



Family Planning Awareness and Usage among Women: Implication for Family Life Education

Bridget Esele Uwameiye^{1*} and Erua Cynthia Halimah¹

¹Department of Vocational and Technical Education, Ambrose Alli University, Ekpoma, Nigeria.

Authors' contributions

This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.

Article Information

DOI: 10.9734/BJESBS/2016/25776

Editor(s):

(1) Redhwan Ahmed Mohammed Al-Naggar, Management and Science and University, Malaysia.

Reviewers:

(1) Catherine M. Ngoma, University of Zambia, Zambia.

(2) Vololonarivelo Elyan Edwige Barbara, University of Antananarivo, Madagascar.

Complete Peer review History: <http://sciencedomain.org/review-history/14670>

Short Research Article

Received 19th March 2016

Accepted 1st May 2016

Published 17th May 2016

ABSTRACT

Aim: To examine family planning awareness and usage among women in Esan North East Local Government Area of Edo State and its implication for family life education. Study Design: The study adopted descriptive design.

Methodology: A total of 200 women took part in the study and the purposive sampling technique was used to select the respondents for the study. Semi structured and self administered questionnaire was used to obtain the data on awareness and usage of family planning methods as well as the strategies for improvement of family planning usage. The data obtained were analyzed using percentage, mean and standard deviation. For a decision to be taken on each item statement in section D, any item with a mean of 2.5 and above was regarded as Agree while below 2.5 was regarded as Disagree. Findings from the study showed that majority of the women, 88(44%) were literate of about secondary education level, there was a high level awareness, 197(98.5%) have heard about family planning. 182(91%) are aware that family planning is used for child spacing while 132(66%) are aware that family planning help to prolong the life of mothers. The respondents utilize condoms 101(50.5%), use of pills 98(49%) prolonged breast feeding 88(44%), withdrawal method 90(45%), and injectables 51(25.5%) as against Scalping (0%), vasectomy (0%) and Avoidance of sexual intercourse 14(7%). The results also shows that 9 of the suggested strategies

*Corresponding author: E-mail: ineose05@yahoo.com;

for improvement of usage were above mean of 3.00 indicating they are therefore accepted as strategies required for improvement of family planning usage among women. It was therefore recommended that the teaching of family life education as a school subject in secondary schools should be highly enforced by the ministry of education.

Keywords: Family planning; awareness; usage; education; women.

1. INTRODUCTION

Family planning is recognized as the optimum method of helping individuals or couples to space or determine the number of children to have or not to have. Family planning has become a concept with different meaning to different people. For instance, [1] sees it as a system of limiting family size and the frequency of child bearing by the appropriate use of contraceptive technique. While [2] defines family planning as the process whereby highly fertile couples or individuals are helped to regulate their fertility to produce the number of children they can conveniently care for and the sub-fertile couples or individuals are helped to produce children, in both scenario individuals or couples utilize method or methods available to achieve their purpose.

The history of family planning in Nigeria dated back in the early 1950s when a concerned group of women known as the Federation Women Council of Nigeria decided to promote the programme by inaugurating the Planned Parenthood of Nigeria (PPN) when family planning was promoted through hospitals, maternity and the media. That created the awareness to everyone across the nation for the first time. Since then, new methods have been introduced and old methods improved upon. Although before this time, some individuals or couples saw the need for spacing childbirth through traditional methods but such methods were only handed over by words of mouth from generation to generation. These traditional methods range from the use of concoction, charms to douching. Most of the times, these methods were not properly controlled and so may not yield a good result. But as people became knowledgeable about menstrual cycle and pregnancy, several improved form of birth control were developed.

The improved form of birth control includes natural and artificial methods. Natural methods include safe periods, rhythm, temperature, billing, ovulation, sympotherma while artificial include use of condoms, pills, diaphragm, tuba ligation,

intrauterine Device (IUD), vasectomy, implants and salpingatory to mention but a few. These methods if well utilized may be a health strategy to improve the health status of members of the family members and check population explosion.

Several researchers have shown that Nigeria already has a population of about 140 million and is the most populous country in Africa and it is already facing population explosion [3,4]. This is the resultant effect of the high fertility rate of women in Nigeria. Households in Nigeria is fairly large, it is usually between 5-6 children per woman [5]. Approximately 68% of Nigeria population consists of women and children, 23% of adolescent women aged 15- 19 are already mothers or pregnant with first child [6]. This can contribute to the rise in household food consumption and food insecurity ranks topmost among the developmental challenges facing Nigeria [7,8].

Family planning has so many advantages, according to [9] in family planning services, poor health conditions are being detected and treated in the process of carrying out investigations. Family planning gives room to women to fend for their families, improve the likelihood of survival of infants, provide good physical and emotional health for the entire family at all stages of life.

As laudable as these advantages may seem family planning practice is still in its lowest ebb and only 12% of current married women use contraceptives in Nigeria [6,10,11]. Rather they result to abortion, among married women abortion results when the pregnancy comes too close, too early or too late among many children. As it were, the listed reasons are the major causes of maternal and infant mortality and morbidity [12].

Abortion among adolescent is also an issue of major concern. Abortion is illegal in Nigeria so health services are inaccessible to young people facing such health risk. Family life education is to create awareness among the young people about their reproductive health. According to [13] education is a major factor in the acceptance and

usage of health measures. Family life education is an educational process that helps in developing physical, social, emotional and moral character of a people in relation to the socio cultural aspects of the society. The main goal of FLHE is the promotion of preventive education by providing learners with opportunities to do the following:

- To develop a positive and factual view of self
- To acquire the information and skills they need to take care of their health including preventive HIV
- To acquire the skills needed to make healthy decisions about their sexual health and behavior [14].

Therefore this study was undertaken to assess the awareness, usage and strategies of improving family planning usage among women.

1.1 Statement of Problem

The recent demographic health survey revealed that there is a geometrical growth rate of 30.4% in the population of Nigeria [6]. That in 1963, the population was 60 million, 89 million in 1991, 140.4 million in 2006 and 174.5 million in 2013. It also showed that by 2060, Nigeria population growth will be 441.7 million. This rapid population growth is such that demands the attention of everyone in the society. In Nigeria the age structure revealed that youths about the age brackets of 15-19 and 30-34 are the baby boomers. However, the age bracket of 15-19 is the adolescent age that is expected to be taught through family life education as one of the subjects in the secondary school curriculum. But according to [15] only 32% of the teachers were familiar with the Family Life Education Programme and also reported that willingness to implement the curriculum is very low. Therefore a lot of young mothers only get to learn about family planning when they go for their first ante natal visits. Before this time many already have adopted a negative attitude due to various misconceptions they acquired elsewhere, therefore creating a gap between knowledge and actual practice. Therefore, the purpose of this study is to investigate the family planning awareness and usage among women.

1.2 Research Question

The following questions were answered by the study:

1. Are women aware of family planning in Esan North East Local Government Area of Edo State?
2. What are the family planning methods utilized by women in Esan North East Local Government Area of Edo State?
3. What are the suggested strategies for improvement of usage of family planning among women in Esan North East Local Government Area.

2. METHODOLOGY

The study was descriptive in design with a total of 200 nursing mothers attending the hospital for their regular monthly visit. The study utilized the General Hospital. This hospital is situated at the heart of Uromi which is the Local Government headquarter. It serves a large population of people from all over Esan North East, both outpatient and in-patient services. So it will allow for generalization. The post natal section is run weekly by nurses who provide services such as routine immunization, management of childhood diseases and growth monitoring. Purposive sampling technique was utilized to select the sample from the 800 mothers that attended the centre within the study period, every 4th mother that was attended to at the clinic, was included in the study.

Semi structured, self administered questionnaire was used to obtain information from the mothers on their demographic characteristics, awareness, usage of family planning and strategies for improvement. The questionnaire was made up of four sections. Section A was to elicit data on their demographic details. Section B; information on awareness of family planning Section C information on family planning methods utilized by respondents while Section D elicited responses on suggested strategies for improvement. The questions on this part was a four point scale of Strongly Agree (4), Agree (3), Disagree (2) and Strongly Disagree (1). For a decision to be taken on each item statement, any item with a mean of 2.5 and above will be regarded as Agree while below 2.5 will be regarded as Disagree. The instrument was validated by two experts, one from health education and the other from the department of Vocational and Technical Education, Ambrose Alli University. Ekpoma. Cronbach Alpha was used to determine the reliability co-efficient of the instrument. The pilot test was conducted among 20 women of the same population but were not part of the sample. The result of the reliability yielded 0.65.

Before administering, the concepts of the study were explained to the participants and their informed consent was obtained. The study was approved by the hospital management ethical review committee before it was done. The questionnaire were completed and returned at each visit to the hospital by the respondents. The entire 200 questionnaire were returned which is 100% return rate. The study took a period of two weeks. Data were analyzed using descriptive statistics, percentage, mean and standard deviation.

2.1 Findings

Table 1 shows the socio-demographic characteristics of the respondents. The respondents was 29.6±35 years with more than half of them, 105 (52.5%) being between 20 and 39 years, more than two thirds of them had secondary education while 101 (50.5%) had given birth to at least two children.

Table 2 shows the family planning awareness among women. There was high level of awareness in this study as stated by the respondents 182 (91%) women identified family planning as a programme meant for child spacing. Also, 126 (67.5%) believed that family planning helps infertile couple to have children and 162 (81%) supported the fact that family planning gives women room to take adequate care of themselves and their children. Furthermore, 132 (66%) believed that family planning thus prolong the life of mothers, while 144 (72%) believed that family planning prevent women from having too many children.

Table 3 shows that the respondents use condoms, safe periods, prolonged breast feeding, withdrawal method, billing method, injectables, delayed weaning of child as indicated

by the following percentages 101 (50.5%) 98 (49%) 93 (46.5%) 88 (44%) 90 (45%) 81 (40.5%), 88 (44%) 98 (49%). However, other items like 1, 6, 8, 9, 10, 11, 12, 14, 16, 18, 19, 20, 22 and 23 were rarely used.

Table 4 revealed that 9 of the items were above 3.00 indicating they are therefore required for improvement of family planning usage among women. The standard deviation rages from 0.52 to 0.91 indicating closeness of responses.

Table 1. Socio demographic characteristics of the respondents

Ethnicity	Frequency	Percentage
Esan	168	84
Bini	08	4
Igbo	18	9
Yoruba	04	1
Others		
Religion		
Christian	190	95
Moslem	06	3
Others	04	2
Age of the respondents		
20 – 29	105	52.5
30 – 39	95	47.5
Educational level		
Primary	62	31
Secondary	88	44
Tertiary	50	25
Income (Naira) monthly		
Less than 40,000	52	26
40 – 59,000	51	25.5
60 – 100,000	46	28
Above 100,000	51	45.5
Number of children		
1 – 2	101	50.5
3 and above	99	49.5

N=200

Table 2. Family planning awareness among subjects

	Frequency	Percentage
Ever heard about family planning		
Yes	197	98.5
No	3	1.5
Family planning for child spacing		
Yes	182	91
No	18	9
Family planning helps infertile couple to have children		
Yes	125	67.5
No	75	37.5
Family planning services helps to identify and treat diseases if found		
Yes	110	55
No	90	45

	Frequency	Percentage
Family planning services prevent unwanted pregnancy		
Yes	126	63
No	74	37
Family planning gives women room for adequate care of self and children born		
Yes	162	81
No	78	19
Family planning prolong the life of mothers		
Yes	132	66
No	68	34
Family planning prevent too many children		
Yes	144	72
No	66	28
Family planning prevent too late pregnancies		
Yes	122	51
No	78	49
Family planning fosters children's growth and productivity		
Yes	106	53
No	94	47

N=200

Table 3. Family planning method usage by respondents

	Methods	Usage in percentages	
		Frequency	Percentage
1	Avoiding sexual intercourse	14	7
2	Use of condoms	101	50.5
3	Use of pills	98	49
4	Use of safe period	93	46.5
5	Prolonged breastfeeding	88	44
6	Use of diaphragm	42	21
7	Withdrawal method	90	45
8	Permanent method/sterilization	00	0
9	Douching/washing of the vagina	18	9
10	Intra-uterine device (IUD)	72	36
11	Vasectomy	0	0
12	Scalping economy	0	0
13	Tubal ligation (tying the fallopian tube)	28	14
14	Temperature method	0	0
15	Billing ovulation method	81	40.5
16	Symto- thermal method	43	21.5
17	Delayed bearing of child	0	0
18	Oral medication	51	25.5
19	Barrier application	75	37.5
20	Isolation	30	15
21	Injectables	98	49
22	Nor plant	0	0
23	Cream jelling	55	27.5
	Total	200	100.0

N=200

Table 4. Mean ratings and standard deviation on strategies for improvement of family planning usage among women

Item	N	X	SD	Decision
1. Contraceptives should be offered to mothers during post partum visits	200	3.16	0.6	Agreed
2. Women should be given contraceptives that will not interfere with breastfeeding or future fertility	200	3.96	0.58	Agreed
3. Youths should be taught family life education	200	3.86	0.64	Agreed
4. Primary care maternal and child care centres should be equipped with modern family planning facilities	200	3'26	0.92	Agreed
5. Government should support over the counter sales of of various improved contraceptives.	200	3.10	0.55	Agreed
6. The media should be utilized to break the taboos surrounding family planning	200	2.81	0,78	Agreed
Health personnel should be trained and retrained to help meet the demand.	200	3.54	0.91	Agreed
Home delivery of contraceptives to the rural areas should be encouraged.	200	2.10	0.65	Disagree
Information and counseling units in the hospitals should be improved upon.	200	3.81	0.81	Agreed
Healthcare centres should be supported with fp staff and facilities for easy access.	200	3.54	0.59	Agreed

3. DISCUSSION OF FINDINGS

Majority of the respondent are aware of family planning. The awareness of the benefit of family planning is not sufficient to result in family planning usage [16]. The high level of respondent's awareness (98.5%) may be explained by several programmes and promotions in the mass media. Studies have shown that mother's exposure to mass media, increase their awareness and use of health intervention strategies [17]. It is also likely that awareness on family planning may have been gotten during antenatal clinics as the study was carried out in the hospital. Hospital based study on health care interventions are likely to give a positive awareness as mothers would have been well enlightened on most of such interventions during their previous hospital visits.

Findings from this study show that women use very few methods of family planning. This is in line with [18] who reported that although mother exhibited high knowledge of family planning but practice was low in Ibadan vicinity. Nigeria is among the top 13 highest countries having high maternal mortality rate in the world [19]. To ensure reduction, optimal family planning practice must be ensured. This can be made possible through education.

3.1 Implication for Family Life Education

This study has implication for family life education, research has shown that women who

are empowered through education tend to have fewer children and have them later, when they become mothers, they tend to be healthier and raise healthier children, who then also stay in school longer. They earn more money with which to support their families, and contribute to their community's economic growth. The result of this research showed that the actual usage is poor, if they are properly taught the benefit earlier as they are in school, it will keep them from early marriage and early motherhood thereby ended them to use family planning services.

4. CONCLUSION

This study assessed the family planning awareness and usage and its implication to family life education of women in Esan North East local government Area. In spite of the general awareness, usage was found to be low. Programs towards increasing the usage of family planning should be intensified.

5. RECOMMENDATION

Based on the findings the following recommendations were proffered.

1. That the teaching of family life education as a school subject in secondary schools should be highly enforced by the ministry of education to promote responsible parenthood.
2. Secondary school teachers should be trained by government to equip them in the

teaching of family life education as a school subject.

3. Government should implement the suggested strategies for improvement of family planning usage provided by the health sector.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Ross. World Population Prospective. www. New Orleans Medicine; 2002.
2. Henshaw S. Parental involvement in minor abortion decisions, family planning perspective. London: Oxford University Press. 2003;2(5):197–202.
3. Olamide G. Population Explosion looms in Nigeria. Vanguard Sept; 2014. Available:www.vanguardngr.com/.../nig (Retrieved; 12th April, 2016)
4. Adebo GM, Falomo OO. Rural household food security and coping strategies in South South West Nigeria. A Gender Differentials Perspective. Food Science and Quality Management. 2015;14.
5. Ajao KO, Ojofetimi EO. Influence of family size, household food insecurity status and child care practices on the nutritional status of under five children in Ile-Ife, Nigeria. Paper Presented at the International Conference on Family Planning Research and Best Practices. Kampala, Uganda; 2009.
6. Nigeria Demographic Health Survey. Nigeria Population Survey; 2013.
7. Babatunde RO. Land, agriculture and food security in Nigeria. 3rd Faculty Lecture. Faculty of Agriculture. University of Ilorin Nigeria; 2004.
8. FAO. The state of food insecurity in the World. Rome. 2000;4-7.
9. Susheelo S. Add it up: The benefits of investing in sexual and reproductive health care. New York; 2003.
10. Okonofua FE. Preventing unsafe abortion in Nigeria. African Journal of Reproduction Helth. 2006;1(3):115–117.
11. Omoera. Broadcast media in family planning matters in Rural Nigeria: The Ebelle Scenario. Journal of Communication. 2010;1(2):111–114.
12. World Health Organisation. Abortion worldwide: A Decade of Uneven Progress – Guttmacher Institute; 2003. Available: <https://www.guttmacher.org>
13. Morgan RW. Family planning acceptors in Lagos Nigeria; Studies on Family Planning. 2002;13(9):221-224.
14. Nigerian Educational Research and Development Council. National Family Life and HIV Education Curriculum. Junior Secondary School in Nig. Sheda, FCT. Abuja; 2003.
15. Adeniyi AA, Arowojolu AO. Family Life education in Nigerian schools: The teachers perspective. Nigerian Journal of Family Practice; 2015. Available:www.njfp.com.ng/.. 12thFeb.2016
16. Odumegwu CO. Family planning attitudes and use in Nigeria: A factor analysis. International family Perspectives. 1999; 25(2):86–91.
17. Ukugbu A, Ukegbu P. Determinants of breastfeeding patterns among mothers in Anambra State Nigeria. South African J. Chill. Health. 2011;5:112–116.
18. Adeleye JA, Adeleye GJ. Knowledge attitude and practice of family planning amongst women in Ibadan – Nigeria. Tropical Journal of Obstetrics and Gynecology. 2003;5(2):9-15.
19. Autor O. Informed community participation is essential to reducing maternal mortality in Nigeria. International Journal of Health and Psychology Research. 2014;2(1):26–33.

© 2016 Uwameiye and Halimah; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:
The peer review history for this paper can be accessed here:
<http://sciencedomain.org/review-history/14670>