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PERCEPTION OF FAMILY PLANNING METHODS AMONG MARRIED WOMEN IN ANAMBRA STATE, NIGERIA

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ABSTRACT: *The study examined family-planning perception methods among married women in Anambra State, Nigeria. With random sampling, 372 participants were sampled, and data collected with structured interview. Result showed adequate knowledge of family planning, and positive attitude towards family planning, though with reservation about side-effects of contraceptives and sterilization as family planning methods. It was recommended that there is a need for public enlightenment programs on family planning methods, using mass media, health talks in health facilities, market publicity, postnatal health talks in religious institutions, men and "August meetings" (women's annual meetings). Furthermore, this enlightenment should not just be for the women, but also for males, elderly women and adolescents in the various communities. This will motivate men to encourage and support their women in ensuring good postnatal care activities.*

KEYWORDS: Perception, Family Planning Methods, Married Women

INTRODUCTION

Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. It is achieved through use of contraceptive methods and the treatment of infertility (Butler, 2009). Despite the numerous benefits of contraception including reduction of maternal and infant morbidity and mortality, 214 million women of reproductive age in developing countries who want to avoid pregnancy are not using a modern contraceptive method. In Africa, 24.2% of women of reproductive age have an unmet need for modern contraception. The postpartum period is regarded as the first 6 weeks following childbirth. However, postpartum family planning (PPFP) is the initiation of family planning services within the first 12 months following childbirth to prevent closely spaced and unintended pregnancies.

Inter pregnancy interval of less than 12 months is associated with an unacceptably high risk for adverse maternal and child health outcome. There is increased possibility of unsafe abortion, stillbirth, preterm birth, low birth weight, small for gestational age infant, chronic under nutrition, stunted growth, and infant mortality if pregnancy occurs within this period (Peipert, 2011). Postpartum family planning is a key factor in reproductive health as 90% of women desire to avoid pregnancy for 2 years after childbirth. It is known that inter pregnancy interval of at least 2 years can avert an estimated 10% of infant deaths and 21% of deaths in children ages 1 to 4 globally and over one-third of maternal deaths.

Initiation of postpartum family planning after delivery is vital because some couples resume sexual intercourse before 6 weeks after delivery. More so, the timing of the return of fertility after childbirth is variable and unpredictable with ovulation and therefore pregnancy likely to occur before the return of menstruation.

Postpartum family planning is often not taken seriously and its availability and utilization are usually hampered by bias and misconceptions. Childbirth provides an avenue for contact with healthcare providers with requisite skills to offer contraception and family planning advice coupled with the fact that women are likely to be well-motivated at that point to start using an effective contraceptive method (Okeke, 2013). The postpartum period is a critical time to address high unmet family planning need and to reduce the risks too frequent and too closely spaced pregnancies. Every healthcare facility and provider should have what it takes to provide postpartum family planning services. Counselling on PPFP should ideally commence during pregnancy in the antenatal clinic through the labour period, postnatal ward, postnatal clinic and baby immunization clinic.

Awareness of family planning methods have been shown to be high in Nigeria but utilization has been poor. It has been shown that there is a wide gap between awareness and utilization of family planning services among

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rural/urban dwellers in Nigeria. One study in Nigeria showed a 93.2% awareness of family planning methods with a low uptake of 31.2% in the same population of women of child-bearing age.

The major reason for this disparity was fear of side effects most of which are based on myths. This shows that one of the potential approaches of improving family planning uptake is to disabuse the minds of couples of certain myths attached to family planning methods. The age of the couples, level of education, knowledge of modern family planning techniques, fear of side effects, method approval by the couples, and employment status are some of the factors that could be changed. Other identified factors include the residence, couple discussion and discussion with health extension workers, cultural and religious opposition, the desire for more children and number of living children. Research and programs are increasingly recognizing the role of male involvement in family planning decision making. It is important that for postpartum family planning/contraceptive to be wholesome, it should have the male partner participation and support.

Unwanted pregnancies happen for many reasons. One of them could be rape. Some people who engage in coitus simply do not know about contraception, or they are unable to get contraceptives, or they are young, cannot discuss on using contraceptives with their partners, or the contraceptives they use do not work as many of them fear technologies and thus, use traditional methods instead of modern contraceptives. Most of these unintended pregnancies are not carried to full term, but aborted often in unhygienic condition leading to serious consequences. It is estimated that worldwide about 46 million pregnancies (22% of total pregnancies and 61% of unintended pregnancies) are aborted. (Sweta, 2012). The study seeks to find out the family planning practice among women in rural communities of Anambra State and the various knowledge of family planning the women in rural communities had.

Objectives of the Study

Specifically, this study seeks to:

1. To find out the family planning method use among married women in Anambra State.
2. To determine the knowledge of family planning method among married women in Anambra State

LITERATURE

On Family Planning

Family planning implies that a couple discusses when and how many children they can have so that they can give the utmost care to the child, financially, psychologically and socially. In general usage we commonly associate terms like contraception and birth control with family planning but theoretically family planning is much more than that. Family planning methods would include every measure that can be taken so as to give a couple their required freedom to determine when they want to have their children and what the time gap should be if planning more than one child. Let us look at the methods.

There are two types of family planning. One of them refers to the usage of artificial methods; and the other is called natural family planning in which a woman's natural infertile phases are emphasized upon. With this discussion the next step is the methods used in family planning. There are various methods that are used and here are some of the them:

Oral Contraceptives for women --- Progestin
Contraceptive Injections ---
Vasectomy
Female Sterilization ---
Tubectomy
Intrauterine Devices ---
Norplant Implants
Vaginal Methods ---
Condoms

Family planning services are the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. Family planning may involve consideration of the number of children a woman wishes to have, including the choice to have no children and the age at which she wishes to have them. These matters are influenced by external factors such as marital situation, career considerations, financial position, and any disabilities that may affect their ability to have children and raise them. If sexually active, family planning may involve the use of contraception and other techniques to control the timing of reproduction.

Family planning has been of practice since the 16th century by the people of Djenné in West Africa. Physicians advised women to space their children, having them every three years rather than too many and too quickly. Other aspects of family planning include sex education, prevention and management of sexually transmitted infections, pre-conception counseling and management, and infertility management. Family planning, as defined by the United Nations and the World Health

Organization, encompasses services leading up to conception. Abortion is not a component of family planning, although access to contraception and family planning reduces the need for abortion.

Factors Influencing Participation in Family Planning.

There are various factors that influence either men or women participation in family planning. These include cultural norms and values, religious beliefs, socio-economic factors, psychological factors. These factors can act as barriers to men or women involvement.

Religious beliefs: Religious beliefs have a direct influence on family planning acceptance. For example, the Islamic region does not subscribe to tubal ligation in women. For Muslims the Koran provides the infallible rules of conduct fundamental to their way of life. Previously conservative religion leaders represented a force opposing changes in the traditional status of women and large family norms in Egypt. However, the Grand Mufti openly expressed his support for responsible parenthood and family planning in an interview where he said that family planning is compatible with the trading of the Koran and there is no problem in promoting family planning.

Cultural factors: In traditional societies of Africa children mean the reproduction of the lineage. The ancestors determine the maintenance of the tradition by as many descendants as possible. Families with few children refuse themselves the right of the fore bearers in the continuation of the line of descent (Caldwel, 2013). Barriers to male participation include the perception of family planning and reproductive health as concerns of women maternal-child health services that do not target men, the limited availability of women contraceptive methods, and societal attitudes unfavourable to explicit support for equality of men and women (Ormel, 2012).

Socio-economic factors: Factors such as education level, social class, urbanization and employment play an indispensable role in contraceptive behavior of men. The compulsion to move to the towns and the dependence upon monetary income associated with that, often changes that attitude of men to family planning because as a rule in an urban environment they are the main provider for the family. An urban environment promotes the use of contraceptives although improved access to support facilities on one hand, and better education possibilities on the other are factors to consider (Kirumira, 2015).

Psychological factors: In some African countries, it is seen as a sign of poverty, sickness or disability for women who have intercourse with only one sexual relationship (Hawkins 2012). In Bangladesh a pilot distribution project found that most couples who received free condoms did not use them. The reason was that they thought that condom use could cause impotence. Family planning service providers are trained to counter such norms by reporting the facts.

Theoretical Review

The theory of this research anchor on **Health Belief Model** and the **Health Promotion Model** which was propounded by Becker (1974). These models have been applied and tested with regard to the use of contraception. Several studies have shown a significant relationship between attitude and contraceptive intention and behaviour. Considering the value of the attitude/belief behaviour relationship and its relevance to preventive strategies like sexual and reproductive health services, it is considered of importance to explore some beliefs of young women in Namibia regarding contraception by adapting some ideas from the Health Belief Model and Easterlin's supply and demand theory of fertility regulation.

According to the Health Belief Model, individual perceptions such as perceived seriousness of pregnancy, perceived benefits and perceived barriers are more likely to affect the preventive actions such as using contraception which can prevent a specified condition such as unplanned pregnancy. In addition, perceived barriers such as difficult access to sexual and reproductive health services (SRH) and providers' negative attitudes can prevent use of services. In contrast, the perceived benefit of communicating with parents may result in more effective use of contraception. This model promotes an ability to weigh benefits and make changes when confronting a health risk. An example of a scenario for this model would be a young woman having unprotected intercourse who must first perceive that sexual activity involves consequences such as an unintended pregnancy (susceptibility); then, that the consequence could be negative, such as having a child and dropping out of school to support her child (severity); and finally, that the prescribed interventions such as using contraception and finishing school before becoming a parent are useful (benefits) and outweigh potential negative side effects. This involves weight the gains from contraceptive use or potential loss of social status by delaying parenthood.

The Health Belief Model provides a framework for understanding the potential influence on an individual's decision to make use of available health services. Although the model provides a framework for understanding factors operating at the individual level to influence the decision to use reproductive health services, it does not examine factors operating beyond the individual level, nor does it include the role of community and health system characteristics in shaping this decision. Thus, previous studies on the use of sexual and reproductive health services focus largely on the barriers and facilitators involved in the decision to seek care. This entails the modifying factors taken into account in the Health Belief Model (Stephenson &Tsui, 2002; Glover et al., 2003). These studies highlighted a range of potential modifying factors in a woman's propensity to seek health care that are broadly categorized as demographic, socio-economic, cultural and health experiences characteristics.

Empirical Review

Contraceptive knowledge is a precondition for use of family planning services. Bong and West (2000) stated that the low level of knowledge of family planning methods contributes to the low attitude and practice of family planning. Women who have adequate knowledge of family planning are more likely to have positive attitude towards contraception. Low contraception prevalence rate and the effectiveness may lead to unintended pregnancies and induced abortion.

According to Nigeria Demographic and Health Survey (2016) about 85% of couples who stops using contraceptives will become pregnant within one year. This is an indication of a high fertility rate. Thus, even the least effective form of contraception is considerably better than using nothing. There are a number of family planning methods available to the couples. These methods can be divided based on several criteria such as natural/artificial, traditional/modern, temporary/permanent, male/female and oral injectables/IUCDs. Natural family planning methods means abstinence from sexual intercourse during fertile period to prevent pregnancy. This includes the rhythm method (the calendar method), mucus method, basal body temperature method or a combination of these methods. This method has no systemic or long-term side-effects. However, these methods are based on the timing of the women's fertile period, which can be highly unpredictable, even if their cycles are regular. The major source of knowledge about family planning methods for the study population was magazines (64%), followed by personal relations, spouse, friends and relatives (62%), mass media (54%) and health personnel (34%). A review of literature shows that the sources of information for couples on contraceptive use are journals, partners, television (as rated by males) and journals, health personnel (as rated by females) (Rajesh, 2003).

All of them were aware of the permanent methods of sterilization (both vasectomy and tubectomy). Among the temporary methods, 86% of the subjects were aware of condoms, 50% oral contraceptive pills, 32% abstinence and 6% intra-uterine contraceptive devices (Rajesh, 2003) Active involvement of husbands, religious leaders, parents, and or their influential adults may maximize the effectiveness of family planning programs. The husbands' knowledge of responsible parenthood and contraceptives should be up graded because the success of the methods requires cooperation from both partners. Health education initiatives should be directed toward religious leaders who have important influence on the community to increase their level of knowledge and counteract biased information (Kelantan, 2017).

Method

Participants: The participants used for this research are married women in Anambra State. These participants were selected using purposive sampling method. According to Raj (2007), purposive sampling method is a non-probability sampling method in which a researcher relies on their own judgment when choosing members of a population to participate in a research. The age range of the participants was within 25-44 and with mean of 3.67. Educational qualification of the participants revealed that 5 of them with 0.6% had no formal education, 53 with 13.8% had a primary school education, 250 with 68.5% had secondary school education and 64 with 17.1% had a tertiary education. Their marital status revealed that 9 with 1.9% were single, 348 with 95.1% were married, 9 with 1.9% were widow and 6 with 1.1% were divorced/separated. Occupational qualification showed that 83 with 22.2% were house wife, 25 with 5.7% were into farming, 213 with 59.0% were in trading/artisan, and 51 with 13.1% were civil servants. The targeted population for this study was women in Anambra State, which 372 women were selected.

Instruments: Data were collected using a self-developed interview, structured in such a way as to elicit pertinent information required for the study from the population of the study. The interview contained nine questions in which the respondents were allowed to give their views and understanding of each question.

Procedure: Before the process of data collection, informed consent was obtained from the participants who volunteered to participate in the study. Assurance of confidentiality was established and thereafter the research instruments were administered to the participants in their respective place of work.

Design/Statistics: The design adopted for this study is a cross-sectional design. The study was carried out in rural communities in Anambra State. Descriptive statistics such as percentage, frequencies and mean were used to analyze the demographic information.

RESULTS

Table 1: Socio-Demographic Data

Demographic Data	Options	Frequency	Percentage(%)
Age Range	15-24 years	131	36.0
	25-34 years	184	51.0
	35-44 years	49	12.2
	> 45 years	8	0.8
	Total	**372**	**100**
Education Qualification	No formal education	5	0.6
	Primary	53	13.8
	Secondary	250	68.5
	Tertiary	64	17.1
	Total	**372**	**100**
Marital Status	Single	9	1.9
	Married	348	95.1
	Window	9	1.9
	Divorced/separated	6	1.1
	Total	**372**	**100**
Occupation	House wife	83	22.2
	Farming	25	5.7
	Trading/artisan	213	59.0
	Civil servant	51	13.1
	Total	**372**	**100**
Number of Children	1 child	82	22.0
	2-3 children	166	45.4
	4-5 children	100	27.0
	>6 children	24	5.6
	Total	**372**	**100**

Analysis of the socio-demographic data obtained revealed that that out of 372 sampled respondents 36% were within 15-25 years of age, 51% were between 26 and 35 years old, 12.2% were between 36 and 45 years old, while 0.8% was 46 years old and above. Also, 0.6% of the respondents had no formal education, 13.8% had primary education as their highest educational attainment, and 68.5% have secondary education, while 17.1% had tertiary education. See Table 1 for summary of participant's socio-demographics.

Responses from the Respondents on the Structured Interview

The researcher raised some questions for the structured interview in order to elicit response from respondents, the questions and responses are presented as follow:

Question 1: What do you know about family?

Mrs. A said: "Family planning is a way of preventing unwanted pregnancy"

Mrs. B said: "Family planning is a program designed for couples to understand themselves, manage the number of children to have and the time to have them"

Mrs. C: "Family planning can be a way or method couples or partners plan and space the timing of childbirth"

- The response of the participants to question one of the interview revealed that majority of the respondents have a good knowledge of family planning as a way of preventing unwanted pregnancy.

Question 2: Do you think it's good to plan childbirth/childbearing?

Mrs A said: "Yes, it is, so as to enable parents plan well for the arrival of their children"

Mrs B said: "I think it is good to plan child bearing because children spacing like two years in between helps a woman recover from wear and tear of previous birth"

Mrs C said: "Yes, it is very much good".

- The response above revealed that the participants are of the opinion that it is of paramount need to plan childbirth.

Question 3: What are the various types of family planning methods you have heard of?

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Mrs A said: "Copper T, condoms, injection, VJ insertion, implants"
Mrs B said: "Implant and oral contraceptives"
Mrs C said: "Birth control pills, use of contraceptives such as condoms, injections, POP implants, tubal ligation"

- From the response above the participants were of the opinion that the various family planning methods are copper T, the use of condoms, injections VJ insertion, implants and oral contraceptive. This shows that the participants are fully aware of the various types of family planning in existence.

Question 4: Which of the family planning methods do you prefer?
Mrs A said: "Implant on arms with yearly intervals"
Mrs B said: "I have not used any, so I wouldn't know which is preferable"
Mr C said: "I prefer natural methods"

- The response above showed that the participants had different opinions on the method of family planning they prefer. While some said they prefer implant on arm with yearly intervals, some said they have not used many so they wouldn't know which is preferable, and another person said I prefer natural methods

Question 5: How do you feel about the use of condoms/contraceptive as a method of family planning?
Mr A said: "It's good in its own too"
Mrs B said: "Not comfortable with it"
Mrs C said: "Its ok but the risk of keeping up/consistency is so not assured"
Mrs D said: "I feel it's a bit safer considering the adverse effect other family planning methods has"

- The response above revealed that condoms and contraceptives are good in their own ways but it is not hundred percent safe.

Question 6: Do you think withdrawal method is reliable, if yes or no, why?
Mrs A said: "No, it is not reliable, I have heard cases of its failure, eight/ten of couples have unexpected babies because withdrawal method fails them"
Mrs B said: "It is not that reliable because the man may not recognize the sensation which occurs in his genital before ejaculation and this can cause him to ejaculate into the woman's virgina"
Mr C said: "No, reason being that doing withdrawal, a little bit of sperm might drop into the virgina, which might fertilize the ovary of the woman if she is ovulating".

- The response above showed that the participants are of the opinion withdrawal method is not reliable because it has failed a lot of couples in the past.

Question 7: Do you think there is any side effect of using contraceptive or sterilization as family planning method?
Mrs A Said: "It depends on body system"
Mrs B Said: "Yes, when abused, but each can be managed with your doctor's advice"
Mrs C said: "Well, I don't know, I haven't had any either"

- The participants' responses above revealed that there are side effects of using contraceptives without professional advice from a medical practitioner.

Question 8: Do you think family planning is too expensive to practice?
Mrs A said: "No, it's not"
Mrs B said: "Not at all"
Mrs C said: "It's not expensive"

- The response above revealed that family planning is not expensive to practice.

Question 9: Do you think natural method of family planning such as checking calendar for ovulation period is better than artificial methods such the use of condoms and contraceptives?
Mrs A said: "Sincerely, it is. Because it is been working for me especially for years now"
Mrs B said: "Natural method is better but not safer"
Mrs C said: "No I don't think so because the human body especially women changes. Condoms and contraceptives can be used as a backup preventive measure"

- The response of the participants above revealed that some believe that natural method is better but not safer, while some believe that it is not because human body especially women changes, and that condoms and contraceptives can be used as a backup.

Summary of Results

From the responses of the participants to the various questions during the interview, it can therefore be summarized:

1. The respondents are aware of family planning and
2. They are aware of the various methods of family planning.

DISCUSSION

Findings from this study revealed that majority of the respondents were of the opinion that they knew about family planning, while few of the respondents said otherwise. This finding is essential because according to Saving Newborn Lives in Nigeria (2011), effective knowledge of family planning reduces mortality among mothers and children, and these women cannot practice family planning effectively unless they are taught and convinced to practice same. When asked to indicate the method of family planning they practiced, very few respondents said they used beads, few used injectables, few used contraceptive pills, minor respondent practiced abstinence, few used withdrawal, more respondent used calendar method, very minor respondent used IUCD while majority of the respondent indicated that they do not use any method of family planning. This agrees with the findings of NDHS (2008) that Nigeria has a high rate of early marriages and a low rate of modern contraceptive use. They also opined that 20% of Nigerian women have an unmet need for family planning. There is therefore need for women in Anambra State to be properly taught about family planning and the services rendered to them in the various communities especially in Anambra Central senatorial district of which Nnobi is one of the communities in it.

When those who indicated that they do not practice any method of family planning were asked their reasons, majority of them claimed ignorance, 3.2% said religious belief, 3.2% said financial constraints, while 1.9% said husbands' refusal. This finding indicates that there is still high level of male dominance in this study area (Edeh, 2017), since a significant population of the mothers does not practice family planning due to their husbands' refusal. However, ignorance could still be blamed as the main hindrance to effective utilization of family planning methods by the women in rural communities of Anambra State. This is because if a husband understands the benefits of family planning, he will not discourage his wife from practicing effective family planning methods. The same applies to the religious leaders in the study area. According to Rutaremwa (2015), education increases the level of awareness and utilization of family planning methods. Also, the study revealed that women in the study area were ignorant about LAM.

Also, a greater percentage of the respondents (57%) who used contraceptives indicated that after child birth they resumed use of contraceptives whenever the husband chooses. Again, 29% indicated that they resumed contraceptive use after they resumed coitus, 6% said they resumed contraceptive use immediately after child birth, while 5.7% said they resumed use of contraceptives after six weeks of child birth. This finding is in line with that of Okeke et al (2013), who in their study to determine the postpartum practices of women attending antenatal clinic at UNTH, Enugu State discovered that only 14.7% of the respondents used contraception before resumption of coitus. Also, study by Ekanem et al (2004) in Calabar, Nigeria revealed that one out of every 10 women resumed coitus after child birth without contraception. This finding is not a positive postpartum practice because resumption of coitus without contraception places the woman at risk of getting pregnant soon after a previous childbirth. That is why counseling on range of family planning methods, and the provision of family planning services which accompanies it must form an integral part of any postpartum service.

Conclusion

A significant percentage of the respondents claimed ignorance about family planning methods and services, while some who were aware of family planning did not practice it because of reasons like husband's refusal, religious beliefs and financial constraints.

Recommendations

1. There is need for public enlightenment programs on family planning methods, using mass media, health talks in health facilities, market publicity, postnatal health talks in religious institutions, men and women's annual meetings etc.
2. This enlightenment should not just be for the women, but also the men, elderly women and adolescents in the various communities. This will motivate them to encourage and support their women in ensuring good postnatal care activities.
3. Family planning should be integrated as a routine health care activity, and build partnership with communities, families and individuals.
4. Traditional birth attendants and voluntary village health workers can be trained to help teach the women about family planning, its benefits and where to access the family planning clinics.
5. Behaviour change messages should be developed to strengthen demand for family planning services by the rural dwellers and delivering it through accessible communication channels to all key segments of the population.

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Appendix A

Section A

Research Questionnaire

1. **Socio-Demographic Data**
2. **Age Range:** 15-24years
   25-34years
   35-45years
   45 years
3. **Education Qualification:** No formal education
   Primary
   Secondary
   Tertiary
4. **Marital Status:** Single
   Married
   Window
   Divorced
   Separated
5. **Occupation:** Housewife
   Farming
   Trading

Artisan
Civil-servant

6. **Number of Children:** 1 child
2-3 children
4-5 children

Above 6 children

Section B

Interview Schedule

1. What do you know about family?
2. Do you think it's good to plan childbirth/childbearing?
3. What are the various types of family planning methods you have heard of?
4. Which of the family planning methods do you prefer?
5. How do you feel about the use of condoms/contraceptive as a method of family planning?
6. Do you think withdrawal method is reliable, if yes or no, why?
7. Do you think there is any side effect of using contraceptive or sterilization as family planning method?
8. Do you think family planning is too expensive to practice?
9. Do you think natural method of family planning such as checking calendars for ovulation period is better than artificial methods such the use of condoms and contraceptives?