

Knowledge, Attitude and Practice of Family Planning among Healthcare Providers in Two Selected Health Centres in Osogbo Local Government, Osun State

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Abstract

This study investigated the knowledge, attitude and practice of family planning methods among healthcare providers in two selected health centres in Osogbo Local Government, Osun state. The study was conducted to assess the level of knowledge and attitude of healthcare providers towards family planning; to determine the extent to which the healthcare providers practice the family planning methods. The study sample was 50 healthcare providers that were purposively selected from Primary Health Center, Oke-Baale and Comprehensive Health Centre, Isale-Agbara, both in Osogbo Local Government Area, Nigeria. The data was collected through self-structured questionnaire. The data was analyzed using simple percentages and frequency counts. The result showed that a good number (98%) knew about family planning while about 44% of them knew all the methods listed in the questionnaire. The result also showed that the healthcare providers indicated different attitudes to family planning methods such that 77.6% believed that family planning does not make users promiscuous contrary to 22.4% of the respondents that believed it makes them promiscuous. More than half (68%) of the respondents use family planning themselves. On the basis of these findings, it was concluded that intensive in-service training, seminars/conference and other forms of enlightenment programmes on all methods of family planning should be put in place, such that they will be able to practice methods best suitable for them.

Keywords: Knowledge, Attitude, Practice, Family planning methods, Healthcare providers

Introduction

In contemporary Nigerian communities, uncontrolled outburst has triggered off social, political and economic problems that have aggravated problems of scarce resources, youth unemployment and now threatening the peace and stability of the country [1-4]. Many rural women still prefer traditional birth control methods than modern contraceptives methods [5-7]. A large number of women who have not planned on immediately having a child find themselves pregnant. This was as a result of lack of knowledge about or access to methods of contraception or coercive sex [8]. Many other factors are responsible for this situation, the most common of which are lack of available clinics, counter-productive staff attitude, religious bias for example Jews are not supposed to use male methods and Roman Catholic Principles are against the use of mechanical and hormonal methods of contraception. Cultural bias and psychological factors could also be responsible [9]. Other reasons for non-use and abuse of contraceptives identified are poverty, ignorance, fear and anxiety, shame and embarrassment, guilt and spontaneity [9].

Attitudes of healthcare providers towards contraceptives use may be in the form that their basic concept of family planning may be negative; many may feel illiterates cannot comprehend the instructions of the use and functions of family planning methods especially the oral contraceptives pills; many are uncomfortable with their role in family planning for various educational and personal reasons; some feel they do not know enough and are not ready to educate themselves; others believe that this type of intervention invades the individual's privacy; some may consciously or unconsciously believe that sex is sinful and pregnancy is an appropriate punishment for it [10].

Despite the increase in contraceptive usage over the years, there still exists a gap in the knowledge, attitude and practices regarding contraception [11,12]. In a developing

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country like Nigeria, over population is a major concern and the main reason our resources are no longer enough to cater for the citizens, hence the increased poverty. Despite the progress recorded from making contraception widely available, there is poor acceptance of contraceptive methods either due to ignorance or fear of complications or side effects using them [12-16]. Inadequate knowledge about contraception and its methods, incomplete or erroneous information about their use or where they procure them and the attitudes of the health care providers at the clinics are the main reasons for not accepting family planning [17].

There is a trade-off between safety and efficiency of contraceptives in practice. The decisions about family planning are made by people themselves based on accurate information and choosing from a range of contraceptive options. Family planning can be used by people who make informed choice. Providers and their programs have the responsibility to help people make informed family planning choices. Approximately 60% of all pregnancies are unplanned and knowledge about the various methods of contraception preventing unwanted pregnancy is directly related to education and knowledge about the various methods of contraception [4]. Recent studies show that men have knowledge of family planning and are inclined for economic and social reasons. In spite of this, there is reluctance to use male methods. It was then argued that male methods of contraception are limited and unlike female contraceptive methods, there is limited choice for male [18].

The reasons for low utilization of diaphragms are due to limited availability, practical considerations of cleaning and storage lack of awareness and knowledge among potential users [6]. Even providers may have bias against this method (old fashioned) and perceived ineffectiveness, may also feel burdened by the physical examination and vaginal measurement required to fit and may not have adequate time or financial incentive to train women in proper insertion and removal techniques [10,19]. Reasons for non-use of family planning by female Community Health Extension Workers (CHEW) were discovered to be side effects, not being married, nor being sexually active and religious beliefs [16].

This study therefore sets out to find answers to the following questions:

- Are all health care providers knowledgeable on family planning methods?
- What are the attitudes of health care providers to family planning methods?
- Do health care providers practice family planning themselves?

Materials and Methods

This descriptive study was carried out in Osogbo Local Government Area (OLG) in Osun State. OLG is one of the local government areas in Osogbo metropolis. Two health centres (Primary Health Centre, Oke Baale and Comprehensive Health Centre, Isale Agbara) were picked randomly and all the health care providers available in the health centres were recruited into the study. Data collection technique involved the use of the researcher's self-designed questionnaire. The 25 item

questionnaire was developed through literature review and it was administered to 25 health care providers in each of the health centres. The questionnaire was divided into four sections: section A addressed socio-demographic characteristics, section B addressed knowledge about family planning, section C addressed attitude towards family planning and section D addressed practice on family planning.

Ethical issues were considered from institutional to personal level. The participants were informed about the objectives of the study. They also had the option in choosing to participate. Consent was obtained from individual participants who indicated their willingness to participate having understood the details and the purpose of the study. The entire questionnaire administered was fully retrieved and fit for analysis.

Results

In Table 1, the respondents' age was 20-29 years (34%) and 14% were 50 years and above. Sex distribution was 24% for males and 76% for females. Majority of respondents (72%) were married while 28% were single. Ethnic group of the respondents were majorly Yoruba (96%) while Ibos were 4%. The occupation of the respondents was physician (10%), nurses (36%) and community health extension workers (44%).

Knowledge about family planning.

As shown in Table 2, 44% of the respondents know all the

S/N	Variable	NO	%
1.	Age		
	20-29	17	34
	30-39	16	32
	40-49	10	20
	50-above	7	14
	Total	50	100
2.	Sex		
	Male	12	24
	Female	38	76
	Total	50	100
3.	Marital status		
	Married	36	72
	Single	14	28
	Total	50	100
4.	Ethnic group		
	Yoruba	48	96
	Ibo	4	4
	Hausa	0	0
	Total	50	100
5.	Occupation		
	Physician	5	10
	Nurse	18	36
	Community Health Extension Worker	22	44
	Others	5	10
	Total	50	100

Table 1: Socio-demographic characteristics of respondents.

	NO	%
All	22	44
Natural and behavioural family planning	4	8
Chemical contraceptives	1	2
Oral contraceptive pills	5	10
Injectable contraceptives	14	28
Intrauterine contraceptive device	1	2
Implants	3	6
Total	50	100

Table 2: Knowledge about methods of family planning.

Questions	Yes		No		Undecided		Total	Total
	NO	%	NO	%	NO	%		
1. Does family planning make its users promiscuous?	11	22	38	76	1	2	50	100
2. Are contraceptives harmful because of their side effects?	11	18	39	78	2	4	50	100
3. Are the family planning services somewhat expensive?	4	8	46	92	-	-	50	50
4. Does your role in family planning conflict with your moral/ cultural/ religious beliefs?	11	22	39	78	-	-	50	100
5. Are contraceptives actually effective in planning families?	37	74	10	20	3	6	50	100

Table 3: Attitude towards family planning.

Method	NO	%
Barrier	3	8.6
Natural and behavioural	1	2.9
Oral contraceptive pills	6	17.1
Injectibles	10	28.5
Intrauterine contraceptive device	12	34.3
Withdrawal	1	2.9
Total	35	100

Table 4: Methods of family planning used.

family planning methods listed in the questionnaire while others know few or just one family planning method.

In Table 3, 76% of the respondents believed that family planning does not make users promiscuous, contrary to 22% that believe it makes users promiscuous while 2% were undecided. The majority of the respondents (92%) stated that family planning methods are cheap. 22% also stated that their role in family planning conflict with their moral/ cultural/ religious beliefs. 74% affirmed that contraceptives are actually effective in planning families, 20% disagreed to this while 6% were undecided.

Seventy percent of the respondents use family planning while 30% do not. As shown in Table 4, 34.3% of the respondents that practiced family planning used intrauterine contraceptive device, 8.6% used barrier method, 28.5% used injectable contraceptives, 2.9% combined natural and behavioural methods, 17.1% used oral contraceptive pills and 2.9% used withdrawal method.

As shown in Table 4, 34.3% of the respondents that practiced family planning used intrauterine contraceptive device, 8.6% used barrier method, 28.5% used injectable contraceptives, 2.9% combined natural and behavioural methods, 17.1% used oral contraceptives pills and 2.9% used withdrawal method.

Discussion

Family planning is defined by WHO as “a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitude and responsible decisions by individuals and couples, in order to promote the health and welfare of family groups and thus contribute effectively to the social development of a country.” The global adoption of family planning in a society is an integral component of social and economic development of a nation.

This study aimed to assess the knowledge, attitudes and practices of family planning methods among health care providers to enhance the contraceptive practice in the community in future. Results showed that not all the health care providers were knowledgeable about family planning methods. Less than half of the respondents knew about all the methods of family planning listed in the questionnaire. Many of them were not aware of

the recent methods of family planning like contraceptive patch, vaginal ring, implants and emergency contraceptives. This may be due to the fact that most health care providers do not go back to their books when they graduate from school or seek for recent information on knowledge acquired in the past and there are no opportunities for continuing education or seminars on family planning. This is in agreement with Parihar and Bhalerao-Gandhi (2006) who stated that the providers and their programs are responsible to make informed choices and that most pregnancies are related to education and knowledge about the various methods of contraception.

The health care providers showed different attitudes to family planning. Some believed it does not make users promiscuous, a few believe it is harmful to its users while a large number see family planning as relatively affordable. Every individual including health care providers have different moral/ cultural and religious beliefs which go a long way in sharpening their attitude and perception on issues especially family planning. This could be the reason of the different attitude shown by the family planning health care providers. This agrees with Josephine (1997) who opined that the attitudes of health care providers towards family planning practice may be negative and many are uncomfortable with their role in family planning for various education and personal reasons.

More than half of the health care providers use family planning themselves. This could be due to the fact that a reasonable number of them have heard about family planning though the knowledge might not be in-depth. Cultural beliefs, religious beliefs, contraceptive failure and ignorance were identified as factors that negatively affect the practice of family planning. This is in congruence with Parihar and Bhalerao-Gandhi (2006) they stated that people themselves make decision about family planning based on accurate information and choosing from a range of contraceptive options.

Conclusion

This paper concludes that health care providers have heard of family planning through various sources of information. Despite this, some health care providers still do not have adequate knowledge on family planning methods especially the emergency contraceptives and newer hormonal contraceptives (vaginal ring and implants).

Knowledge precedes attitude and knowledge and attitude predicts behaviour. Health care providers should be equipped with recent information on all the available family planning methods through intensive in-service trainings, seminars/ conferences, etc. This will get them informed and all misconceptions will be erased and in turn each health care provider will be able to make informed choice from the various options of family planning methods and practice the best suitable method.

Armed with adequate information and the right attitude, health care providers will be able to dish out every piece of information required about family planning and all its methods to their clients and offer them the opportunity to make informed choices and encourage the practice of family planning. This will eventually reduce the rate of unplanned pregnancies, improve maternal health, strengthen family bonds and better our society at large.

References

1. Okereke CI. The socio-cultural context of reproductive health and gender issues in Abia State, Nigeria: A qualitative research report. Abuja: UNFPA, 2004. 52-54.
2. Williamson LM, Parkes A, Wight D, Petticrew M, Hart GJ. Limits to modern contraceptives use among young women in developing countries: A systematic review of qualitative research. *Reprod Health*. 2009;6:3.
3. Ottong JG. Whither society? Reflection on some bugging social and demographic issues in the 21st century Nigeria. Calabar: Adonai Publishing house, 2006. 46-61.
4. Nwosu UM, Eke RA, Chigbu LN. Factors influencing the practice of modern family planning in rural communities of Abia State, Nigeria. *ABSU Journal of Environment, Science & Technology*. 2011;1:128-136.
5. Orji EO, Adegbenro CA, Akinniraye BL, Ogunbayo GO, Oyebaejo AE. Spousal communication on family planning as a safe motherhood option in Sub-Saharan African communities. *Journal of Chinese Clinical Medicine*. 2007;2(6):319-327.
6. McGinn T, Austin J, Anfinson K, et al. Family planning in conflict: results of cross-sectional baseline survey in three African countries. *Confl Health*. 2011;5:11.
7. Omoase CO, Faturoti SO, Omolase BO. Pattern of family planning methods used by antenatal patients in Owo, Nigeria. *Nigerian Hospital Practice*. 2008;2(2):33-36.
8. Caroline GW, Karen RK, Fode D, Fatoumata K. Increasing access to family planning services in rural Mali through community based distribution. *International Family Planning Perspective*. 1998;24(3).
9. Tanis JL. Recognizing the reason for contraceptive non-use and abuse. *Am J Matern Child Health Nurs*. 1997;2(6):364-369.
10. Josephine MN. Family planning: Principles and practice of community health in Africa. Ibadan: University Press Limited, 1997.
11. Charles W, Ann P. Alternative measure for unmet need for family planning in developing countries. *International Family Planning Perspectives*. 2006;7(4):126-135.
12. Shrestha A, Stoeckel J, Tuladhar JM. The KAP gap in Nepal: Reasons for non-use of contraception among couples with an unmet need for family planning. *Asia Pac Popul J*. 1991;6(1):25-38.
13. Lodewijck E. Attitudes towards contraceptives and some reason for discontinuation. *Contracept Fertil Sex*. 1987;15(11):1025-1020.
14. Gilliam ML, Warden M, Goldstein C, Tapia B. Concerns about contraceptive side effects among young Latinas: a focus group approach. *Contraception*. 2004;70(4):299-305.
15. Orji EO, Onwudiegwu U. Prevalence and determinants of contraceptive practice in a defined Nigeria population. *J Obstet Gynaecol*. 2002;22(5):540-543.
16. Onwuhafua PI, Kantiok C, Olafimihan O, Shittu OS. Knowledge, attitude and practice of family planning amongst community health extension workers in Kaduna State, Nigeria. *J Obstet Gynaecol*. 2005;25(5):494-499.
17. Saluja N, Sharma S, Choudhary S, Gaur D, Pandey S. Contraceptive knowledge, attitude and practice among eligible couples of rural Haryana. *The Internet Journal of Health*. 2009;12(1).
18. Parihar M, Bhalerao-Gandhi. Contraception: Past, present and future. India: Jaypee, 2006.
19. Allen RE. Diaphragm fitting. *Am Fam Physician*. 2004;69(1):105-106.