

Reproductive health knowledge, beliefs and determinants of contraceptives use among women attending family planning clinics in Ibadan, Nigeria

¹O.A. Moronkola, ²M.M. Ojediran, ³A. Amosu

¹ Health Education Unit, Dept. of Human Kinetics and Health Education, University of Ibadan, Ibadan , Nigeria
² Department of Primary Health Care & Disease Control, Ministry of Health, Oyo State, Secretariat, Ibadan, Nigeria.
³ Department of Health Sciences, Babcock University, Ilishan-Remo, Nigeria.

Abstract:

Background: In developing countries especially in Africa, reproductive ill health have been a great concern to many stakeholders as maternal mortality and morbidity are very high compared to developed world. Also reproductive health knowledge and access to quality of care maternal health services in Africa are poor with significant health consequences. Appropriate reproductive health knowledge, belief and will power of women to access quality family planning services (preventive and curative) are essential for improvement in reproductive health of women.

Objective: The study aimed to assess reproductive health knowledge, beliefs and influential factors of contraceptives use among women attending family planning clinics in Ibadan, Nigeria.

Method: The study was cross-sectional in nature involving 550 randomly selected respondents among women attending family planning clinics in Ibadan, Nigeria. The study instrument was a self-administered questionnaire. Data was analyzed using SPSS package.

Results: Only 56.0% of the respondents knew when pregnancy can occur, 31.5% believed that having sex once with a man will not result in pregnancy. Almost in all items, over 90.0% of respondents had knowledge of benefits of family planning. Consideration about personal health (86.0%) and husband's approval (74.9%) were major determinants of respondents use of contraceptives.

Conclusion: Though respondents were knowledgeable about benefits of family planning, there is the need for continuous education of women about reproductive health issues and integration of men's participation in family planning programme to increase utilization of family planning services in Ibadan, Nigeria.

African Health Sciences 2006; 6(3): 155-159

Introduction

Reproductive health occupies a central position in the identity of the health as well as the development of a given population. However, the events of reproductive health are usually found in women who due to their biological function invariably bear the greater burden of the shortcomings of reproductive health such as unsafe motherhood or unsafe abortion¹. In developing countries especially in Nigeria, there is need to improve maternal and child health care services as most deaths of women during pregnancy or delivery are preventable.

In the Revised National Health Policy of Nigeria, among the three identified current situation of the health status of the country is that the maternal mortality rate (about one mother's death in every one hundred

deliveries) is one of the highest in the world. In the light of this, one of the key National Policy on Reproductive Health objective is to reduce maternal morbidity due to pregnancy and childbirth by 50%. One of the strategic thrusts is the promotion of a healthy reproductive health lifestyle by process of providing appropriate knowledge to bring about appropriate behavioural change and improve participation in the use of reproductive health services².

Family planning helps everyone (women, children, men, families, nations, the earth). Specifically, it protects women from unwanted pregnancies, thereby saving them from high risk pregnancies or unsafe abortions. If all women could avoid high-risk pregnancies, the number of maternal deaths could fall by one-quarter. Also other benefits accruing from family planning methods include prevention from cancers, sexually transmitted infections and HIV/AIDS³. Review of literature shows that the advantages of proper family planning are enormous as high fertility rate has been linked with underdevelopment in developing countries⁴.

Corresponding author

O.A. Moronkola

Health Education Unit

Department of Human Kinetics and Health Education

University of Ibadan, Ibadan , Nigeria

E-mail-walemoronkola@yahoo.com

The focus of this study therefore, was to find out reproductive health knowledge, belief and determinants of contraceptives use among women attending family planning clinics in Ibadan.

Study design: The study adopted descriptive cross sectional exploratory study, of women of reproductive age attending Oyo State Government, Nigeria owned 14 health facilities providing family planning services in Ibadan.

Sampling and sample size: - A systematic sampling technique was adopted by selecting women at regular intervals down their sitting positions on a particular clinic day, the starting point was chosen at random. At the end, 550 respondents were selected from clients accessing reproductive health care services in the 14 clinics in Ibadan, Nigeria.

Ethical issues: Permission was sought for and obtained from the appropriate health officers. Thereafter, respondents at each clinic were briefed about the purpose of the study and that they have a right to participate, or withdraw from the study.

Data collection: Pre-tested closed ended questionnaire were administered by trained research assistants at each of the 14 study locations

Data analysis: SPSS package was used for data analysis and results presented in the form of tables and percentages.

Results

Demographic characteristics of respondents

Out of the five hundred and fifty respondents most of them were between 27-36 years old (27-31=26% and 32-36=22.5%). Majority (90.2%) were married, 347(63.1%) were Christians and 201 (36.5%) Muslims. Most of the respondents were educated (tertiary education = 43.3%, secondary education = 34.9% and Primary education = 17.6%). Also 42.5% were civil servants, 41.3% self employed. Among the 550 respondents, 50.0% considered themselves very religious, 47.6% religious and 2.4% not religious.

Table 2 shows extent of knowledge of respondents on each knowledge item. It is worrisome that only 56.9% knew when pregnancy occurs, 56.3% can link sexually transmitted infections early in life to

future infertility problem and 40.7% only knew that symptoms may not necessary occur in infection with sexually transmitted infections. This result may be due to the fact that sexuality education is seldom taught in schools in Nigeria due to wrong belief that link teaching of sexuality education in schools to sexual experimentation and engagement in risky sexual behaviours among young people. However, it is cheering that as high as 83.6% knew about mother to child transmission of HIV, which may not be unconnected with aggressive HIV/AIDS sensitization programmes of non-governmental organizations and government agencies within the city within the past few years.

Reproductive health knowledge is important for women as a woman's health and well-being, contraception as well as those of her family, may depend on her being able to delay the birth of her first child or space the birth of her children^{5,6}.

Women knowledge or education about what affects them, awareness about the role of family planning in family life as well as access to safe and effective methods of family are essential to good health⁷.

The impact of belief in personal and community health practices is very strong. Belief may not be true scientifically and as such may make one to rightly or wrongly access health care. In table 3 above, 39.5% of the respondents believed that pregnancy can only occur when one has sex on bed or mat (i.e the traditional sleeping material), 31.5% believed that having sex once with a man will result to pregnancy and 23.3% believed washing vagina immediately after sexual intercourse prevent pregnancy. Also a swollen part of the breast was considered by 19.5% as sign of much breast milk, 15.8% of the respondents asserted that breast milk is not safe for baby shortly after birth while 21.1% believed that having sex with young men will make them feel younger. These beliefs are wrong scientifically and have implications for maternal and child health.

The attitudes and views of women, the primary users of family planning methods should be consider important when introducing any new contraceptive method⁸.

In table 4, it is vividly revealed that most respondents had knowledge of benefits of family planning as 92.2% asserted that it allows couple prepare for child bearing, 90.7% affirmed it enables parents give sound education to children, 96.0% said it improves standard of living, 96.7% reasoned that it helps mother regain her strength before next baby, 86.2% noted it helps a woman to make her beauty last, 92.2% said it makes couples to be responsible while 91.3% opined that health of children are protected when women plan their families.

Table 1: Demographic characteristics of respondents N=550

Characteristics	No	%
Age (years)	13	3.3
17-21	79	14.4
22-26	143	26.0
27-31	124	22.5
32-36	83	15.1
37-41	63	11.5
42-46	29	5.3
47-51	11	2.0
52-59		
Marital status	34	6.2
Single	496	90.2
Married	5	0.9
Separated	4	0.7
Divorced	11	2.0
Widowed		
Religion	347	63.1
Christianity	201	36.5
Islam	1	0.2
Traditional	1	0.2
Other		
Education	23	4.2
No formal Education	97	17.6
Primary Education	192	34.9
Secondary	238	43.3
Tertiary Education		
Employment Opportunities	234	42.5
Civil service	75	10.4
Private companies/Enterprises	227	41.3
Self employed	31	5.6
Unemployed	1	0.2
Retired		
Religious Commitment	275	50.0
Very Religious	262	47.6
Religious	13	2.4
Not Religious		

Table 2: General reproductive health knowledge of women attending family planning clinics in Ibadan N = 550

Item	True (Knowledgeable)	False (Not knowledgeable)
Pregnancy occurs when one has sex between the 16 th and 12 th day to the next menses.	313 (56.9%)	237 (43.1%)
Infertility/childlessness later in life may be due to sexually transmitted infection acquired early in life.	359 (59.3%)	191 (34.7%)
Men and women infected with sexually transmitted infection always develop symptoms when the infection first occurs.	224 (40.7%)	326 (59.3%)
HIV infection can be passed from a mother to her unborn child	480 (83.6%)	90 (16.4%)

Table 3: Belief about reproductive health among women attending family planning clinics in Ibadan N = 550

Item	True	False
Pregnancy occurs when one has sex only on bed/mat	217 (39.5%)	333 (60.5%)
Having sex once with a man will not result to pregnancy	173 (31.5%)	377 (68.5%)
Washing one's vagina immediately after sex prevents pregnancy	128 (23.3%)	422 (76.7%)
If a swollen part is detected in the breast it shows that the women has much breast milk	107 (19.5%)	443 (80.5%)
Breast milk is not safe for baby shortly after birth	87 (15.8%)	463 (84.2%)
Having sex with a young man will make one feel younger	116 (21.1%)	434 (78.9%)

Findings in this section of the study are consistent with literature. A woman's health and well-being and those of her family are linked with her first child or how she spaces the birth of her children. Women are often aware of benefits of family planning⁷. Women's decision about use, non-use or discontinuation of family planning methods can be affected by their perceptions of contraceptive risks and benefits, concerns about how side effects may influence their daily lives and assessment of how particular methods may affect relationships with partners or other family members^{9,10}.

Family planning ensures reduction in health risks of women, and gives them more control over their reproductive lives. With these gains, women can take advantages of education, employment and civic responsibilities¹¹.

Table 4: Knowledge of benefits of family planning of women attending family planning clinics in Ibadan N = 550

Item	Yes	No
Family Planning allow couple to prepare for child bearing.	499 (92.2%)	51 (7.9%)
Parents will give sound education to children.	536 (90.7%)	14 (9.3%)
Improves standard of living	528 (96.0%)	22 (4.0%)
Helps mother regain her strength before next baby	532 (96.7%)	18 (3.3%)
Helps women to make her beauty last	474 (86.2%)	76 (13.8%)
Makes couples to be responsible	507 (92.2%)	43 (7.8%)
Health of children are protected	502 (91.3%)	48 (8.7%)

Table 5: Determinants of contraceptives use among women attending family planning clinics in Ibadan N = 550

Item	Agree	Disagree	Not sure
Husband approval	412 (74.9%)	87 (15.8%)	15 (9.3%)
Religion support	329 (59.8%)	169 (30.7%)	41 (7.5%)
Recommended by health provider	340 (61.8%)	169 (30.7%)	41 (7.5%)
Parent in-law approval	121 (22.0%)	382 (69.5%)	47 (8.5%)
Friend approval	129 (23.5%)	377 (68.5%)	44 (8.0%)
Advertisement	219 (39.8%)	272 (49.5%)	59 (10.7%)
Safe for my health	478 (86.9%)	50 (9.1%)	22 (4.0%)

In table 5, 86.9% of the respondents rated impact of contraceptives on their health as the most important determinant of their use of contraceptives, followed by husband approval (74.9%) and lowest determinant (22.0%) parent in-law approval.

In this study, women considered their health as very important and this may not be unconnected with the saying among the Yorubas (ethnic group in South-western Nigeria) in Oyo state, Nigeria where the study

was situated that when there is life (health) there is hope. It is also pertinent, to observe that a substantial number of respondents considered their husbands' approval as strong determinant of their contraceptive use. Reasons for this may be the high regard given to men (husband) in determining number and when to have children among the study population which is typical of many African nations.

Several researchers have been interested to find out influential factors that motivate women to adopt contraceptive methods⁸. In Tanzania, both the qualitative and quantitative data show that men have a strong influence over fertility decisions and some women were using family planning secretly⁹. Determinants of reproductive health service use, rest on the individual, household, service and community levels. Therefore, when considering those influential determinants of use of reproductive health services, the household and community in which the individual lives as well as the characteristics of the health services available in the community must be taken into consideration³. Providers should note that women do live in a context where they are not making unilateral decisions about their reproductive health⁴. It is also significant to note that husbands approval was also rated high as determinant of contraceptive use and this is consistent with literature that men are usually dominant decision makers when birth or fertility control issues are to be determined^{5,6,12}. One of the frequent reasons women do give for not beginning or continuing to use contraception is their partner's opinions⁷ and as well as age, health status, the willingness of sex partners to participate in family planning, sexual behaviours of both partners and a careful review of risks and benefits involved with each available method^{9,13}.

Conclusion and recommendation

Respondents had a high level of knowledge of benefits of family planning but their general reproductive health knowledge was on the average. They considered safety of their health and husband approval as strong determinants of their use of contraceptives. We therefore, recommend intervention programme on increasing women's knowledge of reproductive health services and sensitization of men in the city on the need to support their wives to access appropriate family planning services.

References

1. Adinma, B. An overview of the global policy consensus on women's sexual and reproductive rights: The Nigerian perspective. *Trop J Obstet Gynaecol* 2002 Suppl. 1:9-12.
2. Federal Ministry of Health, Nigeria: Revised National Health Policy Abuja: Federal Ministry of Health 2005, 34–35.
3. Hatcher, R.A, Rinehart, W, Blackburn, R. and Geller, J. S. *The essential of contraceptive technology* Baltimore: Population Information Programme 1997, 1-2.
4. Obisesan, K.A, Adeyemo, A.A. and Fakokunde, B.O. Awareness and use of family planning methods among married women in Ibadan, Nigeria *East Afri Med J* 1998 ,75:3, 135-138.
5. Smith, E. J. Protecting fertility *Network* 2002; 22.1:14-18
6. Nazar-Beutelspacher, A, Matina-Rosales, D, Salvatierra-Ilzaba, B. Zapata-Martelo, E and Halperrin, D. Education and non-use of contraceptives among poor women in Chiapas, Mexico *Int Fam Plann Perspect* 1999; 25:3: 132-138.
7. Akande, E.O. Women's health in Nigeria: past present and prospects for the new millennium *Afri J of Med Sci* 2000, 29:75-82.
8. Stephenson, R and Tsui, A.O. Contextual Influences on reproductive health service use in Uttah Pradesh, India *Stud Fam Plann* 2002; 33:4, 309-320.
9. Marchant, T. Mushi, A. K., Nathan, R. Mukasa, O, Abdulla, S Lengeler, C and Schellenberge, A. Planning a family: Priorities and concerns in rural Tanzania *Afr J Reprod Health* 2004; 8:2, 111 – 123.
10. Ndong, I and Finger, W.R. Male responsibility for reproductive health *Network* 1998, 18:3, 4-6.
11. Centers for Disease Control and Prevention. *Family Planning methods and practice: Africa Atlanta* US Department of Health and Human Services. 2000.
12. Obionu, C.N. Family planning knowledge, attitude and practice amongst mates in a Nigerian urban population *East Afri Med J* 1998 75:3, 131-134.
13. Finger, W.R. Method choice involves many factors *Network* 1994, 15:2, 14-17.