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FAMILY PLANNING AWARENESS AND UTILIZATION INTENTIONS AMONG WOMEN USING ANTENATAL CARE SERVICES IN KADUNA METROPOLIS

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ABSTRACT
Awareness on family planning (FP) among women stimulates acceptance and intention to use which gives the opportunity of choice in their reproductive activities. This study examines these relationships in Kaduna metropolis among women attending antenatal care (ANC) services. The study used multi-stage sampling technique to administer research instrument to the 386 respondents. Data were analysed using descriptive and Chi-Square. The results show that about 90% of women in the study were aware of FP and majority know it through health workers in hospitals. About 59% of the respondents reported to have previously used FP while 74% still had the intention to use FP in the future. Pills and implant are the major methods used with 29% and 21% respectively. There is a significant relationship between awareness on FP and intention to use (p= < .01). The study concluded that as awareness of FP increase, more women will continue to use FP services. It is thus recommended that FP awareness campaign should be intensified.

Keywords: family planning, antenatal care, utilization intention

INTRODUCTION

Family planning (FP) awareness is important for women as it expose them to making informed fertility decisions which improve their health and wellbeing. When women become aware of FP, it makes them realise its importance to their reproductive life which might influence their intention to use contraception. The use of FP gives women the chance to avoid unwanted pregnancies and unsafe abortions (WHO, 2020). Awareness of FP has a lot of benefits, as it gives women a choice to plan and control their childbirth which translates into safeguarding their health and improve the quality of life for both the mother and children (Omolase et al., 2009). Family planning aims at helping families (and individuals) to achieve their preferred number of children, together with appropriate spacing and timing to make sure there is an optimal growth and development of each child in the family (Mange, 1991; Leke, 2010; WHO, 2020). This therefore makes its awareness important since the aim of FP cannot be achieved without people being knowledgeable about it. Family planning has been reported to positively impact on reducing maternal and child mortality, transmission of diseases such as HIV as well as help in reducing fertility (Amente et al., 2017; Gribble and Haffey, 2008). The practice of family planning largely depends on awareness and therefore it is important to assess the awareness of women on FP as they are mostly the users of it, hence the reason for this study.

When there is inadequate awareness on family planning, it translates to less intention to practice which can results to unmet need for contraception among women (Doctor et al., 2013; Mustafa et al., 2015). When a woman is aware of FP planning, it gives her a choice to determine her fertility outcome through the use of contraceptives (WHO, 2020). In order to practice FP, a woman needs to be aware of its importance in her reproductive journey which is then put into practice and could help in limiting the size of the family. As Dibaba and Mitike (2016) study shows that women who are well aware of family planning were 1.7 times more likely to prefer small family sizes compared to women who had poor fertility awareness. It is therefore important for women to be aware of FP as it gives them the freedom of choice to control their family size based on their fecundity.

In SSA Africa, there is lack of awareness and the whole acceptability of family planning, as several programmes have been put in place in the last 3 decades but still there is an unmet need which can be associated with lack of political will and commitment by governments (Leke, 2010). In developing societies like Nigeria, awareness about FP is inadequate which results into low practice (Adinma & Nwosu, 1995). This study being in the metropolis focuses on unveiling the level of awareness among obstetric women who attend ANC, as they are in the middle of their reproductive journey. Seeking their knowledge on FP is paramount as their current condition (of pregnancy) proves that FP is applicable to them and therefore their opinion on awareness and intention to practice is important. Omolase et al. (2009) conducted a similar study on ANC women and found out that majority of the women were aware of FP, but the study did not address their intention to use, which is what this study tries to relate with awareness. Kasa et al. (2018) in their Ethiopian study found out that the level of awareness was low and also the intention to use. Whether this is true in Kaduna metropolis is what this study intents to find out. This study assesses the level of awareness and intention to practice family planning among women using antenatal care services in Kaduna metropolis. The relationship between awareness and intention to use FP planning methods is identified.

METHODS

Study Area and Population

The study was conducted in Kaduna metropolis – the capital and key administrative centre of Kaduna state. The population of the metropolis consist of people from different parts of Nigeria. It has large concentration of public and private health care facilities of which among them four general hospitals were selected for this study. The population of the study were women who attend general hospitals for antenatal care services in the metropolis within the period of six months (July to December, 2019). Based on the records obtained during reconnaissance survey, a total of 10,717 was compiled for all the selected hospitals with Kawo General Hospital

having 2,901 women, Yusuf Dantsoho Memorial Hospital (4,616), Sabon Tasha General Hospital (1,473), and Rigasa General Hospital (1,727).

Study Design and Sampling

This is a descriptive cross-sectional study which aimed at assessing the awareness and intentions on family planning among women using ANC in Kaduna metropolis within the stipulated period of the study (which is 6 months). The sample frame were women who attend the health facilities on booking day – which is the day a woman starts her ANC. Their records were obtained from where the sample size was drawn.

The study used mutli-stage sampling technique to arrive at the sample size. This is done by dividing the metropolis into 4 clusters. The clusters are the four local governments that made up the metropolis – Kaduna North, Kaduna South, part of Chikun and Igabi LGAs. Then purposive sampling was used to choose one general hospital from each cluster. Convenience sampling method was used to administer the research instruments to the respondents who are found at the ANC units of the selected hospitals. Since they are pregnant women with different health condition, only those that are willing were administered the questionnaire.

A sample size of 386 was drawn from the study population of 10,717 using Yamane formula for determining sampling size:

$$n = \frac{N}{1 + N(e)2}$$

$$n = \frac{N}{K + N(e)\text{^}2}$$

$$n = \frac{10{,}717}{1 + 10{,}717\ (0.05)\text{^}2}$$

$$= \frac{10{,}717}{1 + 10{,}717\ (0.05)\text{^}2}$$

$$\boldsymbol{n = 386}$$

n: sample size
N: population
K: constant (1)
e: degree of error expected

Data Collection and Analysis

The data for the study was collected using self-administered and interviewer administered questionnaire, as some of find the women are more comfortable to self-administer the questionnaire. While the uneducated and willing respondents were interviewed. The data collected was coded and entered into SPSS where all the analysis was carried out. Ethical clearance was obtained from Kaduna State Ministry of Health – as this type of research requires such clearance. The clearance was used in the hospitals to gain access to the respondents for all the interviews.

Hypothesis

H_0: There is no significant relationship between family planning and intention to use family planning among women using ANC in the study area.

RESULTS AND DISCUSSION

Sociodemographic characteristics of the respondents consists of their age, religion, age married, education level, household income and occupation.

Table 1: Sociodemographic Characteristics

Age	**Frequency**	**Percentage (%)**
15 – 19	18	5.3
20 – 24	55	16.3
25 – 29	77	22.8
30 – 34	79	23.4
35 – 39	66	19.6
40 and above	42	12.5
Total	**337**	**100**
Religion	**Frequency**	**Valid Percent**
Islam	238	70.4
Christianity	99	29.6
Total	**337**	**100.0**
Age Married	**Frequency**	**Percentage (%)**
15 – 19	8	2.4
20 – 24	97	28.8
25 – 29	117	34.7
30 – 34	95	28.2
35 – 39	18	5.3
40 and above	1	0.3

Total	**337**	**100**
Education level	**Frequency**	**Percentage (%)**
No Formal Education	19	5.7
Primary	29	8.6
Secondary	148	43.7
Tertiary	141	42.0
Total	**337**	**100**

The age categories of the women indicate that most of the women are between the age category of 30 to 34 with 23.9%, then followed by women within the ages of 25 to 29 years (23.3%) while those aged 40 and above have the lowest distribution. Based on the total percentage, 98.2% of the women are within the age bracket of 15 to 49 years. The mean age of the women is 30.6 and the mode is 30 years. In terms of religion, Islam is the dominant religion among the respondents with 70.4% while Christianity has 29.6%. The distribution of the age at which the women first got married indicates that 34.7% were between the ages 25 to 29, then 20 to 24 (28.8%) and 30 to 34 with 28.2% (Table 1). Few of the respondents (2.4%) reported to got married at early ages of 15 to 19 years, while 5.6% reported to have married late at above 35 years. Measure of central tendency indicated that the mean age at which the women got married is 22 years, while the mode is 20 years. The minimum age the respondents got married was 14 and the maximum was 35. In terms of educational attainment, about 44% of the respondents attained secondary level, followed by 42% who attained tertiary level of education. Only 8.6% reported to have attained primary level, while a meagre 5.7% reported to had no formal education.

Awareness on Family Planning

Table 2 shows the percentage of respondents who are aware of FP. Obviously majority (90%) are aware of it. This is not surprising as women that attend hospitals for antenatal care must have come across it in the hospitals through advertorial posters, healthcare providers and professionals or through the FP unit that are available in most hospitals. This is in line with the findings of Omolase et al. (2009) who revealed that approximately 89% of women involved in their study were aware of FP. Only 10% of the women in Kaduna metropolis reported not to be aware of FP. Awareness of FP is a precondition for FSP as women who are aware will most likely want to limit their family size. This is evident in the study by Dibaba and Mitike (2016), where women who were aware of FP incidentally prefer small family sizes. However, the finding of this study is contrary to the finding of Kasa et al. (2018) in their study in Northwest Ethiopia about awareness of FP which found out that the knowledge on FP was low and the level of utilisation was also relatively low. This disparity may be as result of geographical and sociocultural difference between the two studies. As Kaduna, Nigeria may be more exposed to international programmes on fertility awareness than Northwest Ethiopia given their population and economic strength.

Table 2: Awareness on FP and Source of Awareness

Aware of FP	**Frequency**	**Percentage**
No	34	10.0
Yes	303	90.0
Total	**337**	**100.0**
Source of Awareness	**Frequency**	**Percentage**
Health Workers (hospital)	225	67
Friends	25	7
Relatives	17	5
Mass Media	31	9
Husband	39	12
Total	**337**	**100.0**

Source of Awareness of FP

Sensitisation to create awareness on family planning has been ongoing for long and women come across it through various sources. Women who attend hospitals will are constantly exposed because hospitals are major places where women are sensitised on FP through health workers. Other means such as mass media (radio, television, newspapers etcetera) are also used. Some of these are made in local languages and culture to facilitate acceptance by correcting misconceptions and misrepresentations about FP. It is common that women get the information through their friends and relatives who have used FP services before. Another means that some women come to know FP is through their husbands, who might be more current on information as they are major decision makers in fertility.

Table 2 shows the sources of awareness of FP by the women. Close to 67% of the women know about FP through health workers. This is similar to the findings of Omolase et al. (2009) who reported that the major source of information about FP among ANC women in a Nigerian community is through health workers then followed by the media. Husbands also play role in the awareness of their wives as regards to FP

with 11.7% reporting them as the source. Other sources include mass media (9.3%), friends (7.3%) and relatives (5%).

Methods of Family Planning Known

There are different methods of contraception and among is the long-acting reversible contraception (LARC) which are methods of family planning that provide an effective birth control for a long period of time without requiring any user action and implant and IUD are example of (LARC). Hormonal contraception such as pills and injections use hormones to prevent pregnancy. While barrier methods such as condoms and diaphragm are used to stop sperm from entering the vagina. Table 3 shows the methods of FP known to the respondents and it is a multiple response question. Majority of the respondents know pill and implant with 26.8% and 21.5% respectively. Injection and male condoms are also known by the women with 13.8% and 11.6% respectively.

Table 3: Method of FP Known and Used

FP Method	Method Known		Method Used	
	Frequency	Percentage	Frequency	Percentage
Pill	118	26.9	59	28.9
Male Condom	51	11.6	12	5.9
Female Condom	19	4.4	1	0.5
Injection	60	13.8	34	16.7
IUD	29	6.6	8	3.9
Diaphragm/Foam/Jelly	10	2.2	2	1.0
Implant	94	21.5	43	21.1
Withdrawal	28	6.4	20	9.8
Rhythm	5	1.1	4	2.0
Others	24	5.5	21	10.3
Total	**438**	**100**	**204**	**100**

*Multiple response

Others methods such as IUD, withdrawal, female condoms among others constitute the remaining 25% of the methods known by the women. Amente et al (2017) also reported similar findings that majority of women in their study know about injectables and pills.

Previous Utilisation of Family Planning Services

The women were asked if they have used any of the family planning methods before. It is expected that those that are at their early stage of marriage may not have used it, while some may have used it for child spacing, as it is one of the major reasons the women are expectedly using FP method (see Table 4).

Table 4: Previously used and Intention to use FP

	Previously Used FP		Intention to Used FP	
	Frequency	Percentage	Frequency	Percentage
No	140	41.5	87	25.8
Yes	197	58.5	250	74.2
Total	**337**	**100**	**337**	**100**

Table 4 illustrates the percentage of women who have used FP before or not. Among the respondents, 58.5% have used FP commodities and services before, while 41.5% have not used any prior to the time of this study. The reasons for some of the women not to have used it before may be related to the fact that most of the women are in their early stage of childbearing, as some are just having their first pregnancy.

However, the fact that some of the women have not used FP method does not mean that they are not willing to use it in the future, as most of them confirm their intention to use it (as shown in Table 4).

Methods of Family Planning Previously Used

The method of FP used by the women before is shown in Table 3.3 where pills and implant are the major methods the women reported that they have used before with 28.9% and 21.1% respectively. Majority have reportedly utilised pills and implant as they find them easier and convenient to use. The women who have used it are mostly those that had one child or more as they have stronger reason to start controlling their birth since they have already started childbearing. This is in line with the NDHS report of 2018 which reported married women in Nigeria to be mostly using injectables, implants and then withdrawal methods.

Some of the women reported using injection (16.7%). Other methods such as traditional (in form of withdrawal) have 9.8%, then male condom, IUD among others are the least used methods by the women. This is similar to the findings of Yigzaw (2015), where IUD was the least (1.2%) method used by women in an Ethiopian community.

Intention to use Family Planning in the Future

It is important to understand the intention or decision to use FP in the future as it will confirm their view on FP (Table 4) and establish whether those who have not used are likely to use it in the future for myriad reasons. Table 4 shows the percentage of women who are willing to use FP in the future and those who have not used FP before. Majority of the respondents (74.2%) are willing to use FP in the future, while 25.8% said they are not willing to use in the future.

Those that are willing to use may be those that have pre-decided their FSP and have long begun their childbearing experience. While those that are not willing to use may be in their early stage of childbearing, more religiously deep-rooted, or are still sceptically holding fast to previous misconceptions about FP. This is similar to the findings of Mamman (1992), where about 66% of respondents approve the use of FP. Abubakar (2012) and NDHS (2018) however reported contrary result, where only less 30% of non-users agree to use FP in the future. The reason for not wanting to use it in the future are mostly health complications which usually accompany FP when not used properly. Curiously, some women with prime (or first) pregnancy, affirmed willingness to use FP in the future when they feel their FSP is achieved. This position confirmed what was reported by Cleland et al., (2011) that there is an increase in the willingness of women to use contraception in Africa.

Hypothesis:

X^2 (2, N = 337) = 8.143, p < .01 (.004)

Awareness on family planning is a determinant of intention to use family planning as women who have knowledge about contraceptives are more likely predisposed to using it to manage their fertility. Statistical result of Chi-Square at 1% significance level, shows that there is a significant association between awareness on FP and the intention to use with X^2 (2, N = 337) = 8.143, and p < .01 (.004). This indicates that women who are aware of FP are willing to use it in the future to manage their childbirth. Therefore, for women to have the intention to use FP, they have to be aware about its importance and it is obvious that the respondents know its benefits. This therefore means that the null hypothesis hitherto stated is rejected. This study corroborates the findings of Dibaba and Mitike (2016) who in their study found women that were aware of FP to be more likely to use it to limit their family sizes. This therefore indicates an intention to use it to limit their family size. The findings of Leke (2010); Adinma & Nwosu (1995) were contrary to the findings of this study, as their studies revealed that there is lack of awareness on FP in SSA (Nigeria inclusive) which is the reason for the unmet need for contraception. This position may no doubt be true in other locations of Africa and Nigeria, but in this study area being in a cosmopolitan area, women seem to be aware of fertility issues and are willing to use FP to manage their fertility. Of course, it cannot be ruled out that this awareness is from women attending ANC services. The study of Kasa et al. (2018) also confirmed that awareness is related to intention to use as women in their study lacked awareness about FP which resulted into low intention to use.

CONCLUSION

The study concluded that majority of the women attending ANC services in Kaduna metropolis are aware of family planning and most of them claimed to know it through health workers in the hospitals. Continued and sustained sensitisation on FP and associated services will lead to long term increase in utilisation thus meeting the contraception needs in many parts of Kaduna metropolis and Kaduna state as a whole. A key recommendation is that stakeholders concerned should intensify sensitisation on FP services using medical professionals and mass (as well as social) media platforms. Also, Kaduna metropolis is expanding every day and further researches can be conducted among the general population such that more areas that need awareness can be identified and sensitised.

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