

# Knowledge and Practice of Contraceptive Use Among Women Attending Family Planning Clinic at Teaching Hospital in Enugu, Nigeria

Igweagu Chukwuma Paulinus<sup>1</sup>, Chukwubuike Kevin Emeka<sup>2\*</sup> and Eze Christian Chukwuemeka<sup>3</sup>

<sup>1</sup>Department of Community Medicine, Enugu State University Teaching Hospital, Nigeria

<sup>2</sup>Department of Surgery, Enugu State University Teaching Hospital, Nigeria

<sup>3</sup>Department of Ophthalmology, Enugu State University Teaching Hospital, Nigeria

**\*Corresponding author:** Chukwubuike Kevin Emeka, Department of Surgery, Enugu State University Teaching Hospital, Enugu, Nigeria

## ARTICLE INFO

**Received:** 📅 December 07, 2023

**Published:** 📅 January 03, 2024

**Citation:** Igweagu Chukwuma Paulinus, Chukwubuike Kevin Emeka and Eze Christian Chukwuemeka. Knowledge and Practice of Contraceptive Use Among Women Attending Family Planning Clinic at Teaching Hospital in Enugu, Nigeria. Biomed J Sci & Tech Res 54(2)-2023. BJSTR. MS.ID.008531.

## ABSTRACT

**Background:** Contraception, which is also known as birth control, is the use of drugs, various devices, agents, sexual practices or surgical procedures to prevent conception or pregnancy. The aim of this study was to determine the level of knowledge about the use of contraceptives and factors that influence their choice of contraceptives among women attending family planning clinic in a teaching hospital in Enugu, Nigeria.

**Materials and Methods:** This was a descriptive cross-sectional observational study on the knowledge and practice of family planning among women of reproductive age groups. Data were collected by self-administered questionnaires. Information elicited by the questionnaire includes age and marital status, their knowledge of contraceptive usage and factors influencing the usage of contraceptive.

**Results:** A total of 252 questionnaires were shared, collected and analyzed. Majority of the Respondents (50.4%) were within the age range (25-29) years. Most were married Christian civil servants who attained tertiary level of education. The decision on the choice of contraceptive usage was based on joint decision by the couples (88.2%). Majority of the respondents agreed that withdrawal method (23.4%) yielded the most effective. Most of the respondents got their contraceptives as at when due (50.0%) and most of them purchased from the pharmacy when not available in the clinic (48.5%). Most of the respondents knew the major side effects of the different types of contraceptives and this influenced their choice.

**Conclusion:** The study revealed that the awareness of family planning was more among those women with higher educational background. This was evidenced by their choices of a wide variety of methods of family planning.

**Keywords:** Contraceptive Use; Family Planning; Knowledge; Teaching Hospital; Women

**Abbreviations:** ESUTH: Enugu State University Teaching Hospital; SPSS: Statistical Package for Social Science

## Introduction

Contraception, which is also known as birth control, is the use of drugs, various devices, agents, chemicals, sexual practices or surgical procedures to prevent conception or pregnancy. Simply put, contraception is the intentional prevention of prevention [1,2]. Family planning, which encompasses contraception, is a key component of preventive health care and it is of benefit to the women,

men, children, family and the entire community. Higher maternal and neonatal mortalities are associated with poorly spaced pregnancies; just like pregnancies at very young or very old age [3]. Furthermore, a better regulated fertility and sexuality affect women socially and economically. There are discrepancies in the rate of utilization of contraceptives among women in low, middle and high income countries [4-6]. Low level of education or lack of awareness may

be responsible for the differences in contraceptive use documented in developed and developing countries. This impacts on maternal morbidity and mortality. An unplanned and unintended pregnancy is linked to poor state of health of women and children in most developing nations [7]. This study is important because population control is a major tool for improving the standard of living which is directly focused on family planning. It would also inform policy makers and program managers on the need to review policies relating to the use of contraceptives. More research information will be added to the family planning protocol. The aim of this study was to determine the level of knowledge about the use of contraceptives and factors that influence their choice of contraceptives among women attending family planning clinic in a teaching hospital in Enugu, Nigeria.

## Materials and Methods

This was a descriptive cross-sectional observational study on the knowledge and practice of family planning among women of reproductive age groups visiting family planning clinic in Enugu State University Teaching Hospital (ESUTH) Enugu. The study population used for this study consists of 252 women attending family planning clinic in ESUTH. Only women of child bearing age, 15 to 49 years, were included in the study. Pre-pubertal females, less than 15 years and post-menopausal women, more than 50 year of age, were excluded. The patients were selected by the stratified random sampling method and family planning clinic runs on every working day. ESUTH is a tertiary hospital located in Enugu, South East Nigeria. The hospital serves the whole of Enugu State, which according to the 2016 estimates of the National Population Commission and Nigerian National Bureau of Statistics, has a population of about 4 million people and a population density of 616.0/km<sup>2</sup>. The hospital also receives referrals from its neighboring state. Enugu is a capital town in South-East Nigeria, geographically located in latitude 6° N and 27°S and longitude 7°W and 29° E at an altitude of 29,227m above the sea level.

## Data Collection

Data were collected by self-administered questionnaires. Information elicited by the questionnaire includes age and marital status, their knowledge of contraceptive usage and factors influencing the usage of contraceptive.

## Data Management

**Measurement of Variable:** The outcome measures for this study was evaluated as percentage of women of reproductive age groups with adequate knowledge and use of contraceptive method, scores that are greater than or equal to ( $\geq 50\%$ ) was assessed as good while scores less than ( $< 50\%$ ) was considered as poor.

**Statistical Analysis:** Data entry and analysis were done using Statistical Package for Social Science (SPSS) application version 21 (manufactured by IBM Corporation Chicago Illinois). The analysis

was done quantitatively and the information presented in the forms of tables and charts.

**Ethical Consideration:** Approval for the study was given by the ethical committee of the hospital after due consideration of ethical issues. Consent was obtained from each respondent before administering the questionnaire. Consent was also obtained from the nurse matrons of family planning clinics. The study was carried out with the highest level of professionalism and confidentiality.

## Results

### Responders' Demographics

A total of 252 questionnaires were distributed, collected and analyzed showing 100% response rate. Majority of the Respondents (50.4%) were within the age range (25-29) years. Most of the Respondents (38.9%) were civil servants married (96.0%) and are Christians (99.6%). The educational status of most of the Respondents was tertiary education (53.6%), as shown in Table 1.

**Table 1:** Responders' demographics.

Variables	Number of Responders	Percentage (%)
<b>Age (years)</b>		
15-19	3	1.2
20-24	25	9.9
25-29	127	50.4
30-34	75	29.8
35 and above	22	8.7
<b>Occupation</b>		
Student	79	31.3
Trader	39	15.5
civil servant	98	38.9
Artisan	9	3.6
Others	27	10.7
<b>Marital status</b>		
Single	8	3.2
Married	242	96.0
Separated	2	0.8
<b>Religion</b>		
Christian	251	99.6
Islam	1	0.4
<b>Educational status</b>		
Primary	4	1.6
Secondary	31	12.3
Tertiary	135	53.6
Post graduate	77	30.6
No formal education	5	2.0
Total	252	100%

### Information Sources

The commonest source of information on family planning was from health workers (56.0%) followed by the internet (13.4%). Electronic and print media were the least source of information 5.2% and 4.7% respectively. Details are depicted in Table 2.

**Table 2:** Sources of information on family planning.

Source of information	Number of responders	Percentage (%)
Friends	25	10.8
Relatives	21	9.1
Health workers	130	56.0
Print media	11	4.7
Internet	31	13.4
Electronic media	12	5.2
Church	2	0.9
Total	252	100%

### Contribution on the Choice of Family Planning Method

The decision on the choice of contraceptive usage was based on joint decision by the couples (88.2%) as demonstrated in Table 3.

**Table 3:** Couples contribution on the choice of family planning method.

Variables	Number of responders	Percentage%
<b>Couples contribution</b>		
Husband	15	6.3
Wife	13	5.5
Both	209	88.2
Total	252	100%

### Family Planning Effectiveness

Majority of the respondents agreed that withdrawal method (23.4%) yielded the most effective result after usage followed by safe period (20.1%) then condom use (17.9%) (Table 4).

**Table 4:** Responder Knowledge on the Effectiveness of family planning method after usage.

Family planning methods	Number of Responders	Percentage%
Withdrawal	43	23.4
Condom	33	17.9
Safe period	37	20.1
Oral contraceptive	7	3.8
Implant	31	16.8
Billing method	18	9.8

Prolonged breast feeding	7	3.8
IUCD	7	3.8
Diaphragms	1	0.5
Total	252	100%

### Access to Contraceptives

Most of the respondents got their contraceptives as at when due (50.0%) and most of them purchased from the pharmacy when not available in the clinic (48.5%) (Table 5).

**Table 5:** Respondents access to contraceptives when needed.

Do you get your contraceptive when you are due	Frequency	Percentage
Yes	126	50.0
No	46	18.3
If no, why		
Clinic stock out	15	29.4
Bus fare to the clinic	1	2.0
Busy	24	47.1
Others	11	21.6
Total	252	100%
<b>What do you do when you don't get your contraceptives from the clinic</b>		
Purchase from the pharmacy	79	48.5
Use of alternative methods	54	33.1
Don't use any method	24	14.7
Others	6	3.7
Total	252	100%

### Convenient Place to Get Contraceptives

Majority of the respondents got their contraceptives from the hospital/health institution. When not available at clinics, most of the respondents (48.5%) purchased their contraceptives from the pharmacy (Table 6) (Figures 1-7).

**Table 6:** Respondents convenient place to get contraceptives.

Variables	Frequency	Percentage
<b>Where would be the most convenient place to get your contraceptive</b>		
Hospital/health institutions	142	68.9
Reproductive and child care clinic	19	9.2
Pharmacy	36	17.5
At home or community based distributors	3	1.5
Others	6	2.9
Total	252	100%

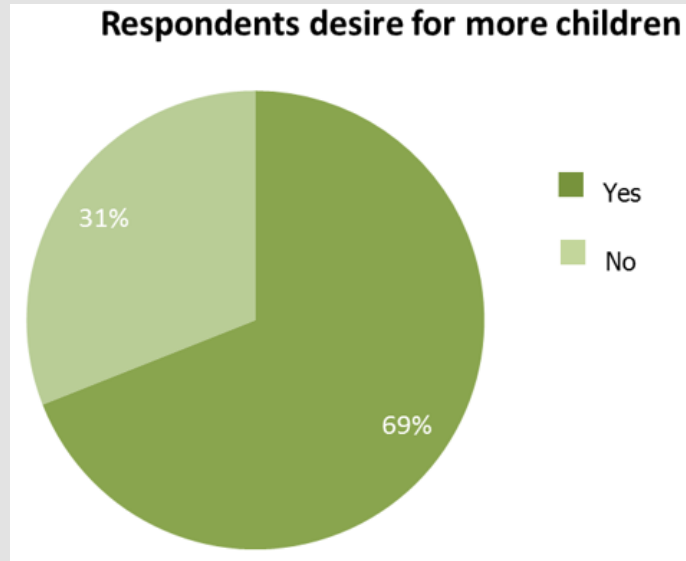


Figure 1: Majority of the respondents wanted more children (69%).

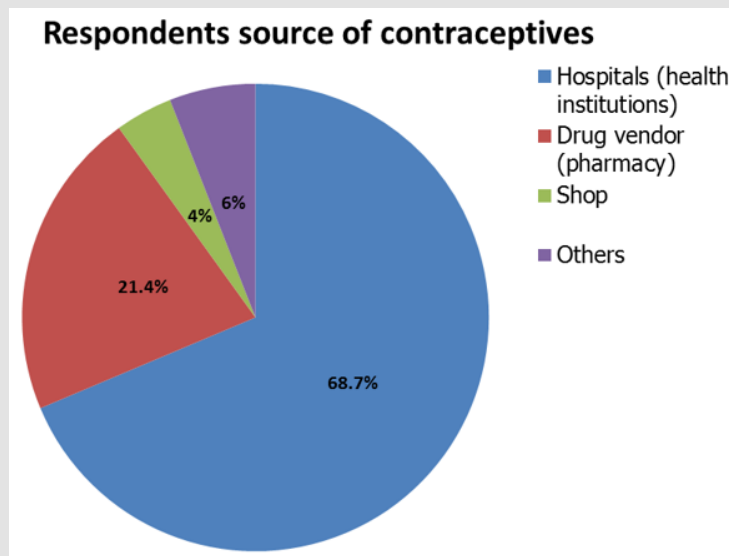
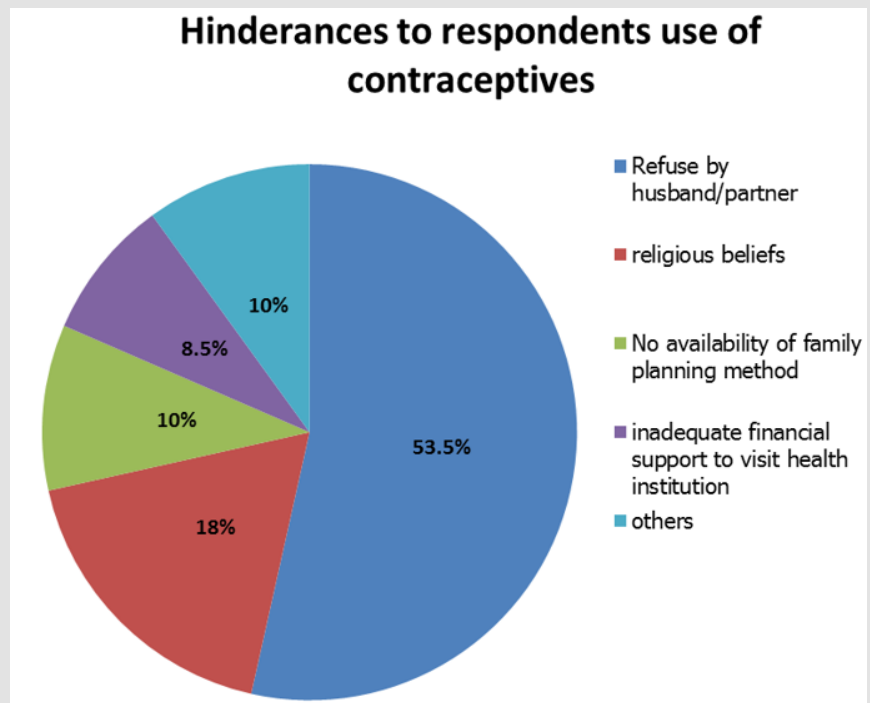
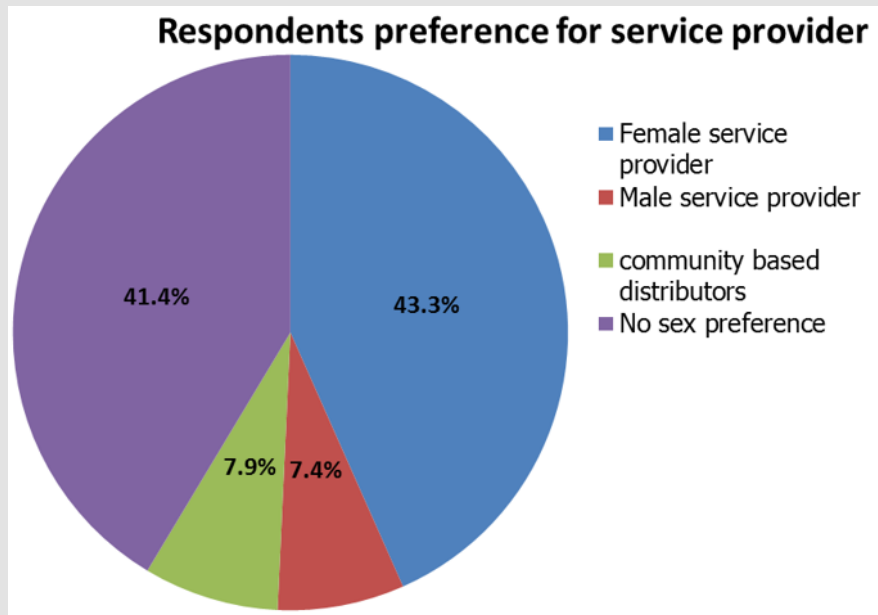


Figure 2: Majority of the respondents obtained contraceptives from the hospital (68.7%) while some obtained contraceptive from drug vendors (21.4%).



**Figure 3:** Most of the respondents said that the major hinderance to contractive use was refusal by their partners (53.5%), some said it was due to their religious belief (53.5).



**Figure 4:** Majority of the respondents prefer female service provider (43.3%).

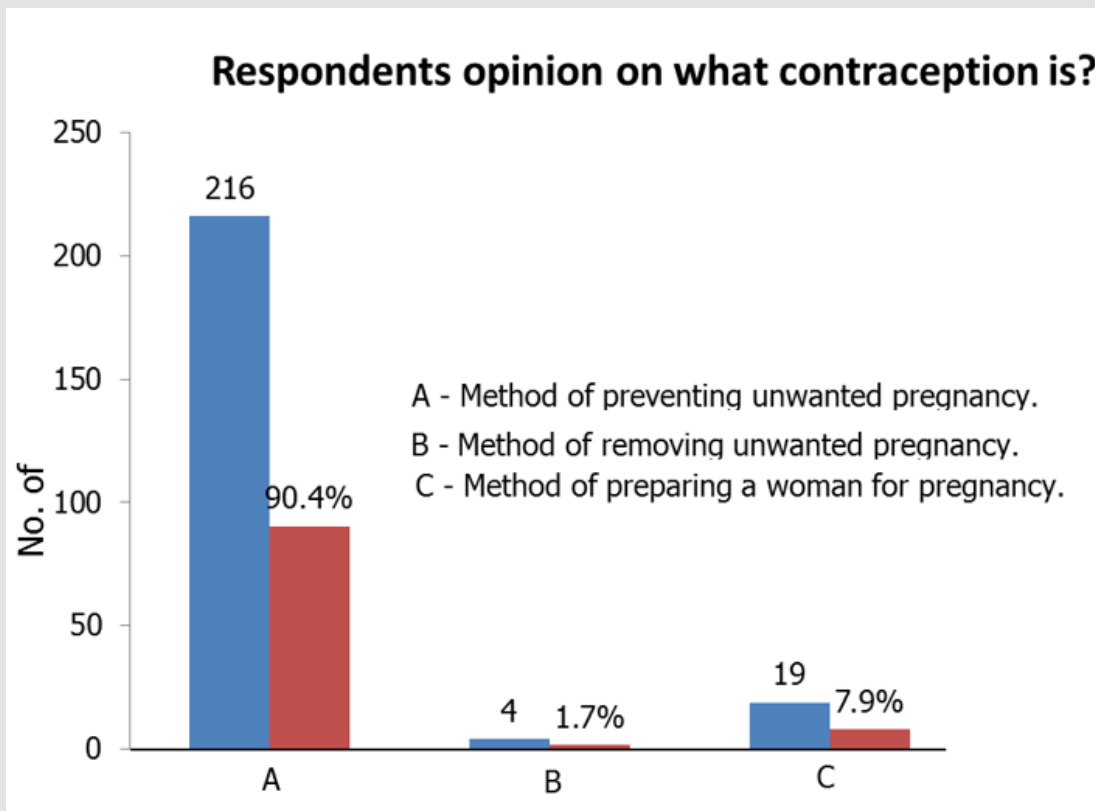


Figure 5: Majority of the respondents knew contraceptive to be a method of preventing unwanted pregnancy (90.4%).

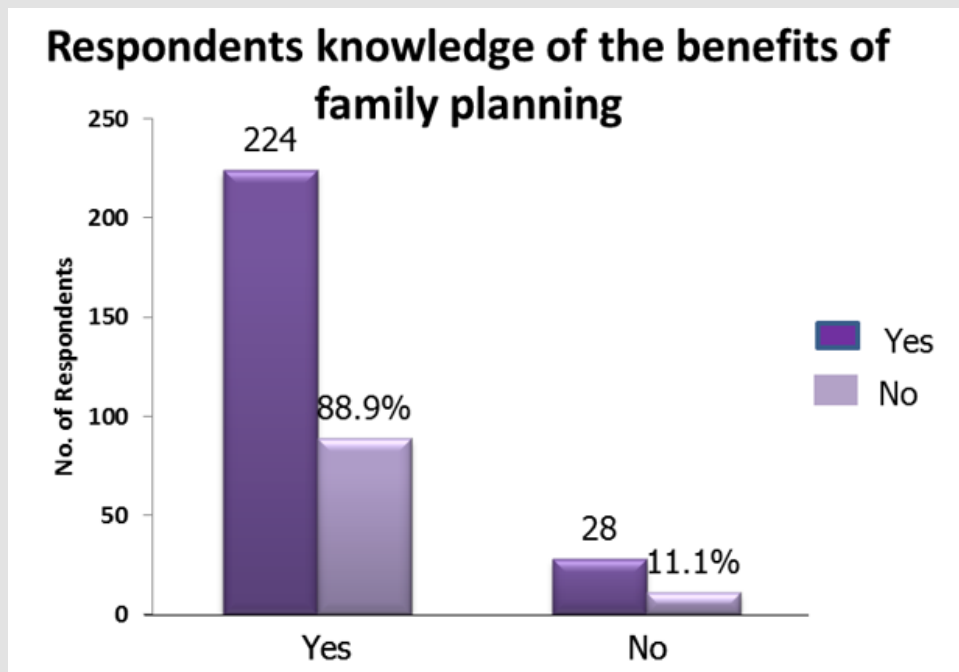
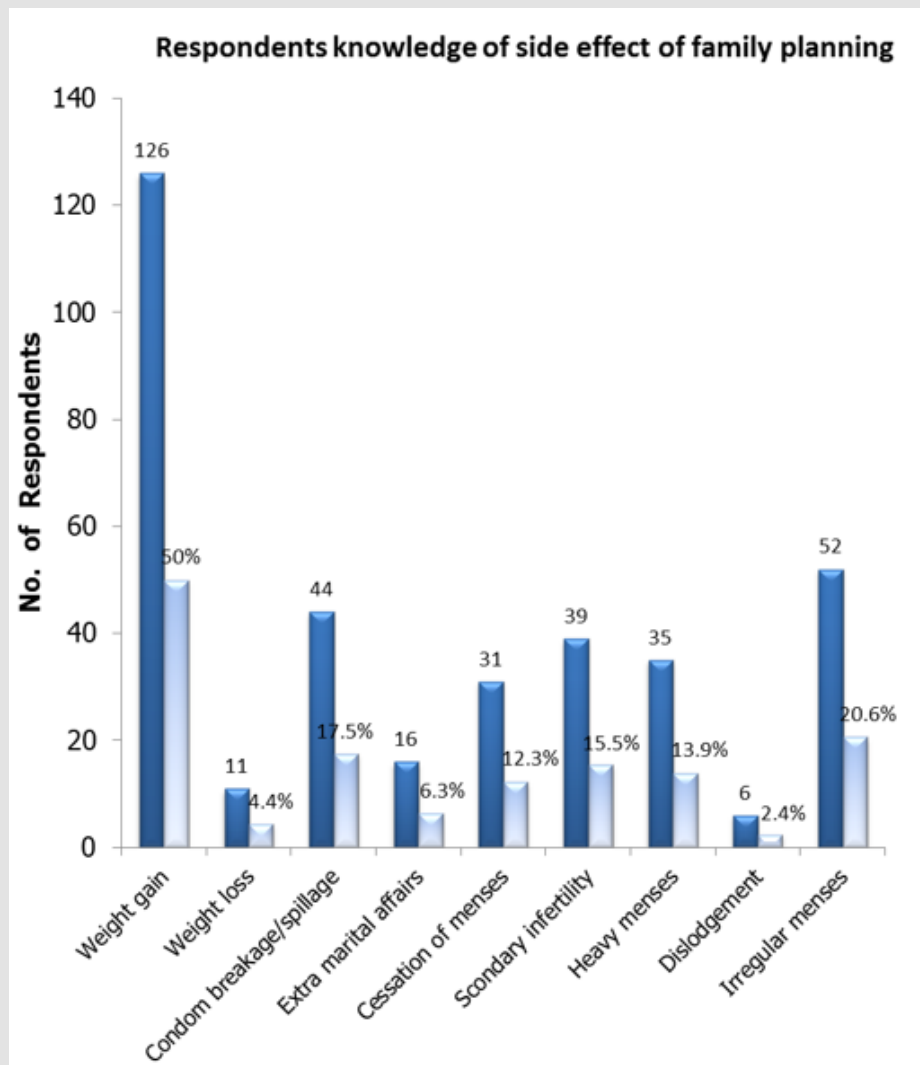


Figure 6: Majority of the respondents felt family planning is beneficial (88.9%).



**Figure 7:** Majority of the respondents knew weight gain (50%) to be the major side effect while minority knew dislodgement as the side effect of family planning methods (2.4%).

## Discussion

Historically, contraception has been around for thousands of years. The earliest known documentations of contraception date back to ancient Mesopotamia at about 1850 BC [8]. Ancient Egyptians, Greeks and Romans had various types of contraception. Scrolls from Ebers and Kahun Papyrus have been found that contain directions on how to achieve birth control using honey, acacia leaves and lint [9]. In ancient Egypt, an extended period of breastfeeding up to 3 years was used as a form of contraception. In ancient Greece and Rome, the silphium plant (native to North Africa) was used as a contraceptive [10]. About the barrier method such as condoms, condoms have been available since the Renaissance period. However, the invention of

condom was necessitated by outbreak of syphilis across Western Europe and condoms were used to prevent sexually transmitted infections. However, currently condoms are more frequently used for the prevention of pregnancy. The term birth control was popularized by Margaret Sanger in 1914 and she founded the first birth control league in the US [11]. Summarily, contraception can be described as having a healthy baby at the right time [8].

In the present study of the assessment of knowledge and practice of contraceptives use among women attending family planning clinic at Enugu State University of Science and Technology Teaching Hospital, Parklane, Enugu, there were a 100% response rate as 252 respondents' filled questionnaires of 252. Knowledge of

contraceptive use is postulated to be a driving force towards its usage. Majority of the women were within 25-29 years (50.4%); however most of them were married civil servants and could read and write in English language. At a relatively older age, most of the women might have had a high exposure to family planning issues that could be socio-cultural or religious. Majority of the respondents with tertiary education (53.6%) gave the best of the definition of contraception. This corresponded with the study conducted in University of Nis, in Serbia among women in the Municipality of Nis [12].

The higher the level of education; the higher the knowledge the responders have about contraception. Hundred percent (100%) of the respondent had heard about family planning services from different sources. This is in line with the study carried out in Offinso district, Ashanti region, Ghana where ninety-six percent (96%) of the respondents had heard about family planning services whilst 4% indicated that they had never heard about the services [4]. From this, the commonest source of information on family planning was from health workers (56.0%) while the least was from churches (0.9%). Majority of the women communicated with their spouse about family planning (88.2%), this is in line with a study among residents of the state capital and a rural community in each of three states – Enugu and Nike in Enugu State, Kano and Rimin Gado in Kano State and Lagos City and Ayobo in Lagos State by Obby Odimegwu which showed the respondents who communicated with their spouse about family planning were three times more likely than those who did not to be using a contraceptive [13]. Forty three percent (43%) of our respondents were using the withdrawal method and this is in line with a Study by World Health Organization among women of productive age in developing countries who want to avoid pregnancy, 214 million of women were found not using a modern contraception method [14].

The major hindrance in contraceptives use was refusal by husband/partner (53.5%). This was in line with a study in Turkey. Their husbands made the decision and that was why interrupted coitus (withdrawal) was the most used contraceptive method [15]. Majority of respondents desired more children (69%), it is the desire of every woman to have a child. This desire is strongly embedded in African Culture and Nigeria is not an exception. This was reiterated by a focus group discussion where the group expressed that a woman should have about 5-6 children. All the women agreed to this crave in Offinso district, Ashanti Region Ghana [4]. Majority of our respondents (90.4%) knew family planning to be a method of preventing undesired pregnancy and this corresponded with the Wikipedia definition of family planning known as family planning, a method or device used to prevent pregnancy. Majority of respondents obtained contraceptive from the hospital in the study (68.7%), which corresponds to a study in India, Pakistan and Bangladesh which showed that employed women often consulted their doctor about family planning than unemployed [16].

## Conclusion

The study revealed that the awareness of family planning was more among those women with higher educational background. This was evidenced by their choices of a wide variety of methods of family planning.

Education gives women more exposure as regards the various methods of family planning available and enables her to make informed choices. An informed choice made by a woman saves her from the complications that arise from unplanned and unspaced pregnancies. It empowers her to be in control of the number of children she is to have and enable her to plan for the proper upbringing of those children, with a resultant improvement of their socioeconomic status. Knowledge and practice definitely played a role in the choice of family planning method. Most women were influenced to choose the contraceptives based on their knowledge of the various side effects and based on their educational status. Family planning is key in the reduction of maternal morbidity and mortality.

## References

1. Bansode OM, Sarao MS, Cooper DB (2023) Contraception. In: StatPearls (Edt.), Treasure Island (FL): StatPearls Publishing.
2. Jain R, Muralidhar S (2011) Contraceptive methods: needs, options and utilization. *J Obstet Gynaecol India* 61(6): 626-634.
3. Bauserman M, Nowak K, Nolen TL, Patterson J, Lokangaka A, et al. (2020) The relationship between birth intervals and adverse maternal and neonatal outcomes in six low and lower-middle income countries. *Reprod Health* 17(Suppl 2): 157.
4. Addai I (1999) Does religion matter in contraceptive use among Ghanaian women? *Review of Religious Research* 40(3): 259-277.
5. Rodolfo B (1998) The value of family planning programs in developing countries. *Population matters*, pp. 98-8108.
6. (2005) Donor support for contraceptives and Condoms for STI/HIV prevention. UNFPA.
7. Hajizadeh M, Nghiem S (2020) Does unwanted pregnancy lead to adverse health and healthcare utilization for mother and child? Evidence from low and middle income countries. *Int J Public Health* 65(4): 457-468.
8. Wymelenberg S (1990) Institute of Medicine (US). *Science and Babies: Private Decisions, Public Dilemmas*. Washington (DC): National Academies Press (US); *Contraception: Having a Healthy Baby at the Right Time* 3.
9. Cuomo Amy (2010) Birth control. In: O'Reilly, Andrea (Eds.), *Encyclopedia of motherhood*. Thousand Oaks. Calif. Sage Publications, pp. 121-126.
10. Lipsey, Richard G, Carlaw Kenneth, Bekar, Clifford (2005) Historical Records on the control of family size. *Economic Transformations: General purpose technologies and long-term economic growth*. Oxford University Press, pp. 335-340.
11. Wardell D (1980) Margaret Sanger: birth control's successful revolutionary. *Am J Public Health* 70(7): 736-742.
12. (2006) The Influence of Education Level on Family Planning. *FACTA UNIVERSITAS, series; Medicine and Biology*, North 13: 58-64.
13. Odimegwu CO (1999) Family Planning Attitude and Use in Nigeria: A Factor Analysis. *International Family Planning Perspectives* 25(2): 86-91.



14. World Health Organization: Family Planning/contraception who.int/media center/factsheet/fe351/en/.  
15. (2004) Biennial Report 2002 – 2003. WHO Geneva.  
16. Hennink M, Cooper P, Diamond (1998) Asian Women use of Family Planning Services. Br J Family Planning 24(2): 43-52.

ISSN: 2574-1241

DOI: 10.26717/BJSTR.2023.54.008531

Chukwubuike Kevin Emeka. Biomed J Sci & Tech Res



This work is licensed under Creative Commons Attribution 4.0 License

Submission Link: <https://biomedres.us/submit-manuscript.php>



#### Assets of Publishing with us

- Global archiving of articles
- Immediate, unrestricted online access
- Rigorous Peer Review Process
- Authors Retain Copyrights
- Unique DOI for all articles

<https://biomedres.us/>