Injectable	21(10.9)	171(89.1)
	• Implant	43(22.4)	149(77.6)
	• Condoms	13(6.8)	179(93.2)
	• Post-partum IUCD	8(4.2)	184(95.8)

Key=** Multiple Responses

Table 5. Barriers to utilization of family planning methods among respondents (n = 62)

Items	Response	
	Yes(%)	No(%)
Reasons for not practicing family planning methods**		
I want more children soon	22(35.5)	40(64.5)
Concern about side effects	12(19.4)	50(80.6)
My husband does not permit it	10(16.1)	52(83.9)
Because of financial constraints	4(6.5)	58(93.5)
My religious beliefs do not permit it	14(22.5)	48(77.4)

Key=**Multiple responses

Table 6. Showing the relationship between economic status and utilization of family planning methods using Pearson chi-square at 0.05 level of significance

	Tenets	Utilization of FP		Total	df	χ^2	Table value	P	Decision
		Yes(%)	No(%)						
Economic status	<N50,000	16(48.5)	17(51.5)	33(100)	2	9.433	5.991	.009	Reject Ho
	N60,000-100,000	97(67.4)	47(32.6)	144(1000)					
	>N100,000	79(76.7)	24(23.3)	103(1000)					
Total		192	88	280					

3.4. Section D: Utilization of Family Planning Methods

Table 4 shows that (68.6%) of respondents were currently utilizing various techniques, including natural/traditional methods (20.8%), contraceptive pills (34.9%), injectables (10.9%), implants (22.4%), condoms (6.8%), and post-partum IUCD (4.2%). (68.2%) those who are not currently using any method expressed a desire to use any method soon.

3.5. Section E: Barriers to Utilization of Family Planning Methods

Table 5 demonstrates the many reasons for not practicing family planning among respondents who have never used the approach, including a desire for more children. 22(35.5%), fear about side effects 12(19.4%), opposition from husband 10(16.1%), financial restrictions 4(6.5%), and religious belief 14(22.5%).

3.6. Test of Hypothesis

There is no significant relationship between economic status and utilization of family planning methods among women of reproductive age attending the outpatient clinic at the University of Benin Teaching Hospital, Benin City.

Given that the calculated chi-square value of 2 = 9.433 at the degree of freedom (df) 2 is higher than the critical table value of 5.991 at a 0.05 level of significance, it can be concluded that there is a statistically significant correlation

between economic status and the use of family planning methods among women visiting the outpatient clinic at the University of Benin Teaching Hospital in Benin City.

4. Discussion

The age distribution in the current study matches that of a previous study from Edo State, where a larger percentage of participants were over 30 years old. However, the average age of the participants in this study (32.61 6.425) differs from the average age of women of childbearing age in a rural community in southern Nigeria (27.4 7.9) [11]. Early marriage is more common in rural areas than urban areas, which could account for the difference in mean age.

The current study found that university-level academic qualifications predominated, contradicting previous findings [11]. This was linked to the current study's location, which was done in a metropolis with higher education institutions as opposed to a rural setting.

The current study's degree of awareness of family planning (98.6%) is close to (92%) [12] from Jigawa state, Nigeria, and (90.7%) found among mothers at Adama Hospital, Ethiopia [13].

Health workers were the primary source of information about family planning and its methods, consistent with [26].

Surprisingly, the survey found that social media, which has become the most popular tool for distributing information and raising awareness, came in last (2.2%). This would have been an advantage that could have been used to raise awareness among the general public. Oral contraception was the most prevalent technique of family planning that respondents were familiar with.

This is consistent with the findings [15], yet the same survey found that male condoms were the most commonly used method among respondents. Differences in respondents' major education degrees in the two surveys could explain the variation.

Regarding acceptance of family planning methods, the current study found a high level of acceptance (77.9%). The current study's level of acceptance differs from (33.9%) [12], (41.2%) [16], and (29.0%) [14]. In the current study, the level of modern contraceptives ever used (90.8%) is greater than in the previous study (65.9%).^[17] The current study found that the oral pill (71.1%) was the most widely used modern contraceptive method among participants, outnumbering the condom (21.8%).¹⁷

The study found a poor utilization of condoms, particularly condoms, which is surprising given the widespread promotion of condoms' efficacy in decreasing sexually transmitted illnesses. This study did not mention any specific condom because female condoms were not easily available in the study context; nonetheless, the conclusion is also incongruous with an Abuja study [18] in which the most often used contemporary contraceptives were injectable and implant.

This, however, contradicts the conclusions of the prior Edo study [11]. In the current study, the total prevalence of contraceptive failure was (5.5%), which was comparable to (4.1%)^[27] from Southwest Ethiopia.

In the current study, the total prevalence of contraceptive failure was (5.5%). This is consistent with Uganda's findings (5.6%)^[20] but lower than Ghana's (7.9%)^[21].

Those who used natural/traditional family planning methods had a greater failure rate. This is in line with past research^[22]. Two-thirds (75.0%) of the pregnancies that resulted from contraceptive failure were terminated. This is consistent with the views of^[23] who believe that failure-related contraception withdrawal contributes significantly to overall fertility, undesired births, and induced abortions.

The prevalence of contraceptive discontinuation (91.7%) differs from Ghana's study^[21] because the current study found that the most prevalent reason for withdrawal was to obtain pregnancy, which differs from Ghana's study^[21].

More than two-thirds of the 192 respondents (68.6%) used one or more methods regarding family planning methods. This figure is higher than the (26.3%) found for women using family planning methods [18] and (29.0%) [12] but commensurate with the (67.7%) recorded for men. [13]. More than two-thirds (68.2%) of those not currently using any family planning technique want to use one in the near future, which is very encouraging.

However, given that they live in cities, it is not unexpected that nearly all of them showed a readiness to undertake family planning. The current economic situation and the high living expenses may have motivated such a decision. The current study discovered that the use of family planning methods is substantially connected with the economic level ($P = 0.009$). A similar discovery was previously reported [24]. However, the current study's findings contradict the findings of [9, 17].

In the current study, barriers to acceptance of family planning include a desire for more children, concerns about side effects, husband disapproval, financial restrictions, and religious beliefs. In a previous Edo State study, [9] fear of side effects and religious influence were identified as barriers to family planning service acceptance—similarly, fear of negative side effects, socio-cultural concerns, and religious considerations [17]. Gender reproductive health inequality has been a problem in African culture because of male dominance in family issues, as it is culturally expected for males to decide and females to conform [25]. It is concerning because, despite campaigns for women's reproductive rights, the current study reports husbands' opposition to family planning acceptance.

5. Conclusion

Although respondents are aware of family planning methods, acceptance is relatively low due to a desire for additional children, fear of side effects, husband disapproval, financial constraints, and religious beliefs, all of which must be considered to have a successful implementation of family planning attending outpatient clinic at the University of Benin Teaching Hospital in Benin City, Nigeria.

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Author's Contribution

Atsikidi, Gloria Airemiogho and Ona, Patience oversaw and edited the manuscript while Chukwuka Lucy and, Oderinde, Mary Osalumese prepared and reviewed the manuscript. Osunde Rosemary Ngozi performed the literature search, design, and statistical analysis.

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