

Knowledge Attitude and Perception of Birth Control Information and Services Among Women of Child Bearing Age in Samaru

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Abstract: This study explored the access and use of birth control information, with direct focus on women of child bearing age in Samaru. The study is guided by three objectives: to identify if information on birth control is available to women of child bearing age in Samaru, to identify the sources of information on birth control to women of child bearing age in Samaru and to examine the factors affecting the utilization of birth control information among women of child bearing age in Samaru. For this work, quite a number of related literatures were reviewed to get other authors perspective on the topic. The research adopted a quantitative survey technique by employing the use of a structured questionnaire. The population of study consists of married women of reproductive age in Hayin-Dogo Primary Health Care Center Samaru; a convenient sampling technique was employed in selecting 131 women of child bearing age for the study. The questionnaire was used for collecting data, and data collected were analyzed using frequency table and simple percentages. The study revealed that about 109(92.4%) of the women indicated that information on birth control is available while about 9(7.6%) responded not to be aware of such information. The most common sources of birth control information were found to be clinics, radio, religious institutions, family and the community. 87(25.51%) heard birth control information from the clinic, making it the highest source of birth control information, 47(13.78%) heard the information from radio and 40(11.73%) and 40(11.73%) got the information from religious institutions and their families respectively including the community 34(9.97%). The actual practice of birth control methods was found to be about 89(75%) at the time of the survey which is still below the desired threshold. For type of birth control method subscribed to, dual protection with 36(23.65%), Withdrawal with 20(13.25%) and fertility awareness with 18(11.92%) are the birth control methods with the highest prevalence rate. Also, For the factors militating against the effective utilization of birth control information, from the study it was revealed that 32(14.95%) is attributed to lack of male spouse involvement as the major factor, 29(13.55%) indicated religious beliefs as a factor and 27(12.62%) indicated fear of infertility later in life as a factor, while 26(12.15%) is attributed to fear of side effects.

Based on the current revelations and findings in this study, the study recommends: re-educating current users and educating potential users about the benefits of birth control measures cannot be overemphasized. This can be achieved by employing a very robust and holistic communication strategy that emphasizes the health benefit of birth control, the types of methods available, the relative effectiveness and side effects of the various methods and improving client counseling, including accurate information about specific birth control methods. These are some of the effective strategies that can dispel myths and misconceptions about side effects, and fertility related issues.

Keywords: Access; Use; Birth Control; Information; Women; Contraception; Child Bearing.

1 Introduction

Nigeria is one of the most populous countries in Africa, accounting for approximately one-sixth of the continent's population. In 2008, it was estimated that 46% of Nigerians live in the urban areas. Nigeria has at least 10 cities with

over one million inhabitants: Ibadan and Lagos in the South West; Kaduna and Kano in the North West; Abuja in the North Central; Maiduguri in the North East; Benin City and Port Harcourt in the South-South; and Enugu and Owerri in the South East. In 2008, 66% of Nigeria's urban dwellers lived in slums with little access to basic amenities.

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Approximately 42% of the country's population is under the age of 15, and 55% are between the ages of 15 and 49. Nigeria's young age distribution is due in part to its high fertility; Nigerian women have on average 5.7 children. Having a large family is highly valued, thus decreasing the acceptance of modern contraception to space or limit births. This population growth will saturate the growing urbanization of the country and will continue to exert pressure on national resources, and worsen the poor health conditions currently faced by a large proportion of the population, particularly the urban poor. The high levels of fertility are a function of both low demand for and low use of contraceptives, only 11% are using modern contraception; although 35% of currently married women have a demand for contraceptives to space or limit births.

The use of modern birth control is an important component of maternal, new-born, and child health services. It plays a significant role in fertility reduction by facilitating both the spacing and limiting of pregnancies in women of reproductive age. Importantly, limiting pregnancy in women of reproductive age is vital to the reduction of the risk of maternal and prenatal complications from early childbearing, thereby resulting in decrease in infant, child and maternal mortality (Abebe & Nigatu, 2013).

Several factors play an important role in the use of birth control methods among women of childbearing age (Lasisi, Bassey, Ita, & Awoyemi, 2014). The identification of these factors is crucial to the conceptualization, planning and implementation of suitable birth control programmes. While studies on factors affecting the use of contraception among women have been reported for selected areas in Nigeria, in-depth analysis of factors affecting the use of modern contraception among women of childbearing age in a national survey has been fairly reported in Nigeria.

Quite a number of studies have recorded varying levels of use of information from Maternal Health Service (MHS) in different study areas. For example, while Nigeria Demographic and Health Survey (NDHS, 2008) reported that 85.1% of the mothers in Osun State, south-western Nigeria, had their last delivery in a health facility, a local study done in an urban setting of the same state reported 49.1% (Lasisi, Bassey, Ita, & Awoyemi, 2014).

Similarly, the same report gave a figure of 18.4% for mothers in Kaduna State, north-western Nigeria, while a local study in a semi-urban settlement of the same state reported it to be 27.6% (Yer'zever & Sa'id, 2013).

Such variation in findings across different study areas is an indication that variations also exist in the factors that determines the use of the different components of Maternal Health Service (MHS). This informs the need for a study of this nature to generate information that is necessary for conceptualization, planning and implementation of public health programs in manners that take individual local peculiarities into consideration (Yer'zever & Sa'id, 2013).

Poor access to and under-utilization of modern birth control methods contributes to high death rates among mothers and

children across the country annually, about 287,000 women die of pregnancy-related causes worldwide, with more than one-tenth of them in Nigeria alone, bringing the maternal mortality ratio in Nigeria to as high as 545 per 100,000 live births. After India, Nigeria has the second highest maternal death rate in the world.

Unsafe practices of childbirth cause on average the death of 144 Nigerian women. Although maternal mortality rate is high in Nigeria, there are considerable regional variations. The northwest region has mortality rates that are six times higher than the southwest, which has the lowest rate. Moreover, maternal mortality rates are higher in Rural-Urban areas (Yer'zever & Sa'id, 2013).

Like in other developing countries, this high maternal mortality rate in Nigeria has been mainly attributed to low use of Maternal Health services (MHS) and other socio-economic factors. Low level of use of Maternal Health Services is a major factor responsible for high Maternal Mortality in North-western region of Nigeria. The ultimate objective of the MHS is to reduce to the barest minimum Maternal Morbidity and Infant and Child Mortality. The components of MHS include Preconception Care, Antenatal Care (ANC), Delivery Services and Postnatal care. It has also been documented that under-utilization of these Service increases the likelihood of having adverse outcome in a pregnant woman (Yer'zever & Sa'id, 2013).

Like in other states in Nigeria, Kaduna State has unacceptably high burden of mortality rates and disease profile. Infant mortality rate (IMR) is estimated to be about 110-120 per 1000 live births; while under-five mortality (U5MR) is estimated to be between 195- 205 per 1000 live births, and the maternal mortality ratio (MMR) was 10 deaths per 1000 live births. These figures represent a worsening trend. HIV/AIDS prevalence rate is estimated to be about 5.6% in the State. Kaduna happened to be among the six cities the Nigeria Urban Reproductive Health Initiative Project implemented. An initiative designed based on the hypothesis that: *when demand for birth control rises, supply will rise to meet the demand over time.*

The Nigerian Urban Reproductive Health Initiative (NURHI) was a five year (2009 -2014) project funded by the Bill and Melinda Gates Foundation that aims to increase the use of modern birth control methods among the urban poor in the six cities of Abuja FCT, Ibadan, Kaduna, Ilorin, Benin City, and Zaria by at least 20 percentage points. The project is designed to assist the government of Nigeria in revitalizing its population control program in the six selected urban centers.

2 Statement of the Problem

Infant, child and maternal mortality has been declining and population growth has been stabilized in developed countries due to the fact that birth control programmes and information on birth control have been religiously adhered to as well as the concomitant effect of population explosion

which has also been averted because women of child bearing age in developed countries know and have the wherewithal that is; information and methodologies in handling child birth, which is as a result of efficient and functional health institutions.

The researcher observed that, infant, child and maternal mortality in the developing countries is rather on the increase instead of declining or stabilizing, severe inadequacies in healthcare facilities has also been observed. Population in the area of study area grows geometrically which if not controlled, will lead to what was postulated by scholars that if population is not controlled or if food production does not complement the population growth rate, the concomitant effect will be disastrous.

The choice of the study area is based on the observation that the problem we intend to study is also domiciled in this locality. From literatures, research and surveys conducted by donor agencies such as NURHI, WHO and independent researchers, and by observation it is evident that an average northern family is a household of between seven (10) to eight (12) children which negates the population policy of Nigeria that stipulates four (4) children for every family. Polygamy in this region is also a factor, in that, a man has the liberty to marry up to four (4) wives, this will further increase the size of the family depending on the number of children each wife gives birth to.

Previous studies, for example Helen (2000), focused on “perception of and attitude toward the Nigeria population policy, family planning programme and family planning in Kaduna State also”, a study conducted by Beverly & Maureen (1987) also focused on “accessing the role of family planning and reducing maternal mortality”. The current study is on information on birth control availability and accessibility as well as how mothers of child bearing age make sense of birth control information.

3 Research Questions

- i. Is information on birth control available to mothers of child bearing age in Samaru?
- ii. What are the sources of information on birth control to Women of Samaru?
- iii. What are the factors affecting the effective utilization of birth control among women of child bearing age in Samaru?

4 Objectives of the Study

The objectives of this study are to examine the access and use of birth control information and methods among some sampled women of child bearing age in Samaru by considering the following:

1. To know if information on birth control is available to women of Samaru.
2. To identify the sources of information on birth control for women of Samaru.

3. To examine factors affecting the utilization of birth control among women of child bearing age in Samaru.

5 Significance of the Study

The study is of utmost importance to managers and advocates of birth control programs in local government, state ministry of health, private and public health operators, librarians and information centre, planners and implementers of health service, and women of child bearing age. This study will help in further localizing the concept and will also help to re-emphasize the need to control population and the need to enhance the capacity of child bearing mothers by health institutions in exploring other avenues in convincing mothers about the need to subscribe to any of the birth control options available.

6 Scope of the Study

The study centres' mainly on investigation of the use of birth control information among women of child bearing age in Samaru as well as the assessment of the birth control methods the women subscribe to. Also, the study targets only women of child bearing age that registered for ante-natal and post-natal services in Hayin-Dogo Primary Health Care Center Samaru. This is because there is no formal source of information that can reveal the exact or estimate of the population of interest except this source. More so, the reason for choosing pre-natal and post-natal hospital service is because there is no other hospital service that gives information about birth control except the ante-natal and post-natal hospital services.

7 Methodologies

The research method adopted for this study was a quantitative survey, considering the fact that the study deal mainly with collection of information from sampled group of individuals and the responses were therefore coded in a discrete form. Survey is a field of applied statistics for human research, survey methodology is applied when sampling individual units of a population and the associated survey data collection techniques, such as questionnaire construction and methods for improving the number and accuracy of responses to surveys questions is ensued. Survey methodology includes instruments or procedures that ask one or more questions that may, or may not, be answered.

Survey methodology as a scientific field seeks to identify principles about the sample design, data collection instruments, statistical adjustment of data, and data processing, and final data analysis that can create systematic and random survey errors. Survey methodology is both a scientific field and a profession, meaning that some professionals in the field focus on survey errors empirically and others design surveys to reduce them.

8 Population of the Study

There are fifteen districts that made up Samaru with a population of about 12,978 (Census, 2006) but the target population of interest are women of child bearing age registered in Hayin-Dogo Primary Health Care Center Samaru for ante-natal and post-natal services.

Name of Facility	Number of Registered Women for Ante-natal and Post-natal Services for (November 2016)
Hayin-Dogo Primary Health Care Center (Samaru)	197

Source: Records Office Hayin-Dogo Primary Health Care Center Samaru (2016)

9 Sample Size and Sampling Techniques

As a result of the inability of the researcher to effectively study the whole population of women registered in the health facility for antenatal and postnatal care, a representative number was chosen as the sample size. One hundred and thirty-one (131) married women were selected as the sample. The sample was calculated using the (Yamane, 1967) scientific formula which is given as:

$$n = \frac{N}{1+N*(e)^2}$$

where:

n = sample size

N = Population Size

e = level of significance or limit of tolerance of error (0.05) 95%

1= unity or constant

10 Instruments for Data Collection

For this study, a structured questionnaire was used to collect data/information to be used for final analysis; the questionnaire consists of set of questions to be answered by each respondent that falls into our simple random sample frame. Respondents were left to answer questions using their discretion so as to avoid bias as much as possible.

11 Procedures for Data Collection

The questionnaires were personally administered to the respondents personally. For those that can neither read nor write and those reluctant in filing it, the questions were read out to them and their responses written down for them as

well; and as for those that needed to be interpreted in Hausa.

12 Procedures for Data Analysis

The collected data were analyzed using descriptive statistics which includes: mean, standard deviation as well as frequency and percentages. The analysis was based mainly on the questionnaire administered. Finally, the result was presented in charts and tables along with their associated percentages and frequencies.

13 Data Analysis

A total of 131 (100%) copies of questionnaire were administered but due to some unforeseen circumstances only 118 (91%) were returned filled.

14 Availability of Information on Birth Control

Research question one sought to find out if information on birth control is available to women of child bearing age in Samaru with reference to Hayin-Dogo Primary Health Care Center as case study.

Table 1: Availability of Information on Birth Control.

Variables	Frequency	Percentage
YES	109	92.4%
NO	9	7.6%
TOTAL	118	100%

Table 1 shows the frequency and percentage of women of child bearing age in Samaru having knowledge on the availability of birth control information. Overwhelming majority indicated that information on birth control is available. About 109(92.4%) of the respondents affirmed that information on birth control is available while 9(7.6%) have responded to say such information is not available.

15 Source of Information on Birth Control

Research Question two also sought to find the sources of information on birth control available to women of child bearing age in Samaru with reference to Hayin-Dogo Primary Health Care Center as case study. In this item respondents were asked to tick as many options as possible.

Table 2: Source of Information on Birth Control.

Sources	Frequency	Percentage
TV	16	4.70%
Radio	47	13.78%
Clinic	87	25.51%
Peers/Friends	31	9.09%

Community	34	9.97%
Religious Leaders	40	11.73%
Books	10	2.93%
Internet	14	4.11%
School	17	4.99%
Parent/Family Members	40	11.73%
Handbills and Fliers	5	1.47%
Others	0	0.00%
Total	341	100%

Table 2 shows the various sources of information on birth control. It further reveals that the clinic is the highest source information on birth control with 87(25.51%). It is the highest because when women come for antenatal and postnatal clinics, the clinicians avail them with useful information's so as to help them provide adequate care for the delivered and unborn babies. Other sources are: the radio with 47(13.78%) it is the highest after clinic, parent/family members with 40(11.73%) and religious institution with 40(11.73%), the community with 34(9.97%), the peers/friends with 31(9.09%), the television with 16(4.70%) and handbills and fliers is the lowest with 5(1.47%).

The clinic/hospital taking the leading role in the campaign of birth control information cannot be over emphasized. This is because whenever pregnant or nursing mothers go to the clinic for pregnancy checks and immunization; nurses and midwives always lecture them on birth control for child spacing. The radio and television are also important sources of family birth control to the women; they bring the message of birth control to the people in their language and in a way that is appealing to the listener. The community and religious institutions too have played a good role creating awareness on birth control information and programmes. This means that the clinic, mass media religious institutions and the community constitute the main sources information on birth control. A Similar result was reported by NURHI (2011) when it identified clinics, television and radio as important sources of information on family planning.

16 Utilization of Birth Control

This section also seeks to find out if women of child bearing age in Samaru utilize birth control information with reference to Hayin-Dogo Primary Health Care Center.

Table 3: Utilization of Birth Control.

Variables	Frequency	Percentage
YES	89	75%
NO	29	25%
TOTAL	118	100%

Table 3 shows the frequency and percentage of utilization of birth control information by women of child bearing age in Hayin-Dogo Primary Health Care Center Samaru. 89(75%) of the women utilize birth control information, 29(25%) of the women do not make use of birth control.

This shortfall reveals that despite the level of awareness in the society, some married women in Samaru still don't consider it important to use birth control measures, but there is great improvement compared to the (2010-2011 NURHI) Nigeria baseline survey findings for Kaduna.

17 Type of Birth Control Subscribed to By Women of Child Bearing Age in Samaru

This section seeks to find out the most prevalent birth control method women of child bearing age in Samaru subscribe to among the under-listed methods with reference to Hayin-Dogo Primary Health Care Center. As such, respondents were asked to tick as much options as possible.

Table4: Type of Birth Control Subscribed to By Women of Child Bearing Age in Samaru.

Type of Birth Control	Frequency	Percentage
Hormonal	7	4.64%
Barrier	6	3.97%
Intrauterine Devices	9	5.96%
Sterilization	11	7.28%
Behavioural	10	6.62%
Fertility Awareness	18	11.92%
Withdrawal	20	13.25%
Abstinence	15	9.93%
Lactation	15	9.93%
Emergency	4	2.65%
Dual	36	23.84%
Other	0	0.00%
Total	151	100%

Table 4 shows the frequency and percentage of various birth control methods subscribed to by mothers of child bearing age with reference to Hayin-Dogo Primary Health Care Center Samaru. The table reveals that dual protection method with 36(23.84%) has the highest prevalence, followed by Withdrawal method with 20(13.25%) and fertility awareness with 18(11.92%). Also, abstinence with 15(9.93%) and lactation with 15(9.93%) share same prevalence rates respectively, followed by sterilization with 11(7.28%). The table also reveals that the emergency method with 4(2.65%) is the least method of birth control subscribed to by women of child bearing age in Samaru; it also has the least prevalence rate.

18 Factors Affecting the Utilization of Birth Control

Research question three sought to find out factors affecting against the effective utilization of birth control by women of child bearing age in Samaru with reference to Hayin-Dogo Primary Health Care Center. Also, in this section, respondents were asked to tick as many options as possible.

Table 5: Factors Affecting the Utilization of Birth Control.

Factors	Frequency	Percentage
Social Stigma	2	1%
Fear of Side Effects	26	12.15%
Cultural Factors	14	6.54%
Economic Conditions	23	10.75%
Religion	29	13.55%
Fear of Infertility	27	12.62%
Domestic Violence	15	7.01%
Family Pressure	23	10.75%
Lack of Male Spouse Involvement	32	14.95%
Rumor	23	10.75%
Others	0	0.00%
Total	214	100%

Table 5 shows that 32(14.95%) of the respondents attributed lack of male spouse involvement as a major barrier militating against the use of birth control measures or information, reason been that women generally do not have the liberty to take decisions as to when to have children and also their spouses are not always carried along when it comes to issues that have to do with contraceptive use and birth control however such decisions are supposed to be taken with the full knowledge of the male spouse (Liz, 2013). 29(13.55%) indicated religious beliefs as a reason for not using birth control, which is not far-fetched from the fact that some religious institutions still discourage women from the use of birth control measures owing to the reason that children are a gift from God and that they should not be rejected whenever God decides to bless a woman with them (Helen, 2000). 27(12.62%) indicated fear of infertility later in life as a major factor for not using birth control measures or information, this may be as a result of the rumour that after using birth control for a while, the women will not be able to conceive again (NURHI, 2011). Fear of side effect 26(12.15%) such as bleeding, fatness and damage of other body organs has discouraged a lot of women from using birth control measures. Economic condition with 23(10.75%), family pressure with 23(10.75%) and rumour with 23(10.75%) were also indicated as some cogent reasons why women do not subscribe to birth control measures. Economic conditions in the sense that some of this measure require payment by the subscriber to get the service from the health facilities.

Domestic violence with 15(7.01%) and cultural factors with 14(6.54%) also contributes to the seemingly to the non-effective use of birth control whereas social stigma 2(1.00%) is the least contributor to the factors militating

against the effective utilization of birth control measures among women of child bearing age in Samaru with reference to Hayin-Dogo Primary Health Care Center.

This implies that despite their knowledge on family planning information and its benefits, lack of male spouse involvement, religion, fear of infertility later in life are the highest factors militating against the effective utilization of birth control measures and information among women of child bearing age in Samaru with reference to Hayin-Dogo Primary Health Care Center.

19 Summaries of the Findings

From the analysis of the summary gathered, the summary of the findings is presented as follows:

- i. The study revealed that information on birth control is available to mothers of child bearing age in Samaru with reference to Hayin-Dogo Primary Health Care Center, the study revealed that about 109(92.4%) affirmed that the information on birth control is available whereas 9(7.6%) responded that the information on birth control is not available. However, knowledge on family planning information in Samaru is quite high with reference to the study area, but the actual level of utilization is very low. This revealed that despite the level of awareness in the society, married women in Samaru still find it difficult to use birth control measures.
- ii. The sources of information on birth control for women of child bearing age in Samaru with reference to Hayin-Dogo Primary Health Care Center are: Clinic, Radio, Religious institution, Parents/Family, the Community, Peers/Friends, School, Television, Internet, Books and Handbills and Fliers. The study revealed that clinic/hospital is the major source of birth control information to the women. This is because whenever prospective and nursing mothers visit health facilities for prenatal and postnatal services; clinicians always avail them with information on birth control for birth spacing. The mass media such as radio is an important source of birth control information; they bring the messages of birth control to the people in their language and in a way that is appealing to the listener. Religious institution and the community have played a good role creating awareness on birth control information as well as the family. This means that the mass media, clinic, community and the family constitute the main sources of information on birth control to mothers

- of child bearing age in Samaru with reference to Hayin-Dogo Primary Health Care Center.
- iii. The factors affecting the effective utilization of birth control information among women of child bearing age in Samaru with reference to Hayin-Dogo Primary Health Care Center are: Lack of male Spouse Involvement, Religious beliefs, Fear of Side Effects, Economic Condition, family Pressure, Rumour, Domestic Violence, Cultural Factors and Social Stigma. The result identified lack of male spouse involvement, fear of infertility later in life and fear of side effect such as; fatness, damage of other body organs as major factors. This implies that despite their knowledge of birth control information and its benefits, Lack of male Spouse Involvement, fear of infertility later in life, fear of side effect and economic conditions constitute major factors militating against the effective utilization of birth control information among women of child bearing age in the study area.

20 Conclusions

Based on the findings from the analysis and interpretation, we arrived at the conclusion that, although knowledge of birth control information is quite high among women in the study population, reported level of current utilization of birth control methods is low. Quite a number of women are not using birth control methods as a result of a number of factors which includes fertility related issues, concomitant side effects, economic conditions, family pressure, lack of male spouse involvement, religious beliefs and cultural factors. This suggested that knowledge about birth control methods has not yet fully translated into practice in the study area based on the data obtained from Hayin-Dogo Primary Health Care Center. Fear of infertility later in life and side effect are the major factors. And these as a result of the myths and misconceptions about side effects, and fertility related issue (NURHI, 2011). Women's literacy status significantly affected the chance of family planning information utilization.

Clinics, radio, religious institutions, parents and family, television and the community are the major and important sources of information on birth control to the women of child bearing age in Samaru with reference to Hayin-Dogo Primary Health Care Center.

Recommendations

From the analysis and evaluation of results in the previous discussions in this study so far, the following recommendations are proffered.

1. On availability of information on birth control to mothers of child bearing age in Samaru, the study recommends that since knowledge on family planning information in Samaru is quite high with reference to the study area, but the actual level of utilization is very low. The government and donor agencies embark on massive and aggressive enlightenment campaign on the benefits of utilizing birth control both on the child bearing mothers, their immediate family and the entire community and by extension the state and country at large.
2. On sources of information on birth control to women of child bearing age in Samaru, the study recommends increased enlightenment campaign for effective utilization of birth control information and their benefits on Television, Radio, Religious Institutions, Family and the Community as well as Clinics being the major sources of information on birth control. This campaign should also be provided in local languages to enable effective utilization so as to aid holistic and robust coverage.
3. On factors affecting the effective utilization of birth control information and measures among women of child bearing age in Samaru, the study recommends aggressive and far reaching enlightenment campaigns that will dispel fears, misconceptions and myths. Side effects, fear of infertility and economic conditions should be taken with utmost importance; therefore, communication programs that aim to create a demand for birth control should address these issues. Also, in order to combat issues related to method specific side effects (both real and perceived), birth control measures providers of all types should receive increased and enhanced training to empower them to be able to better respond to and counsel clients about different birth control methods. Improving client counseling and including accurate information about specific birth control methods in communication strategies can dispel myths and misconceptions about side effects. To improve client counseling, service delivery programs must ensure that providers offer effective counseling that prepares women for the possibility of side effects with birth control information use and ways to manage the side effects.

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