ORIGINAL ARTICLE

Awareness, Acceptability and Barriers to the Utilization of Modern Methods of Family Planning Among Women Attending Antenatal Clinic in Bayero University, Kano

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ABSTRACT

Background: Contraceptive prevalence rate (CPR) is generally very low in Nigeria, but particularly lowest in northern Nigeria. Barriers to access and utilization have been variously studied, but there is need to consider specific contexts. **Objective:** The aim of this study is to determine the level of awareness, acceptability, and barriers to the utilization of modern methods of family planning in Bayero University, Kano, North-west, Nigeria. **Methodology:** This was a cross-sectional study conducted at the antenatal section of BUK staff clinic, among 152 pregnant women between May and October 2013. Ethical approval and informed consent were obtained. Descriptive statistics was used to report categorical variables. **Results:** Awareness of modern methods of contraception was high (86.18%) and the majority (86.19%) knew at least one method of family planning. The commonest methods known by the respondents were: Oral contraceptive pills (39.47%), injectables (22.37%) and condom (14.47%). Out of the152 respondents, 77(50.66%) accepted the use of modern methods of family planning and 39(25.65%) out of these number had ever used at least one method, while 38(25.00%) did not. Fear of side effects (42.11%), desire for more children (15.79%), and lack of awareness (13.82%), religious prohibition (10.53%) and opposition by male partners (7.89%) constituted the major barriers to the utilization of modern methods of family planning. **Conclusion:** The level of awareness was found to be high but acceptability and utilization were low, this is due to the existing barriers to utilization of modern methods of family planning. Effort should be made to allay the fear of side effects and to educate women on the implication of frequent childbirth.

Keywords: CPR, modern methods, awareness, acceptability, barriers.

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Introduction

Family planning is one of the important determinants of the quality of life of women, their family, the community and the nation at large.[1] It is also an important component of reproductive health.[2] Effective family planning strategies enable women to pursue good education, to contribute to the development of their country and be economically empowered.[1] Available statistics from National Demographic Health Survey of 2013 show that, about 576 women per 100, 000 live births die from pregnancy-related complications and deliveries.[3]

Unfortunately some of these p regnancies are unwanted and unplanned. Unprotected intercourse has been found to be the primary cause of unwanted pregnancies.[4] Hence, unwanted pregnancies pose a major health challenge among women of reproductive age. Unsafe abortions contribute to 11% of maternal mortality worldwide and 20-40%[4] of about 60,000 maternal deaths that occur in Nigeria annually. Unfortunately, 80% of the cases of unsafe abortions happen among adolescents and young adults.[4] The high maternal mortality ratio and morbidity rates can be related to low contraceptive prevalence rate which was 5-15% [6] for any kind of contraceptives and 10% for modern methods of contraception.[6] With a rapidly increasing population of over 167 million, the country remains in dire need of increased contraceptive coverage and access to reproductive healthcare to meet the need of the rising population.[7] There have been increases in contraceptive coverage over the previous years. Nevertheless, effective contraceptive coverage which is one of the reproductive health indicators is still very poor.[4, 7] Family planning programming has not been very effective as shown by the poor acceleration of family planning access and use especially in northern Nigeria.[3] Such programs have not been able to explore the socio-cultural factors that may affect utilization of family planning commodities and extrapolating results from other sociocultural context will not improve progress. This study was undertaken to explore context specific factors that affect utilization of family planning in an urban setting of Kano state. Similar study will need to be conducted in the rural setting to be able to generate data that will be representative of the state.

Materials and Method

This was cross-sectional study conducted at the antenatal section of BUK staff clinic. Ethical approval was from AKTH ethics committee and informed consent was obtained from the participants. The study group comprised of female students, female staff, staff's wives and other women from neighbouring communities attending antenatal Clinic in Bayero University Kano (BUK) health clinic. Bayero University Kano has two healthcare services one on each site of the campuses. Each offers 24hrs primary healthcare services, antenatal and family planning services to the staff, their families and students, and antenatal, family planning and emergency services to the neighbouring communities (Bakan lamba and Danbare communities in new site clinic, Kabuga, Kofar-Famfo and Dorayi in old site clinic). The health services have16-bed capacity manned by eight medical officers and 32 nurses and midwives.

The sample size was estimated using the Fishers' formula: $n = z^2pq / d^2$. To allow for attrition and non-response 10% of minimum sample size is added to give an approximate sample size of 152. Simple random sampling was used. The respondents completed pretested structured questionnaires. Data was entered, cleaned and analysed with Microsoft Excel and Minitab statistical software version 12. Categorical variables were summarized with absolute numbers and simple percentages. Measures of central tendency (mean and median) and measures of dispersion (range and standard deviation as appropriate) were used to summarize qualitative data. Significant association was determined where p value ≤ 0.05 was considered significant.

Results

The age range of the respondents was between 15 and 48years with a mean age of 25.41±5.80. Majority of the women were multiparas (35.53%). They were also mostly

married (98.03%), Muslims (96.71%) and educated, majority had tertiary education (42.10 %).

Awareness of modern methods of contraception was high (86.18%) and the majority knew at least one method of family planning (Table 2). The commonest methods known by the respondents were: Oral contraceptive pills (39.47%), injectables (22.37%) and condom (14.47%). The main source of their information (Table 3) about the modern methods of contraception was via medical personnel (47.37%), Radio/TV (12.50%) and workshops/seminars (5.92%).

Out of the152 respondents, 77 (50.66%) accepted the use of modern methods of family planning and 39 (25.65%) out of these number have used at least one method, while 38 (25%) did not. Fear of side effects (42.11%), desire for more children (15.79%), lack of awareness (13.82%), religious prohibition (10.53%) and opposition by male partners (7.89%) constituted the major barriers (Table 6) to the utilization of modern methods of family planning.

Table 1: Socio-Demographic and Obstetric Characteristics

Characteristic	Frequency	Percentage
Age Group (years)		
15 –19	23	15.13
20 – 24	62	40.79
25 – 29	43	28.29
30 – 34	12	7.89
35 – 39	8	5.26
40 – 44	3	1.97
45 – 49	1	0.66
Marital status		
Married	149	98.03
Divorced	2	1.32
Widow	1	0.66
Parity		
Nullipara	35	23.03
Primipara	28	18.42
Multipara	54	35.53
Grandmultiparae	35	23.03
Educational status		
Non-Formal	6	3.95
Primary	9	5.92
Secondary	57	37.50
Tertiary	64	42.10
Informal	16	10.53
Religion		
Islam	147	96.71
Christianity	5	3.29
Tribes		
Hausa/Fulani	135	88.81
Yoruba	4	2.63
Igbo	2	1.32
Others	11	7.24
Occupation		
Unemployed	90	59.21
Civil Servants	19	12.50
Traders	7	4.61
Students	32	21.05
Others	4	2.63

Table 2: Modern Methods of Family Planning known to the respondents

Methods	Frequency (n=152)	Percentage
Oral pills	60	39.47
Injectables	34	22.37
condom	22	14.47
IUCD	8	5.26
Implant	3	1.97
foaming Tablet	2	1.32
BTL	2	1.32
None	21	13.82

Table 3: Sources of information about modern methods of family

Sources	Frequency (n=152)	Percentage
Medical Personnel	72	47.37
Radios/TV	19	12.50
Workshop/Seminars	9	5.92
School Lectures	10	6.58
Friends	14	9.21
Others	7	4.61
Not aware	21	13.82

Table 4: Number of family planning methods known by respondents

Number	Frequency (n=152)	Percentage
None	21	13.81
One	100	65.78
Two	20	13.15
More than two	11	7.23

Table 5: Acceptability of modern contraceptives methods

Acceptability	Frequency (n=152)	Percentage
Yes	77	50.66
No	70	46.05
Undecided	5	3.29

Table 6: Barriers to the utilization of modern methods of family planning

Barriers	Frequency (n=152)	Percentage
Fear of side effects	64	42.11
Opposition by male partners	12	7.89
Opposition by Family members	2	1.32
Religious Prohibitions	16	10.53
Cultural Prohibitions	2	1.32
Poor Access to providers	2	1.32
Lack of awareness	21	13.82
Desire for more children	24	15.79
Cost	5	3.29
None	4	2.63

Discussion

This study was conducted in a University community in North West Nigeria that is predominantly inhabited by Hausa/Fulani who are predominantly Muslim, in a community where early female marriage is practiced. Hence, majority of the women were married (98.03), Hausa/Fulani (88.81%) and Muslims (97.30%) with tertiary education (42.00%). Being a University community, most of (42.00%) the study population had either completed a tertiary education or are pursuing it at the time of the study. This was also the findings of similar studies done in our community.[8] Those with non-formal education (4.00%) and those with informal education, could have come from the neighbouring rural communities (Bakanlamba and Danbare). Majority (50.3%) of the study population were unemployed, despite the study being conducted in an

enlightened community, which have been cited by a similar study done in a teaching hospital in Kano,[9] and has been attributed to the fact that most of the women were full time housewives, which is in line with Hausa /Fulani culture and Islamic religion that constituted the majority of the population in this study. Also, a significant number (21.05%) of the respondents were students who were not in gainful employment at the time of the study.

Awareness of modern contraceptives was high (86.16%) among the respondents but utilization was low (25.65%), this is in agreement with similar studies done in our community and other parts of Nigeria.[3,4,10] The high level of awareness of modern contraceptives among the respondents, majority of whom were parous, has been attributed to the inculcation of family planning counselling into the antenatal clinic health talk and the fact that they could have been exposed to information in their previous antenatal clinic attendance as well as their level of education may have played some roles. This is however lower than 92% level of awareness of methods of family planning reported by Ashimi *et al*[11] in Jigawa North-west, 94% reported by Obisesan *et al*. in Ibadan South-West[12], 96% reported by Igwegbe *et al*. in Nnewi South-East Nigeria[13] and 88% reported by Utoo *et al*. from Jos, North central.[14]

Oral pills (39.1%) was the commonest method known by the respondents, followed by the injectables (23%)and condoms (14.7%) which was also in line with the findings of a similar study done in our environment[8] but contrary to the findings of Monjek *et al*.[4] This may probably be because oral pills are commonly used by the young couples and students, and it is recommended below the age of 40yrs. Studies[4,10] have actually shown that, most young couples prefer oral pills, more so, oral pills are easily available over the counter in pharmacies and patent medicine stores. Injectables are preferred by older women of higher parity since most of the multiparous women are of higher age and others use injectable so that their husbands who will not give consent may not be aware of what is going on. It also saves them the trouble of daily ingestion of pills and that of exposure for IUCD insertion. Condoms are also readily available and are a method of choice for most couples and students alike and the fact that condom has been advocated in the prevention of HIV/AIDs and STIs would have increased its awareness and utilization. Utilization of I.U.C.D (5.3%) and foaming tablets (1.3%) are low probably because they both involve exposure which most of the women would not like. The low frequency of use of bilateral tubal ligation (B.T.L) may be because most of the women do have desire for more children so they do not like permanent contraceptives, this has been cited by other studies done in Nigeria [4] but contrary to what is obtainable worldwide.[15]

Majority (47.3%) got their information from medical personnel, probably because majority of the women were married and could have gotten information during antenatal clinic. This was shown by similar research in other parts of Nigeria.[4, 10] Similarly, other sources of information identified by our study, is in agreement with the literature.[4, 10] Fear of side effects constituted the major (42%) barrier to the utilization of family planning. The existing myth and misconception like, O.C.P can cause permanent sterility, and I.U.C.D can perforate the uterus [4] could have accounted for this. This finding is in agreement with studies done in Sudan[17] and in Pakistan.[8] Similar study in a sub-urban setting however noted

that husband's refusal was a major barrier to utilization of family planning.[11] Being an enlightened community, their husbands or family members are not likely to interfere with their personal affairs hence this does not constitute a significant barrier.

Other barriers are, religious prohibitions (since it is a predominantly Muslim community), and desire for more children because of their interest for large family size. Lack of awareness constituted a significant barrier among the respondents. This is probably because some of the respondents came from rural areas and this agrees with a previous study.[15]

Although family planning awareness is very high, its acceptability is low, and fear of side effect was a major barrier to utilization. It is crucial to advocate to religious leaders to allay fear of religious prohibition in order to improve on acceptability of family planning methods among couples.

The limitation of this study is that individual opinion was used as assessed, but it would have been better to also review some service statistics related to family planning. Also being a facility-based survey, it is not representative of the whole of Kano State not to talk of north-west. There will be need in the future to conduct a community-based study.

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