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Factors influencing utilisation of family planning services among female of reproductive age (15-45 years) in Bauchi local government area, Bauchi state

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Abstract

Background: Family Planning services are preventive health services that provide quality, low cost and easily accessible reproductive health care to women and men during their reproductive years. Family planning is often limited to the use of contraception. However, family planning provides a holistic service that aims to promote a positive view of sexuality and enable people to make informed choices about their sexual and reproductive health and well-being. It also ensures that resources are available for raising a child in significant amount, which include time, finance and social environment at intervals mutually determined by both partners to have their desired number of children. Studies indicates that the utilisation of family planning services in Nigeria is low when compared to high population growth rate in Africa, high fertility that translates into high population growth. Many scholars reported that it is likely that the utilisation of family planning services can alter the population growth rate. Studies have also shown that contraceptive knowledge, and usage is very low in Nigeria, hence the reason for the high fertility and increase population.

Aim: There for the study aimed at determining factors influencing the utilisation of family planning services among female of reproductive age (15-45 years) in Bauchi Local Government Area, Bauchi State, Nigeria.

Method: A descriptive cross-sectional study was conducted. Hundred questionnaires were distributed to 100 women of reproductive age of which 96 of them were retrieved. Data was analysed using Statistical Package for Social Sciences (SPSS). Descriptive statistics was used to summarise and organise the data. Pearson's Chi-square test was used to test for association between variables and level of significant was set at 5% (0.05).

Findings: Results from this study show that (84.4%) respondent's utilisation of family planning services depends on husband's acceptance of the family planning method. The study also found that cultural acceptance, access to family planning services, schedule of family planning clinic, effectiveness of family planning method and awareness; 75%, 75%, 62.5%, 79.2% and 63.5% respectively all influence utilisation of family planning. Academic attainment and knowledge of family planning methods were significant and influence family planning use.

Conclusion: The study showed that family planning used depends on husband's acceptance of the family planning method. This study also recommends for spouses to be continuously involved in family planning education as their approval influences family planning. It is hoped that the knowledge of this research will help health care givers to provide adequate health education to clients and family in the community to expand their knowledge of family planning services to ensure adequate child spacing and reproductive health. Thus, preventing unintended pregnancies, reduce maternal and child morbidity and mortality rate.

Introduction

Family planning services is an educational, comprehensive medical or social activity which enables individuals to determine freely the number and spacing of their children and to select how this may be achieved [1]. The National Survey of Family Growth (NSFG) in Chandra, *et al.* [2] indicated that 41.7% of women of reproductive age receive at least one family planning service from a medical care provider either already pregnant, seeking to become pregnant or infertile because of sterilization.

Nonetheless, the low percentage of individuals using family planning services suggests that either some women are not planning their pregnancies deliberately or they are experiencing problems accessing this type of services [3]. Family planning in Nigeria is one of the pillars of safe motherhood where women can access services that would prevent unwanted pregnancies [4]. In Nigeria, family planning services are frequently delivered in clinics with little or no connection

with medical facilities. The utilisation of these services in Nigeria is low when compared to the high fertility and population growth rate in Africa, high fertility translates into high population, and the growth rate was estimated to be between 2.5 and 3.0 per cent per annum [5,6]. Osemwenkha [6] further stated that it is likely that the utilisation of family planning services can alter the population growth rate, reports have shown that contraceptive knowledge, and usage is very low in Nigeria, hence the reason for the high fertility and increased population.

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The underutilisation of family planning methods in these regions is attributed to low literacy and low socio-economic status of women [7]; and spousal communication on family planning has also been found to influence contraception use [8]. Again, a study by Chacko [9] found that the number of living sons a woman has also influences her contraceptive use. The resultant effect of underutilisation of these services is a leading cause to the high prevalence of teenage pregnancy and maternal deaths in Africa.

According to Cleland, *et al.* [1] family planning services are necessary for the widespread of adoption of preconception care for planning pregnancies and counseling. The potential of family planning services is to promote preconception care which is limited by underutilisation of these services and adequate attention to preconception care during the reproductive years is dependent on the woman and man planning their pregnancies, not only in respect to their timing but also on health-related factors that would maximize their chances for a healthy pregnancy and healthy infant.

Child spacing, which is one of the benefit of utilising family planning services have been identified as a means of reducing maternal deaths [10]. Globally, 99% of maternal deaths and disability occur in the developing countries, and Nigeria alone accounts for 10 percent [11]. In addition, utilisation of family planning helps to prevent women from participating in unsafe abortion practices [4]. This is because in Nigeria, like many other African countries, abortion is illegal and the United Nation Population Fund (UNFPA) 2009 reported that 74,000 women were estimated to die because of unsafe abortion. This report further explains that 50 million induced abortions were performed each year of which 20 million are performed in unsafe conditions or by untrained providers. Thus, the use of family planning services reduces the number of unintended pregnancies, thereby promoting women reproductive health by decreasing the number of times a woman is exposed to the risk of pregnancy and child bearing in adverse conditions [12]. Family planning saves lives and can improve the health of women, children and society as a whole

The National Survey of Family Growth (NSFG) (2002) reported that 41.7% of women 15 to 44 years of age received at least one family planning service from a medical care provider. This percentage is not as alarming as it might appear at first glance, because some of the women who did not seek family planning services already were pregnant, seeking to become pregnant, or infertile because of sterilization or other reasons. Nevertheless, this rather low percentage suggests that some women are not either planning their pregnancies deliberately or because they are experiencing problems, obtaining family planning services [3]. The growth rate in Nigeria is estimated to be between 2.5-3.0% increasing per annum currently estimated to 190million persons and is expected to reach 338million persons by 2050, which pose various problems for economic growth and development in the country [13].

Utilisation of family planning services need to be increased and the content of such services expand to achieve the reproductive health of women. Hence, it becomes expedient to conduct this research to understanding the factors influencing utilisation of family planning services is critical to the efforts of programmes targeted at meeting the demand for contraception.

Methodology

A descriptive cross-sectional design was used for this research. It was designed to determine factors influencing the use of family

planning services among females of reproductive age (15-45 years) in Bauchi Local Government Area of Bauchi State, Nigeria.

The research was carried out among women of reproductive age (15 – 45 years) in Bauchi Local Government Area, Nigeria. Bauchi is a small community with a total population of 4,676,465 people and over 104,884 females [14]. Dan'lya, Birishi and Dan'amar wards were selected within Bauchi. These wards are deprived wards and have 35,879 females of childbearing age [14].

A sample population of 100 female of reproductive age (15-45 years) was drawn out of the target population. A convenience sample was used in selecting participants who meet the study criteria. Eligible participants were female of reproductive age (15-45 years) who were willing to participate in the study.

Data was collected using semi-structured questionnaire after an extensive literature review on family planning services.

The design and conduct of this study was fully approved and monitored in accordance by the Community Heads of Dan'lya, Birishi and Dan'amar wards. Informed consent from the respondents was obtained. The working practices and confidentiality requirements of all participating individuals was fully respected and the anonymity of all participants in the research was assured.

Data analysis

Data collected was imputed into the computer using Statistical Package for Social Science (SPSS) for data analysis and results presented using descriptive statistical tools such as percentage tables. Pearson's Chi-square test was utilised. The level of significant was taken at 0.05. Cross-tabulation tables were used to explain the relationship between factors influencing utilisation of family planning and its associated variables

Results

The result was presented in five tables. Table 1 presents descriptive analysis of the socio-demographic information of study participants. Majority (41%) of the participants were within 25-34yrs of age whilst (7%) of the participants were within 45-54 years. Islam is the religion (84%) practiced by most of the participants. The ethnicity of the participants was diverse with Hausa being the ethnic group with the highest proportion (26%).

Participants were mainly educated to tertiary level (58%) with only one participant having no form of education. Half of the participants were students (50%) while others were either civil servants or artisan. Only a few percentage were unemployed full-time housewives (12%). Majority of the participants earned less than 10,000 (35%) and there were mostly single unmarried females (57.3%). Amongst the respondents that were married (38.5%), majority had been married for 6-10 years (43.9%).

Most of the participants had no child (56.2%). The result of this study reveals that (43.7%) of women had at least one child and 2years was the highest minimal interval (16.7%) most of the participants space childbirth.

Table 2 illustrates the frequency distribution of participants' knowledge of family planning methods. Nearly all participants (99%) had heard about family planning services and knowledgeable about methods of contraception. Only 1% had no prior knowledge of family planning. More participants (48.4%) knew all methods of contraception and first learnt about family planning methods in the hospital (35.8%).

Majority of the participants (62.5%) were aware that family-planning methods does not decrease sexual urge. They (58.9%) also agreed that it prevents Sexually Transmitted Infection (STI). More participants (41.5%) were aware of the services rendered in a typical family planning service. Hormonal pills (66.3%) were the most common contraceptive method used by the participants and the women mostly obtain these hormonal pills from the primary health center (56.5%).

Table 3 shows distribution of the utilisation of family planning methods. About three-quarter of the participants (74%) were sexually active at the time of this study, of which more participants (53.1%) have never used any family planning methods. Amongst the participants who had used a family planning method (46.9%), less than half of them (47.9%) were currently using a type of family planning method. Hormonal methods (30.4%) were the most commonly used. Fewer participants (6.7%) visited the family planning services regularly and more participants (69.8%) appear not to have time for follow up visits.

Table 1. Distribution of socio-demographic characteristics of respondents (n=96)

Characteristics	Frequency	Percentage (%)	
Age range	15-24years	35	36.5
	25-34years	39	40.6
	35-44years	15	15.6
	45-54years	7	7.3
Religion	Islam	80	83.3
	Christianity	12	12.5
	Traditionalist	3	3.1
	Others specify	1	1.0
Ethnicity	Fulani	24	25.0
	Igbo	5	5.2
	Hausa	25	26.0
	Jarawa	15	15.6
	Yoruba	5	5.2
	Others	22	22.9
Academic attainment	Primary education	10	10.4
	Secondary education	28	29.2
	Tertiary education	57	59.4
	No education	1	1.0
Occupation	Civil servant	15	15.6
	Artisan	21	21.9
	Full-house wife	12	12.5
	Student	48	50.0
Average income per month	Below – 10,000	33	34.4
	10,000 – 24,000	29	30.2
	25,000 – 40,000	14	14.6
	Above – 40,000	20	20.8
Marital status	Single	55	57.3
	Married	37	38.5
	Divorced	1	1.0
	Widow	3	3.1
If married, for how long	1-5 years	15	36.6
	6-10 years	22	43.9
	11-15 years	3	7.3
	16-20 years	5	12.2
Number of children	None	54	56.2
	1-2 children	22	22.9
	3-4 children	13	13.5
	5-above	7	7.3
Minimal interval between children	Months	1	1.0
	1yr	11	11.5
	2yrs	16	16.7
	3yrs	6	6.2
	4yrs	1	1.0

Table 2. Frequency distribution of respondent’s knowledge on Family Planning (n=96)

Characteristics	Frequency	Percentage (%)	
Have you heard of family planning methods?	Yes	95	99
	No	1	1
Tick the family planning method you know?	1-2 methods	33	34.7
	3-4 methods	16	16.8
	All methods	46	48.4
Where did you first learn about family planning methods?	Hospital	34	35.8
	Mass media	13	13.7
	Friends and family	33	34.7
	Religious institution	3	3.2
Does family planning methods decrease sexual urge?	Yes	36	37.5
	No	60	62.5
Do some of the methods prevent STI?	Yes	56	58.9
	No	39	41.5
Do you know the type of services rendered in family planning clinics?	Yes	39	41.5
	No	55	58.5
If yes, please list the type of services to known to you?	Pregnancy test and counseling	2	5.4
	Pregnancy test and health education	4	10.8
	Pregnancy test and family planning	3	8.1
	Counseling and health education	3	8.1
	Counseling and family planning	4	10.4
	Family planning and health education	6	16.2
	Family planning and STI’s	2	5.4
	Health education and STI’s	1	2.7
	Health education and cervical test	1	2.7
	Cervical test and family planning	1	2.7
	Cervical test and breast exams	1	2.7
	Contractive use	7	19.0
	Health education	2	5.4
	Which of the following modern family planning methods are available in the community?	Hormonal pills	57
Hormonal implants		1	1.2
Hormonal injections		4	4.7
Condom		24	27.9
Where do you obtain family planning methods in the community?	Primary health center	52	56.5
	Chemist	27	29.3
	IUTH	6	6.5
	Other	7	7.6

Table 4 indicates factors reported by participants that affects utilisation of family planning services. Factors affecting family planning utilisation include; attitude of the family planning providers, availability of facilities/equipment, awareness, schedule of family planning clinic, effectiveness of the family planning method, accessibility of family planning services, cultural acceptance, religious acceptance, husband’s acceptance, except language barrier were factors, which the respondents agreed, influenced the utilisation of family planning services. Husband’s acceptance had the highest agreement with 84.4% while language barrier was 49.0%.

Tables 5 showed that there was a significant association between academic attainment and level of knowledge on family planning methods of females of reproductive age under study and utilisation of family planning services as the p-values < 0.05.

Table 3. Distribution of utilisation of family planning methods

Characteristics		Frequency	Percentage (%)
Percentage of respondents who were sexually active at the time of this research	Sexually active	74	74.0
	Not sexually active	26	26.0
Have you used any family planning method before	Yes	45	46.9
	No	51	53.1
If yes, are you currently using any family planning methods	Yes	46	47.9
	No	50	52.1
If yes, tick the method	Hormonal method	14	30.4
	Barrier method	10	21.7
	Fertility awareness	9	19.6
	Emergency contraceptive	2	4.4
	Abstinence	7	15.2
When last did you visit the family planning clinic?	Withdrawal method	4	8.7
	Within the last 1 month	4	6.7
	Within the last 3 months	10	16.7
	Within the last 6 months	10	16.7
Do you have time for your follow up visit to family planning clinic	Others (within the last six months and above)	36	60
	Yes	29	30.2
	No	67	69.8
	level of respondents' knowledge on family planning methods	High	
	Low		30.2

Table 4. Factors that influence the utilisation of family planning services frequency distribution

Characteristics		Frequency	Percentage (%)
Attitude of family planning provider	Yes	58	60.4
	No	38	39.6
Availability of facilities/equipment	Yes	73	76.0
	No	23	24.0
Awareness	Yes	61	63.5
	No	35	36.5
Language barrier	Yes	47	51.0
	No	49	51.0
Schedule of family planning clinic	Yes	60	62.5
	No	36	37.5
Effectiveness of family planning method	Yes	76	79.2
	No	20	20.8
Accessibility of family planning services	Yes	72	75.0
	No	24	25.0
Cultural acceptance	Yes	72	75.0
	No	24	25.0
Religious acceptance	Yes	79	82.3
	No	17	17.7
Husband's acceptance	Yes	81	84.4
	No	15	15.6

Table 5. Association between respondents socio-demographic characteristics and family planning utilization

Variables	Utilisation of family planning services		Pearson chi-square X ² (P-value)	df	Remark	
	Low utility	High utility				
Age range	15-24years	15	21	6.991 (0.072)	3	No significant association
	25-34years	6	32			
	35-44years	5	10			
	45-54years	1	6			
Academic attainment	Primary education	3	7	8.711 (0.013)	2	There is a significant association
	Secondary education	7	21			
	Tertiary education	17	40			
Level of knowledge of family planning methods	Low level	9	20	6.569 (0.037)	1	There is a significant association
	High level	18	49			

Discussion

The results presented in Table 1 revealed that many of the females in the community were between the age ranges of 25-34 years, this indicates that most of the females were in their prime age and sexually active as shown in Table 1, therefore, women could become unintentionally pregnant if family planning services are utilised. Majority of the respondents were Muslims showing that the area of study is predominate by Islam with Hausa being the highest ethnic group in the community. Without restrain family planning services can be utilised by anyone living in the community. According to the field survey, academic attainment of the respondents was mostly of tertiary level of education with only one respondent having no formal education exposure. Due to the establishment of secondary schools and federal university in the community, half of the respondents were students, corresponding to the high number of single females with a few as fulltime housewives having an average income of 10,000 - 24,000 naira per month. Forty-two percent of the respondents had children comprising of single, married, divorced or widowed females with 16 who had more than one child having a minimal age interval between each child at 2 years, which is adequate age interval for exclusive breastfeeding, and recuperation of a mother for another pregnancy [15]. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy [15]. Available statistics show Nigerians as having the second highest number of maternal deaths in the world with 59,000 deaths a year, yet child spacing is a veritable strategy to halt maternal deaths and even the incidence of unwanted pregnancies and unsafe abortions in the country [4].

Table 2 showed that most of the respondents knew the family planning services available in the community, which are taught in the family planning clinics for the benefits of females who are sexually active and want to prevent unwanted pregnancies and for couples who wished to space the births of their children. The family planning services available in the community are inclusive of counseling on the provision of family planning methods, breast examinations, cervical screening, pregnancy test, health education on sexually transmitted infections (STI's) amongst other private issues that are personal to the client provided by the family planning clinic staff.

Table 3 indicated that majority of the respondents were aware of the available methods of family planning in the community mostly from friends and family while the least was from the mass media. Condom, hormonal pills and injections are readily available family planning methods in the community, as condoms and hormonal pills can be easily purchased over the counter without a doctor's prescription and the individual does not require the assistance of trained personnel to administer the medications or use the condom compare to the use of hormonal injections or other methods of family planning.

The total number of condoms provided by international donors has been relatively low. Between 2000 and 2005, the average number of condoms distributed in Nigeria by donors was 5.9 per man, per year, and in 2002, 75 per cent of health services facilities visited in a survey did not have any condom or contraceptive supplies [13], this in turn does not encourage the utilisation of family planning services due to lack of needed contraceptive methods.

All these factors listed in Table 4 apparently influence the utilisation of family planning services by females of reproductive age in the community, as the attitude of the family planning providers will enable a good communication between the provider and the consumer.

The availability of facilities/equipment will ensure adequate care to be provided to the consumer at every visit. Lack of awareness prevents adequate use of the services even though the services are available to the community, language barriers alters communication leading to inappropriate transfer of information. Further, schedule of family planning clinic enables for proper planning of visit, effectiveness of family planning methods, and further confidence for utilisation, accessibility of family planning services being use and the cultural, religious and husband's acceptance boosts utilisation of family planning services. Educational attainment and level of knowledge about family planning methods were statistical significant to family use. The findings of the current study echoed in many other studies. Oyedokun [7] found that well educated women are more willing to engage in innovative behaviour than less educated women and in many developing countries, the use of family planning methods remains innovative; Koc [16] also reported a positive association between educational level of both women and their spouses and use of contraceptive methods.

Conclusion

As identified from the study, female of reproductive age utilised family planning methods that are available in their community, which is inclusive of condom, hormonal pills and hormonal injections found in the primary health care centers' and in the patent medicine store that serve the community. Family planning services help men and women of childbearing age make informed decisions about their reproductive health. The benefits of family planning extend well beyond the individual seeking advice or treatment. Access to these services empowers people to make appropriate choices for their lifestyle and have a positive impact on society. Women who can plan the number and timing of the birth of their children enjoy improved health, experience fewer unplanned pregnancies and births, and are less likely to have an abortion and its resultant complication.

Access to family planning services is vital to the health and future of females leading to safe motherhood. The ability to plan the number and spacing of births increases the likelihood for positive health outcomes for women, men, and their children. Improving knowledge about contraception and ensuring access to effective family planning options for residents in need are essential to decreasing unintended pregnancies and increasing intended pregnancies.

Changes in attitudes towards contraception among Nigerians will increase their practice of contraception and improve their reproductive health.

The knowledge of this research will help healthcare givers to provide adequate health education to clients and family in the community to expand their knowledge of family planning services to ensure adequate child spacing and reproductive health.

In addition, nurses and midwives will be able to provide adequate health information to people in the community on the benefits of child spacing through the family planning methods to enhance their utilisation and prevent unintended pregnancy and abortions.

Recommendations

Based on the findings of this study the following recommendations were made; Family planning services should be made available, accessible and affordable to high-risk groups. Counseling should be done in religious institution to propagate the knowledge of family planning and encourage the utilisation of the services by their members to enhance their reproductive health. Men plays an active part in their

family's decision making, therefore health care provider should educate men on benefit of family planning services to enhance its acceptance and utilisation among women of reproductive age. Lastly, the public should be enlightened on family planning services through the mass media, as it is the largest means of dissemination of information.

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