



## ORIGINAL RESEARCH

### Family Planning Knowledge and Practices in Two Communities in Lagos State, Nigeria

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#### ABSTRACT

**Background:** Family planning (FP) refers to use of birth control methods that allow a couple to control their family size. Research shows that peoples' quality of life improves when they are able to decide the number and spacing of their children and there are various methods available to help people achieve this purpose.

**Objectives:** The aim of this study was to determine respondents' knowledge and practice about FP and their most utilized and best methods.

**Methods:** Pretested, semi-structured questionnaires were administered to 100 residents each in two communities (Mushin and Ojo) in Lagos after informed consent was obtained. The locations were conveniently selected. Data were analysed by descriptive and inferential statistics using Microsoft-Excel and Statistical Package for the Social Sciences (SPSS). Results obtained were presented as tables and charts.

**Results:** Demographic profiles show that majority were females (90.2%) and were 45 years and below (77.2%). About 72% of the respondents use contraceptive methods. The results show that the respondents have a good knowledge of FP and use is high. The most known methods are the male condom (100.0%) and calendar/rhythm (92.9%) while the most utilized methods are emergency contraception (45.9%) and male-condom (40.7%). The most preferred methods according to the respondents are the male condom (27.1%) and abstinence (26.9%).

**Conclusion:** Awareness of FP and contraceptive use rate was high in the two communities. Routine use of emergency contraception was recorded. The study recommends public enlightenment campaigns to further improve the knowledge and correct those misconceptions that exist.

**Keywords:** Family Planning, Contraception, Methods, Knowledge, Practice, Contraceptives

#### INTRODUCTION

Research has shown that the health and quality of life of people improve when they are able to decide the number and spacing of their children<sup>1,2</sup>. Family planning (FP) refers to the natural and artificial birth

control methods that allow a couple to control the size of their family and the gap between children<sup>3-5</sup>. FP methods would include every measure that can be taken to give a couple the required freedom to determine when they want to have their children<sup>5-7</sup>. One of the important benefits of

FP is the enhancement of the wellbeing of the mother as it enables her avoid unnecessary pregnancies that could lead to unnecessary abortions and reduces the number of times a woman gives birth<sup>8-11</sup> ensuring that the woman becomes pregnant when she is at optimal health. In the contemporary world, FP can be achieved by birth control methods<sup>12,13</sup>. Birth control can be defined as both spacing and limiting the number of children. In general, there are two methods of birth control: traditional forms that are based on detecting and monitoring the fertility periods of the woman, and artificial forms that use chemical substances and/or devices to prevent pregnancy. The latter have a greater probability of success than the former, especially when the woman has an irregular cycle<sup>11</sup>. Abedin and Stray-Pedersen recorded that contraceptive methods include clinic and supply (modern) methods and non-supply (traditional) methods<sup>14</sup>. Clinic and supply methods include female and male sterilization, intrauterine devices (IUDs), hormonal methods (oral pills, injectable and hormone-releasing implants, skin patches and vaginal rings), condoms and vaginal barrier methods (diaphragm, cervical cap and spermicidal foams, jellies, creams and sponges). Traditional methods include rhythm, withdrawal, abstinence and lactational amenorrhea<sup>3,13-15</sup>. Some contraceptive methods are capable of playing the dual role of both preventing pregnancies and protecting against STDs, including HIV/AIDS, and providing other health benefits<sup>16-18</sup>.

The 2018 Nigeria Demographic and Health Survey report shows that knowledge of modern contraceptive methods is higher among sexually active unmarried women (98%) than married women (94%)<sup>19</sup>. The contraceptive prevalence rate (CPR) is 17% among married women age 15-49. Most married women on contraception use a modern method (12%) while 5% use a traditional method. Thirty-seven percent of sexually active unmarried women use a contraceptive method, with 28% using a

modern method and 9% using a traditional method<sup>19</sup>. The Federal Government of Nigeria, through the Federal Ministry of Health (FMOH) set a modern contraceptive prevalence rate (mCPR) target of 27% by 2020<sup>19</sup>.

There is high population growth rate in Nigeria despite the introduction of family planning services by the Government in 1989 as reported by Odimegwu<sup>20</sup>. Previous studies have documented the knowledge, attitudes and practices of women and men about family planning in different parts of the country<sup>20-25</sup> with varying results. This study therefore set out to determine respondents' awareness, knowledge and practices about family planning in two communities in Lagos state and identify the most utilized and most preferred methods of FP by the respondents

## METHODS

A cross-sectional study was carried out in two conveniently selected communities in Lagos to document the knowledge and practice of sexually active adults about family planning. Areas chosen were Mushin and Ojo local government areas which are both majorly residential areas with between 60 to 70% of the population within the child bearing age group (15-64 years). Both areas are of medium population density<sup>26,27</sup>. Inclusion criteria were age above eighteen years, sexually active and being female. A few male respondents were purposively selected and included in the study. A semi-structured questionnaire was developed for the survey. It consisted of two parts: Part 1 consisted of questions on respondents' demographic data while Part 2 was on knowledge and practice of FP.

The questionnaires were pre-tested in Surulere Local Government Area and results of the pre-test were used to fine-tune the draft and produce the final copy. One hundred (100) respondents were conveniently sampled from each selected community and informed consent obtained

from them. The questionnaires were self-administered for those who could read and write but researcher-administered for those who could neither read nor write during visits to the two communities.

Data collected were collated and analyzed using the Microsoft Excel 2007 and SPSS Descriptive Data Analysis Software. Data were presented as frequencies and percentages and significant differences determined using the chi square test. The results were presented as tables and charts

**Ethical considerations:** Approval to conduct the study was obtained from the Local government areas utilized. Informed consent was obtained from each respondent before questionnaire administration. The questionnaires did not collect personal details from the respondents and only those concerned with the study had access to the questionnaires.

## RESULTS

### A. Demographic Information

A total of 200 questionnaires were administered out of which 184 were retrieved giving a recovery rate of 92%. Demographic profiles of the respondents showed that majority were females in both areas (Mushin, 88%; Ojo, 92%). Most of the respondents were below 45 years of age (Mushin, 77%; Ojo, 78%). The differences in demographic details of respondents in the two areas were not statistically significant at 95% confidence intervals (Table 1).

### B. Awareness of Family Planning

#### *Awareness of Family Planning*

Most of the respondents have heard about FP prior to this study (Mushin, 96.8%; Ojo, 98.9%). About 75% of the respondents in each area had correct information on the meaning of FP such as FP as a means of spacing children, use of drugs and other aids to prevent pregnancy and means of helping couples delay having children until they

are ready. Incorrect information possessed by about a quarter of the respondents (Mushin, 21%; Ojo, 25%) included FP as a means of reducing the population by the government and use of drugs and other aids to remove unwanted pregnancy within the first three months. This is incorrect as the purpose of family planning is not to terminate established pregnancy. The difference in respondents' knowledge was not statistically significant at 95% confidence interval (Figure 1).

#### *Sources of Family Planning Information*

The main sources of FP information in this study were hospitals, pharmacies, schools, friends and mass media. The difference in the result obtained on the sources of FP information was not statistically significant at 95% confidence interval (Figure 2).

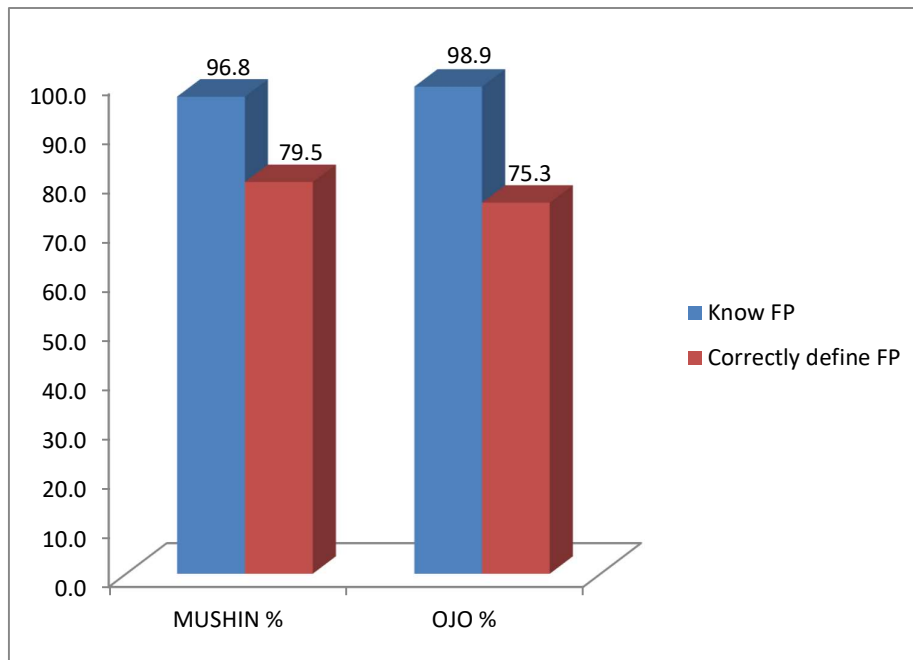
### C. Knowledge and Use of Family Planning Methods

Table 2 shows that about 72% of the respondents use contraceptive methods in the two areas surveyed. The difference in the results was not statistically significant.

Table 3 gives a breakdown of knowledge and use of the various FP methods by respondents in the two areas. All the respondents knew about the male condom. Over 70% of the respondents reported using one form of contraception or the other. Five methods with the highest report of use by the respondents are: emergency contraception, male condom, IUD, Abstinence and Calendar. Percentage values for the ever-used and currently-using fields were determined based on proportions that know about those methods. There was no statistically significant difference between respondents who had ever used ( $p$ -value=0.09) or who were currently using ( $p$ -value=0.88) any of the listed methods.

**Table 1: Demographic Information of Respondents**

ITEMS	MUSHIN n=95 (%)	OJO (%) n=89 (%)	TOTAL n=184 (%)	<i>p</i> -value
<b>SEX</b>				
Female	84 (88.4)	82 (92.1)	166 (90.2)	0.40
Male	11 (11.6)	7 (7.9)	18 (9.8)	
<b>AGE GROUP</b>				
45 and below	73 (76.8)	69 (77.6)	142 (77.2)	0.81
Above 45	22 (23.2)	20 (22.4)	42 (22.8)	
<b>MARITAL STATUS</b>				
Single	46 (48.4)	34 (38.2)	80 (43.5)	0.18
Married	43 (45.3)	50 (56.2)	93 (50.5)	
Widowed	6 (6.3)	5 (5.6)	11 (6.0)	

**Figure 1: Respondents Knowledge about Family Planning (*p*-values=0.37 and 0.28)****Table 2: Use of Contraceptive Methods by Respondents**

USE CONT. METHODS	MUSHIN n=95 (%)	OJO n=89 (%)	TOTAL n=184 (%)	<i>p</i> -value
Yes	66 (69.5)	67 (75.3)	133 (72.3)	0.37
No	29 (30.5)	22 (24.7)	51 (27.7)	

**Key: Cont. = contraceptive**

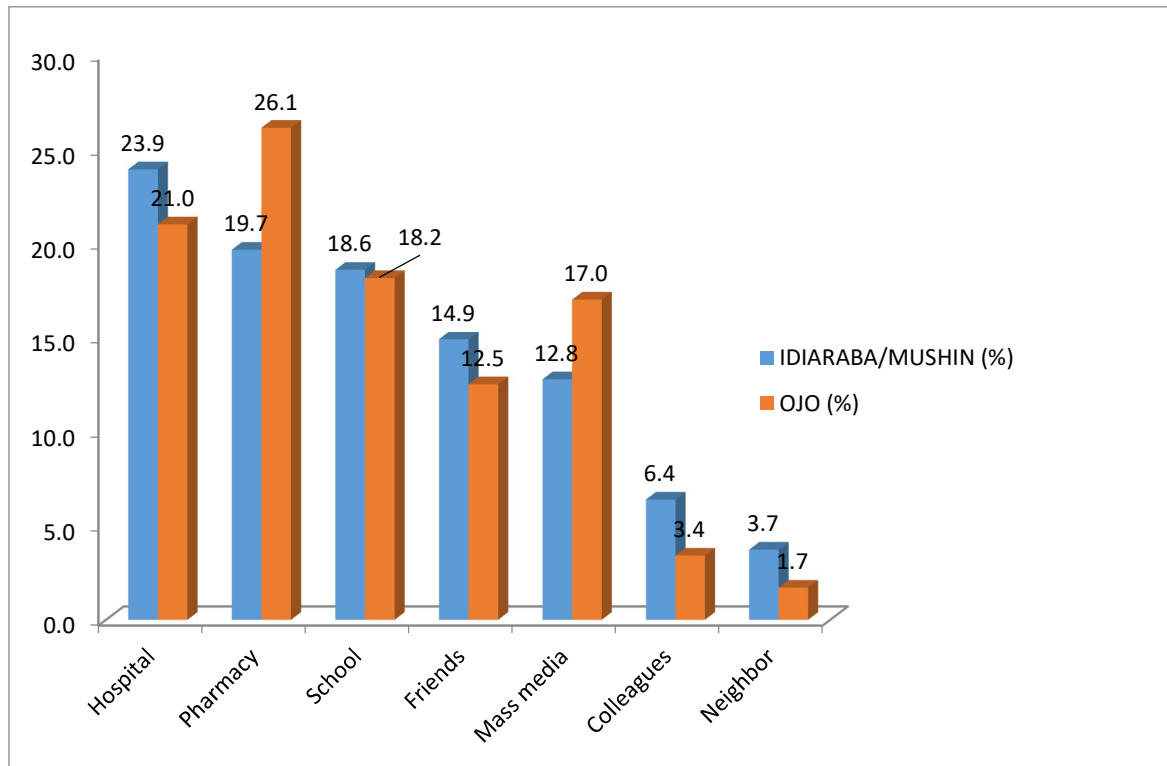


Figure 2: Respondents' sources of Information about FP (*p*-value = 0.37)

Table 3: Knowledge and Use of Family Planning Methods

FAMILY PLANNING METHODS	KNOWN (%)		EVER USED (%)		CURRENTLY USING (%)		METHOD TYPE (1,2*)
	MUSHIN	OJO	MUSHIN	OJO	MUSHIN	OJO	
<b>p-value</b>	<b>0.19</b>		<b>0.09</b>		<b>0.80</b>		
Male condom	100.0	100.0	43.2	50.6	42.1	39.3	1
Calendar/ Rhythm	93.7	92.1	25.8	25.6	23.6	30.5	2
ECP	70.5	60.7	46.3	26.3	46.3	45.6	1
OCP	64.2	47.2	18.0	16.7	11.5	14.3	1
Withdrawal	56.8	52.8	25.9	19.1	25.9	14.9	2
Abstinence	34.7	41.6	60.6	43.2	36.4	21.6	2
IUD	31.6	36.0	40.0	4.8	36.7	28.1	1
Norplant	26.3	20.2	8.0	0.0	0.0	0.0	1
BBT	20.0	23.6	15.8	0.0	0.0	4.8	2
Cervical cap	15.8	20.2	20.3	0.0	0.0	0.0	1
Injectables	15.8	21.3	66.7	31.6	20.0	26.3	1
Vasectomy	14.7	21.3	0.0	0.0	0.0	0.0	1
F. condom	13.7	28.1	0.0	0.0	0.0	0.0	1
Billings Method	12.6	10.1	4.7	0.0	0.0	0.0	2
F. Sterilization	8.4	5.6	0.0	0.0	0.0	0.0	1
Others	10.0	10.1	10.0	11.1	10.0	11.1	

**Key:** ECP = Emergency Contraception; OCP = Oral Contraceptives; IUD = Intra-uterine Device; F. = Female; BBT = Basal Body Temperature; 1 = Modern Method; 2 = Traditional Method

**Effects of Family Planning Methods**

Only about 30.5% and 24.7% of the respondents in Mushin and Ojo, respectively, indicated that they do not use FP methods. Of this number about 69% on the average do not believe that the methods work. Other reasons were religion and partner-based.

About 88% of the respondents believe that FP methods impact their social life while

about 39% believe that FP impacts their sexual life. Impact on social life included respondents need to remember to use their pills in whichever location they may be in, acceptability by partner and cost involvement while impact on sexual life includes change in mood that occurs when, for instance, the male condom is to be inserted and partner acceptability (Table 4).

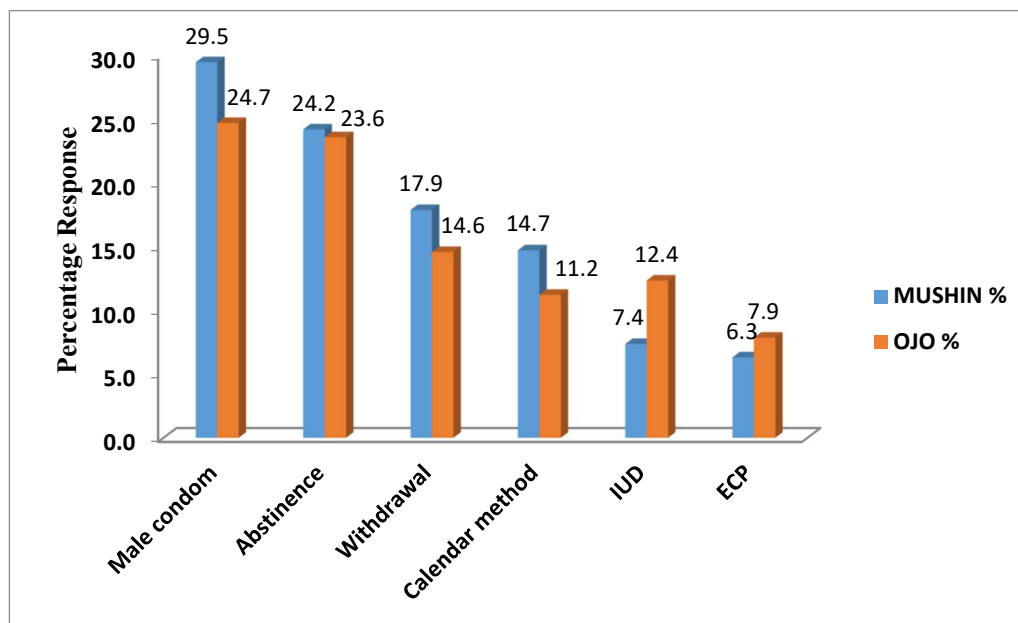
**Table 4: Effects of Family Planning on Respondents**

	MUSHIN n=29 (%)	OJO n=22 (%)	TOTAL n=51 (%)
<b>Why FP are not Used</b>			
Don't believe they work	21 (72.4)	14 (63.6)	35 (68.6)
Religion doesn't support it	5 (17.2)	8 (36.4)	13 (25.5)
Partner doesn't believe in it	3 (10.3)	0 (0.0)	3 (5.9)
<b>Effect of Family Planning:</b>	<b>n=95 (%)</b>	<b>n=89 (%)</b>	<b>n=184 (%)</b>
<b>On Social Life</b>			
Yes	85 (89.5)	77 (86.5)	162 (88.0)
No	10 (10.5)	12 (13.5)	22 (12.0)
<b>On Sexual Life</b>			
Yes	32 (33.7)	39 (43.8)	71 (38.6)
No	63 (66.3)	50 (56.2)	113 (61.4)

**Most Preferred Family Planning Methods**

Respondents' most preferred FP methods are the male condom, abstinence, withdrawal, calendar, intrauterine device

(IUD) and emergency contraception (ECP) (Figure 3). The difference across the two areas was not statistically significant.



**Figure 3: Respondents Most Preferred Family Planning Methods (p-value = 0.81)**

## DISCUSSION

The demographic distribution shows that more of the respondents were young and single. Research has documented that this category of individuals engages in more risky behaviours and are more prone to acquisition of sexually transmitted infections (STIs) including HIV/AIDS<sup>28</sup>. All the variables compared in this study showed non-statistically significant differences between the two communities surveyed showing that there is no difference in these communities with regards to their FP knowledge and practices. In a similar study conducted in Oslo, Norway, most of the participants were married and statistically significant differences were documented with age and educational level of the respondents<sup>14</sup>.

### Awareness and Knowledge of Family Planning

The level of awareness and knowledge of FP was found to be very high in the study. This points to the fact that the respondents surveyed probably had high educational attainment. However, previous studies have documented that high levels of contraceptive awareness do not always equate with correct knowledge and practice<sup>29,30</sup>. Most of the respondents also knew of at least one method of contraception. As in this study, a Demographic and Health Survey conducted in Lesotho in 2004 revealed that about 97% of the women surveyed knew of at least one contraceptive method<sup>31</sup>.

Most of the respondents obtained FP information from health care providers (hospitals and pharmacies). Similarly, previous studies show that healthcare providers were the main source of FP information to the women surveyed<sup>23,32</sup>. Other sources of FP information reported by the respondents in this survey are schools, friends and mass media. This is similar to reports from other studies<sup>16,29,33</sup>. The results show that most of the

respondents do not have access to FP services; only about 16% are aware of the existence of the services in their communities. Thus, the possibility of unmet need for contraception may exist<sup>12,13</sup>. It has been documented that easy access to contraception is essential for its adoption<sup>34,35</sup>. Literature documents that there are many women who would like to delay their maternity or not have more children, but lack the true possibilities of choice<sup>11,36,37</sup>.

### Knowledge and Use of Family Planning Methods

#### *Knowledge of Family Planning Methods*

All the respondents (100%) in both areas had knowledge of the male condom as a contraceptive method. The male condom was also the most common method of contraception known by participants in a survey carried out in Lesotho and Enugu, Nigeria<sup>13,16,29</sup>. The least known methods were Implanon, Nuva ring and Ortho Evra (dermal) patch. This is similar to the survey in Lesotho where the dermal patch was also the least known method<sup>16</sup>. Respondents in this survey were not very conversant with the injectable method unlike in the study above in Lesotho<sup>16</sup>. Respondents in this survey had mixed knowledge of modern and traditional methods as in previous studies<sup>3,13,15</sup>. The differences in knowledge of FP methods was not statistically significant

#### *Contraceptive Use prevalence*

The result of this survey shows a high rate of contraceptive use by the respondents (about 72%). Similarly, high rate of use of contraceptive methods was observed in previous studies<sup>3,38</sup>. This is contrary to the results obtained from the National Demographic and Health Surveys (NDHS) which shows that the overall contraceptive prevalence among all women in Nigeria is low<sup>19,39,40</sup>. The 2018 National Demographic and Health Survey shows that contraceptive use rate among married women is 17% while among unmarried women it is 37%<sup>19</sup>.

Modern contraceptive use among married women ranged from 2% in Yobe and Sokoto to 29% in Lagos<sup>19</sup>.

The high level of awareness and knowledge about family planning, sources of information as well as contraceptive use rate obtained in this study shows that the respondents survey have high levels of education which contributed to the largely good result obtained.

#### ***Methods of Family Planning Currently or Ever Used***

The survey revealed that the male condom, calendar/rhythm and emergency contraception are the top three methods for both current use or have ever been used reported by the respondents. Zlider *et al.*, documented that unmarried women most often use condoms while married women most often use oral contraceptives or traditional methods<sup>34</sup>. According to the 2018 Nigeria Demographic and Health Survey, the most commonly used modern methods of contraception among married women are injectables and implants (3% each) while the most common modern method used by sexually active unmarried women is the male condom (19%)<sup>19</sup>.

This survey revealed that the most commonly used modern method is emergency contraception while abstinence and calendar/rhythm account for the most commonly used traditional methods in the two areas. Previous surveys reveal that the most common contraceptive methods used are the male condom and oral contraceptive pills<sup>3,16,36,38-40,41</sup>. In a study amongst women attending maternity health centres in Osun State, the most commonly used contraceptive method was the injectable followed by IUDs<sup>42</sup>. Another study revealed that, among sexually active unmarried women, the most commonly used modern method is the male condom followed by the pill; while the rhythm method and folk methods are the most widely used traditional methods<sup>3</sup>. An earlier survey showed that a mix of modern and traditional methods are used by those

that have access to contraceptives in Nigeria<sup>13,43</sup>.

The study revealed that a clear gap exists between knowledge of method and its use; all the respondents know of the male condom but only about 47% of them have ever used it. Also, about 93% of the respondents know of the calendar/rhythm method but only about 26% have ever used it thus confirming previous literature that knowledge of FP methods does not necessarily translate to its use<sup>20,44</sup>.

This survey showed that emergency contraception is very popular among the respondents; over 45% of those that have knowledge of ECP are currently using it. This is worrisome as emergency contraception is not designed for regular use; it is strictly for occasional or 'emergency' use such as failure of barrier methods or in cases of rape<sup>45</sup>.

#### ***Effect of Family Planning Methods Used***

In this study respondents' reason for not using contraception is their belief that they do not work. But previous studies showed that lack of awareness of contraception was the most common reason for not using any method<sup>46,47</sup>. In this study, no mention of risk of side effects was made as indicated in some other studies<sup>3,11,29,47-50</sup>.

Respondents in this survey believe that contraceptive use impacts on their social and sexual lives. In the study by Yogendra *et al.*<sup>51</sup>, contraceptive use was acceptable to about 75% of the respondents. This is unlike some survey results which have low contraceptive use rate<sup>29,34,47</sup>.

#### ***Most Preferred Family Planning Methods***

In this survey, respondents' most preferred FP methods are the male condom, abstinence, withdrawal, calendar, intrauterine device (IUD) and emergency contraception. The male condoms are firm favourites in most studies<sup>15,41,42,46,51</sup>. This is probably because male condoms are cheap, effective against sexually transmitted infections including HIV and is the only method that completely involves the male

partner<sup>51</sup>. Some other methods that are highly deployed and preferred according to literature are sterilization methods<sup>45,50</sup> and intrauterine devices<sup>34,49,51,53</sup>.

### **Partner Influence on Family Planning**

The influence of the partner was not very evident in this study like some previous surveys<sup>53,43</sup>. However, studies in India<sup>51</sup> and Enugu, Nigeria<sup>29</sup> have reported that husbands make the decisions on the mode of contraception, if practiced.

### **Limitations of the study**

The study was limited to two locations which were conveniently chosen hence the results may not be generalizable though it provides useful information for planning and further studies especially for residential, medium-density areas.

### **CONCLUSION**

It can be concluded from this study that a high level of contraceptive awareness and knowledge exists among the people surveyed though, about a quarter of the respondents still have incorrect information about FP. Both modern and traditional methods are known with a high contraceptive use rate of about 75% documented. The most utilized methods from this study are the emergency contraception, male condom, calendar/rhythm, IUD and abstinence while the most preferred methods in the estimation of the respondents are male condom, abstinence and withdrawal. The study identified a high level of emergency contraception use. It is recommended that public enlightenment programs be carried out to enable these misconceptions to be corrected

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