

# KNOWLEDGE ATTITUDE AND METHODS OF FAMILY PLANNING USE AMONG STAFFS OF UNIVERSITY OF MAIDUGURI, BORNO STATE

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## **Abstract**

The paper investigated the extent to which women have knowledge about family planning, their attitude towards it and method adopted by them. A descriptive survey was adapted. The study was carried out in University of Maiduguri, Borno State. The population comprised of secondary or higher education and primary or no education women. Random sampling was used to selected 421 respondents. The instrument was a 30 items questionnaires developed by the researcher. The instrument was validated and a reliability coefficient was computed to be 0.83. Four research questions and two hypotheses guided the study. Data were analyzed using means and hypotheses were selected using t-test statistics at 0.05 level of significance. Results showed that women were knowledgeable about family planning. The factors affecting the use of family planning among others include: religious and traditional belief doubt and fear, husband's and relative consent. Recommendations were made among which is that there should be enlightenment campaign, education of women and men alike, provision of free family planning etc.

**Keywords:** Knowledge, Attitude, family, Planning.

There is no doubt that family planning has assumed an urgent and crucial dimension in most developing countries including Nigeria. Family planning or planned parenthood is the science of choosing the timing and number of children one wishes to have. Its goal is "children by choice and not by one chance", and its aim is to improve the quality of life of women, the family and the community at large.

The concept of family planning dates back to the creation of man. Except for Adam and Eve, the whole vast earth had no people and the goal of family planning then was increased in number. Hence, the Biblical injunction to "be fruitful and multiply and replenish the earth".

Human numbers increased very slowly, and it took hundreds of thousands of years for the world to reach one billion in total population. This was as a result of natural phenomena operative most of the time which tended to lower the population. Such factors included famine, wars, pestilence, ignorance of causes of diseases etc. Eradication and/or improvement in these factors and better medical facilities have led to a fall in death rates and population growth outstripping economic growth.

Family planning is a demographic necessity and a global responsibility. An essential component of the mechanism of development. It is pivotal population policy, and programmes.

The evidence indicates that high rate of population growth is fuelled by high fertility rate, high infant and child rates and a lack of family planning services. The correct spacing of births through family planning favour child survivals, protects mothers, enhance family life, moderates population growth and is a key to sustainable developments. Maternal and infant deaths are closely correlated with pregnancies that are too early, too late, too many or too close (WHO), 1991). The need for family planning is no longer in contention.

The important of family planning are numerous, according to Hatcher et al (2003), family planning help everyone. Family planning helps women protect themselves from unwanted pregnancies. Since 1960s, family planning programmes have helped women around the world to avoid 400 million unwanted pregnancies (Agema & Adi 2006). As a result many women's lives have been saved from high-risk pregnancies or unsafe abortion. If all women could avoid high-risk pregnancies, the number of maternal deaths could fall by one quarters. Also many family planning methods have other health benefits too such as protection of STDs and HIV/AIDs transmissions. It saves the lives of children under age 5 by helping the mother space birth. Between 13 and 15 million children under age 5 die each year. If all children were born at least 2 years apart, 3 to 4 Million of these deaths would be avoided (Bwala, 1999).

Subsequently, family planning improves families wellbeing. Couples with fewer children are better able to provide them with enough physiological and psychological needs.

Despite the availability of contraceptive there is still increase in the cases of STDs/AIDs, unwanted pregnancies and abortion. This implies that there is a gap between knowledge, attitude and practice of family planning. Ahonsi and Ilumoka (1997) found that in spite of all the various polices and prgrammes on family planning initiated by international, local, non-governmental organisation, the United Nations and its agencies, it appears a wide gap exists between the diffusion of family planning knowledge and practice in the country. Thus, in the 1980s, about 10% of the women of the reproductive age seemed knowledgeable about modern contraceptives but only 3% had ever used any of such methods while in 1990 and 1994, the equivalent figures were 44%, 19% and 77%, 17% respectively despite a major decline in desired fertility level from 8 to 5 children per women. Infact, as at 1990, one in five married Nigerian women who declared that they do not want any more children or that they want to wait two or more years before having another children were not using contraceptive.

### **Knowledge of Modern Family Planning**

Adequate knowledge about human information is expected to equip women to develop favourable attitude and behaviour to family planning. About 7 in 10 women know at least one modern method of contraception-male condoms, the pills and the injectables are the most well known methods, with one more than 50% of women recognizing each (NDHS, 2008). Many women prefer to prevent pregnancy if they had the knowledge of modern family planning and the aware of the possible complication associated with unplanned pregnancies. For instance Pop (1996) reported Leopoldito Toriez as saying "I wish that hen I was younger, I had family planning, I would not have had as many children"

### **Attitude to Family Planning**

Research finding revealed that women from different parts of the world display various attitude towards family planning. According to Bwalla (1999), the difference can be attributed to educational background and cultural differences. Some women feel reluctant to use family planning due to lack of knowledge about the methods and importance of family planning. Bently (1992), Iganus (1997) observed that cultural belief impact on the practice of modern family planning. In a study carried out by Garba (1997) in Maiduguri Metropolitan Council investigated the perception of civil servants to family planning practice. The finding revealed that in spite of the importance of family planning, people show negative attitude to modern family planning.

### **Methods of Family Planning**

The importance of family planning use has been globally recognized. Deborah (1982) reported that if modern family planning method are used by women, they are less likely to resort to abortion as a way of controlling their fertility. Generally, women resort to long period of breast feeding as a traditional method of preventing pregnancies. However, since the 1960s when the oral contraceptive was introduced, as well as IUD, family planning programmes had been more widely utilized in different countries. Despite the perceived general acceptance, women from developing countries are still found to have large

families due to not using modern family planning method or not using reliable method Deborah (1992). The study set out to investigate the knowledge, attitude and method of modern family planning use among academic and non-academic staff of University of Maiduguri.

### **Purpose of the Study**

The purpose of this study in general term is to investigate the knowledge, attitude and method of family planning among the academic and non-academic staff of University of Maiduguri.

Specifically, the study has set out to:

1. determine the knowledge of family planning among the target population.
2. bring out the most commonly used method among women.
3. ascertain the attitude of the staff towards family planning.
4. find out factors that hindering women from using family planning.

### **Research Hypothesis**

Two null hypotheses were tested at the 0.05 level of significance.

1. There is no significance difference between the opinion of secondary or higher education and primary or no education on the knowledge, attitude and method of family planning.
2. There is no significance difference with secondary or higher education and primary or no education on the factors affecting the use of family planning.

### **Research Methodology**

The study was a descriptive survey research which sought to investigate the knowledge of family planning by the staffs, their attitude towards it and some methods used to prevent unwanted and high risk pregnancies.

### **Area of Study**

The study was done in university of Maiduguri, Borno State.

### **Population of the Study**

The target population consisted of 421 respondents. This population was made up of 206 men and 215 women with secondary or higher education and primary or no education in University of Maiduguri, Borno State respectively.

### **Research Instrument**

The data shall be collected mainly through the use of secondary sources, questionnaires and interviews. Use will be made of official documents in the family planning clinics to establish the main types and patterns of methods that are adapted as well as enable contract with those practising it. Family planning officials will be interviewed while women will be administered questionnaire to elicit necessary information especially biographical data and the knowledge, attitude and method of family planning. The methods of this research also include daily visits to family planning clinics for observation and discussions with the both the medical personnel and women respondents.

### **Sample and Sampling Procedures**

All the staff of University of Maiduguri, constitute the research frames of study. However, since for obvious reasons the research cannot cover all of them the research elements was drawn through random sampling.

For the purpose of the study, University of Maiduguri staffs was used as the basis of sampling. Four faculty were randomly selected from the university. From each faculty, three departments was included in the research. It is hoped that a letter from the department of sociology would bring about the much desired but often lacking cooperation from the staffs. All the women was included in the study.

Two research assistants (under graduates and above) was assigned to each department. A research supervisor was in charge of each faculty.

### Validation of the Instrument

Two experts from the department of Geography in University of Maiduguri validated the instrument. The experts, after examining the instrument made some corrections in precisions of items and ambiguity of statements. These correction were effected in the final draft of the instrument.

### Reliability of the Instrument

The split half method for testing reliability was applied. The researcher administered copies of the instrument to a sample of 50 women in veterinary and Agricultural department who were not part of the study. Their mean ratings were separated into odd and even numbered items. The two halves were correlated using the Pearson product moment correlation analysis. To obtain the coefficient for the whole questionnaire, Spearman Brown Prophecy formula was used to get the reliability coefficient of 0.83 which was satisfactory for the study.

### Method of Data Analysis

The data collected for this research was subjected to rigorous analyses especially correlational techniques. These was supplemented by inferential statistics such as the t-test and the chi-square as well as simple tools particularly cross-tabulation. The focus was on examining the relationships between the dependent variable (family planning behaviour) and independent variables such as knowledge, age, religion, level of education, number of children and others. The analyses was preformed by means of computers.

**Table 1: Mean Rating on the Knowledge of Family Planning**

S/No	Items on the knowledge of family planning	Secondary or Higher Education		Primary or No Education	
		$\bar{x}$	Decision	$\bar{x}$	Decision
1.	Family planning helps protect unwanted pregnancies	3.00	A	2.65	A
2.	Many familiar would plan adequately	3.85	A	3.15	A
3.	The harsh economic be saved	3.75	A	3.55	A
4.	Mother opportunity to experience relief	3.45	A	3.55	A
5.	Many unnecessary deaths reduced	3.13	A	3.60	A
6.	Number of children reduced	2.67	A	2.71	A
7.	New family method will challenge the traditional methods	2.76	A	2.92	A
8.	Reduction in population will be increased	3.95	A	2.68	A
9.	Help enhances women productivity and roles	2.95	A	2.70	A
10.	Behaviour and attitude of women will develop better	2.85	A	2.60	A
	<b>Total</b>	<b>3.236</b>		<b>2.991</b>	

In table 1, both women with secondary or high education and primary or no education agreed that all the item statement proved that women were knowledgeable about family planning

**Table 2: Mean Ratings on the most Commonly used Method of Family Planning (Modern)**

S/No	Items on the Commonly used Method	Secondary or Higher Education		Primary or No Education	
		$\bar{X}$	Decision	$\bar{X}$	Decision
	The following are the most commonly used methods among women				
11.	Abstinence or avoidance of sex	3.45	A	2.54	A
12.	Barrier method=Condom	2.10	D	2.54	A
13.	Diaphragm	2.66	A	2.85	A
14.	Withdrawal/calendar spericides:	2.58	A	3.15	A
15.	Foam, cream, jelly or tablets	3.33	A	3.75	A
16.	Oral contraceptive pill	3.00	A	2.72	A
17.	Injection	3.93	A	3.77	3.77
18.	Intra-uterine contraceptive device (IUCD)	3.80	A	2.69	A
19.	Permanent method of interruption fertility: total litagion	1.85	D	1.15	D
	<b>Total</b>	<b>3.01</b>		<b>2.84</b>	

Table 2 revealed that most of the item statements are the most commonly used method among women. However, primary or no education women does not always use condom and Tubal litagion as items 12 and 19 suggested. Most women does not use condom and litagion either because of conveniences.

**Table 3: Mean Ratings on the Factors Affecting the use of Family Planning (Modern)**

S/No	Items on the Factors Affecting the use of Modern Family Planning	Secondary or Higher Education		Primary or No Education	
		$\bar{X}$	Decision	$\bar{X}$	Decision
	The following are planning the factors affecting the use of modern family planning				
20.	Mean licence to be promiscuous	3.85	A	3.11	A
21.	Many family planning are dangerous to one's health	3.28	A	3.00	A
22.	May prevent one from having children in future	2.68	A	2.62	A
23.	Cultural and Social disapproval by family and communities	3.95	A	3.38	A
24.	Men's decision of family size	3.75	A	2.89	A
25.	Abject poverty	2.87	A	2.52	A
26.	Doubt and fear of side effect	3.18	A	2.85	A
27.	Total disapproval from husbands and relations	3.67	A	2.50	A
28.	Religious belief	3.33	A	2.68	A
29.	Economic factors	3.18	A	3.75	A
30.	Educational factors	3.12	A	2.55	A
31.	Inability of women to exercise their right	3.65	A	3.14	A
32.	Weak information system	3.82	A	3.41	A

33.	Limited knowledge of different methods	3.45	A	2.29	A
	<b>Total</b>	<b>3.40</b>		<b>2.94</b>	

**Responses From Table 3 Indicated that all the Items are Factors Affecting the Use of Modern Family**

Variable	N	Mean	S.D	Degree of Freedom	t-cal	t-critical	Sig Level	HO <sub>1</sub>
Secondary or Higher Edu.	130	3.236	0.814				Not Significant	Rejected
Primary or no education	130	2.991	0.862	258	-2358	1.96		

Table 4 revealed that t-calculated (-2358) was less than t-critical (1.96) at 258 df and 0.05 level of significance. If t-calculated is less than t-critical then we fail to reject the null hypothesis of no significance difference between the responses of secondary or higher education and primary or no education women on the knowledge of family planning.

Table 5 t-test of difference between mean of secondary or higher education and primary or higher education and primary or no education women of university of Maiduguri on the factors affecting the use of family planning.

Variable	N	Mean	S.D	Degree of Freedom	t-cal	t-critical	Sig Level	HO <sub>1</sub>
Secondary or Higher Edu.	130	3.01	0.68				Not Significant	Rejected
Primary or no education	130	2.84	0.75	258	-1.982	1.96		

In table 5, it was shown that t-calculated (-1.982) was less than t-critical (1.96) at 258 df and 0.05 level of significance. Therefore, we fail to reject the null hypothesis of no significant difference between the responses of secondary or higher education and primary or no education on the factors affecting the use of modern FP methods.

**Discussion of the Findings**

The findings in table I showed clearly that all the respondents both secondary or higher education and primary or no education agreed that all the item statement were evidence of knowledge about modern family planning. This finding is difference from the observation of Bwalla (1999) who reported that out of 200 respondents interviewed, only 20 had adequate knowledge about modern family planning method in Maiduguri Specialist Hospital. The difference may be as a result of technological changes going on in

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the country. Also, the number of years the study was carried out. One of the woman expressed regret for not practicing family planning due to lack of knowledge during her time. She stated thus: "if we also had the possibility to plan our families better our chronic food shortage would not be such a burden", we would have fewer mouth to feed". No doubt knowledge about modern family planning method will go a long way in protecting women from the health risk of unwanted pregnancy and given women more control over their lives (Menidy 1994). But these benefits will only flow to the countries that educate all their people (short 2000). Also hypothesis I of the respondents indicated no significant difference in their mean ratings on the knowledge about family planning.

The result in table 2 revealed that almost all the listed items were some of the methods used by the respondents either one or more than one methods were used by the respondents. Nigeria Demographic and Health survey (2003) observed that thirteen percent of currently married women are using family planning, but only 8 percent are using modern method. The most commonly used methods are injectables, male condoms, the pill, IUD and periodic abstinence (each about 2 percent). It also noted that contraceptive use increases with a woman's education. Twenty-two percent of women with higher education use modern FP method, compared with 2 percent of women with no education. The long acting injectable hormonal contraceptives were found to be more popular than the oral contraceptive pills which is the reverse of the findings in the developed countries (Ogedengbe 1997 cited in Mairigi: 18). Voluntary surgical contraceptives had a very low acceptance rate and many women who should be considering permanent methods were still choosing reversible method.

However, Iganus (1997) found that the most popular contraceptive method in Maiduguri was the oral contraceptive pills. She found low acceptance rate of intra-uterine contraceptive device because of fear and concern about alleged side effects. The women were particularly concerned about the alleged frequent migration of the coil into other areas of the body and the possibility of future infertility. It has also been said that in many African countries, the oral contraceptive pills is the most popular method. Its effectiveness and the relative safety have made the pills not only an accepted, but open a preferred method of contraceptive for many women (centre for disease control 1983). Further, Mairiga (2000) found out that contraceptive can help meet a woman's practical as well as strategic need. Safe contraception contributes to good health and quality living. When a woman prevent unwanted pregnancy, she is able to all things being equal prevent risk of abortion and hazards of child bearing complications. Countries that have invested in FP for women as part of their educational priorities, as part of an integrated approach to societal development have seen slower population growth, faster economic growth and a higher level of social cohesion. It is time for our women to put aside their doubts and fears about FP and give it the highest priority. Hypothesis 2 showed no significant difference in their mean rating on the commonly used methods of modern FP.

In table 3 all the respondents agreed that all the listed items are factors affecting the use of modern FP. Data from the 1999 NDHS show that approval of use of modern contraceptive methods is higher among urban residents than those in rural areas, higher among older than among younger respondents, and higher in the southwest, and southeast, and central regions than in the northeast and northwest regions. In addition, females with at least secondary education are more likely to approve of modern contraceptive use than those with lower levels of education. Other barriers to FP use include opposition by religious and traditional rulers, particularly in the northern regions due more to suspicion and misinformation than the tenets of Islam. In the southeast, the Catholic Church insist on the natural FP methods this together with suspicions arising from misinformation poses many problems. Corroborating to the above ideas, Nwanekezi and Oragwou (2010) opined that the government should ensure adequate effective use of FP in all over the country.

## Conclusions

Unless serious attention is paid to the issues of knowledge, attitude and method of FP use, FP will not achieve its potential for protecting and equipping women for sustainable development. The manner by which knowledge about something is communicated will determine how widely that knowledge is acted on. It is therefore important for health officials to identify appropriate means of information dissemination and selection of the most suitable partner(s) to support and promote FP programme (WHO, 1998).

## Recommendations

Based on the findings of this study, the following recommends are made:

1. There is need for more advocacy and social mobilization.
2. Most doctors also offer family planning services in their clinics and can also give advice help in deciding the best method an individual should choose.
3. The Federal and State Government should be involve in organizing awareness campaign on the reliance of FP for both women and men.
- 4 Promoting girl's and women's education and the opportunity to succeed are just as important in reducing birth rates in the long run as promoting contraception and FP.

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