

**PERCEIVED INFLUENCE OF HEALTH EDUCATION ON UTILISATION OF FAMILY  
PLANNING PROGRAMMES AMONG WOMEN OF CHILD-BEARING AGE IN  
MAINLAND LOCAL GOVERNMENT AREA, LAGOS STATE**

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**Abstract**

*This study investigated the perceived influence of health education on utilisation of family planning programmes among women of child-bearing age in Mainland Local Government Area, Lagos State. The descriptive survey research method was adopted for the study. The population consisted women of child bearing age who were clients of Primary Health Care centers at Mainland Local Government Area of Lagos State. One hundred (100) women were selected for the study. Four (4) Primary Health Care centers were selected using the simple random sampling technique. Twenty-five (25) women between the ages of 18 and 49 were selected each from Abule-Oja Primary Health Care center, Iwaya Primary Health Care center, Mainland Hospital and Harvey Road Health center. A self-developed questionnaire was used to collect data on the variables under study with reliability test which indicated a Pearson Correlation Coefficient value of 0.84. The results revealed that health education significantly influenced (1) the use of contraceptives among women, (2) prevention and management of sexually transmitted infections and (3) the choice of family planning options among women in Mainland Local Government Area of Lagos State. The study recommended that health educators within the primary health centers should intensify dissemination of information on family planning using various media within health centers in order to motivate the utilisation of family planning method. Government should also ensure that adults understand the need for the use of contraceptive devices in preventing sexually transmitted infections and unwanted pregnancy. Women including their husbands should further be enlightened on current family planning methods in order to make convenient choices.*

**Keywords:** Family Planning, Health Education, Primary Health Care, Programme, Utilisation

**Introduction**

Family planning is the practice of controlling the number of children in a family and the intervals between their births, particularly by means of artificial contraception or voluntary sterilization. Family planning services are defined as educational, comprehensive medical or social activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved (Tsui, McDonald-Mosley & Burke, 2010). Family planning is

the planning of when to have children, and the use of birth control and other techniques to implement such plans. Other techniques commonly used include sexuality education, prevention and management of sexually transmitted infections, and pre-conception counselling and management. Health education helps in promoting the knowledge on various techniques relating to family planning (Olaitan, 2011).

Family planning is sometimes used as a synonym for the use of birth control; however, it often includes a wide variety of methods, and practices that are not birth control. It is most usually applied to a female-male couple who wish to limit the number of children they have and/or to control the timing of pregnancy (also known as spacing children). Family planning may encompass sterilization, as well as abortion (Mischell, 2011). The National Population Commission (NPC) states that the estimate of Nigeria population is given as between one hundred and ninety-eight million (Odunsi, 2018). The adoption of most new social action programmes within Nigeria context finds it difficult to gain a positive and popular entrance in our social stratification. It is often an uneasy task to come by. Family planning activities suffer the same fate in Lagos Mainland Local Government Area of Lagos, as it is common in most rural and urban developing communities. It is a known fact that there is noticeable rise in the population of Lagos Mainland Local Government Area of Lagos judging by the figure rendered by the population commission in its 2006 Census results. It is difficult to know how much love of children, low level of women, employment education and male chauvinism contributed to this (Isiugo-Abanihe, 2010).

In 1981, following a directive, from the State and Federal Government, family planning activities were introduced officially. The effective usefulness of various facilities so far provided as well as directives or suggestions remain very low because a rational appreciation is yet to be noticed. In traditional Nigeria society, family planning cannot be over emphasized, rather, the methods varies from community to community. For instance, the following are used for prevention of pregnancies such as arm and waist band, iron rings on fingers, herbs, leaves, oil pepper, all prepared by the native doctors and breast feeding (Odimegwu, 2011).

In order to ensure proper family planning several approaches such as management and prevention of sexually transmitted infections, contraceptive use, infertility management and pre-conception counseling has been integrated with family planning to prevent unplanned pregnancies, reduce the incidence of sexually transmitted infections, promote adequate child spacing and ensure safe motherhood. A common obstacle to pre-conception counselling and assessment is that many pregnancies are still unplanned. Globally, 40% of pregnancies are unintended (Gilda, Susheela & Rubina, 2014). For this reason, many experts recommend that all women of childbearing age be offered preconception care

counselling regardless of intent to become pregnant (Coffey, Kevan, Shorten & Allison, 2013). If both partners are young and healthy and have been trying to conceive for one year without success, a visit to a physician or Women's Health Nurse Practitioner (WHNP) could help to highlight potential medical problems earlier rather than later, The doctor or WHNP may also be able to suggest lifestyle changes to increase the chances of conceiving (Altrn e, Stavreus-Evers, Ruiz, Laanpere, Syvanen, Yngve, Salumets & Nilsson, 2010).

With the high level of maternal deaths resulting from unintended pregnancies, it has been discovered that women do not have adequate knowledge of child spacing and often deliver their babies without proper child spacing (World Health Organization, 2018). Some of the reforms of the government is to provide quality child and maternal health care services in Primary Health Care (PHC) centers which includes family planning services. Some women do not utilise the services which contribute to lack of knowledge about family planning programme. This study therefore aims to examine the perceived influence of health education on utilisation of family planning programme among women visiting primary health care centers in Mainland Local Government Area of Lagos State.

### **Research Hypotheses**

The following hypotheses were tested:

1. Health education will not significantly influence the use of contraceptive devices among women of child-bearing age in Mainland Local Government Area, Lagos State.
2. Health education will not significantly influence prevention and management of sexually transmitted infections among women of child-bearing age in Mainland Local Government Area, Lagos State.
3. Health education will not significantly influence choice of family planning options among women of child-bearing age in Mainland Local Government Area, Lagos State.

### **Methodology**

The descriptive survey research method was adopted for this study. The population for this study consisted women of child bearing age who were clients of Primary Health Care centers at Mainland Local Government Area of Lagos state. The sample for this study was one hundred (100) women using selected Primary Health Care centers at Mainland Local Government Area of Lagos state.

A total of four (4) Primary Health Care centers were selected using the simple random sampling technique out of seven (7) Primary Health Care Centers in Mainland Local Government Area. Twenty-five (25) women between the age of 18 and 49 were selected from Abule-Oja Primary Health Care, Iwaya Primary Health Care center, Mainland Hospital and Harvey Road Health care centers.

A self-developed questionnaire was used to collect the information on the variable under study. The questionnaire was divided into two sections A and B. Section A was used for the collection of information on personal data of respondents while section B contained 20 questionnaire items written to extract responses with options of Strongly Agreed (SA) Agreed (A), Disagreed (D) and Strongly Disagreed (SD) on a modified four (4) point Likert attitudinal scale

The questionnaire was validated by experts in health education to ensure content validation before distribution to respondents. The reliability of the research instrument was determined through a split half test by distributing twenty (20) validated questionnaire to individuals in Akoka Primary Health Center in Yaba Local Government Area, because they also share the same characteristics with residents in Lagos Mainland Local Government Area of Lagos state, Nigeria. Results from the reliability test indicated a Pearson Correlation Coefficient value of 0.84 which indicated that the instrument was reliable, and it was adopted for data collection.

A total of one hundred (100) copies of questionnaire were distributed to the respondents with the help of two trained (2) research assistants. Copies of the questionnaire were distributed and collected on the spot to prevent loss. The period of study was for six weeks. Responses from the questionnaire were subjected to the descriptive statistics of frequency counts and percentages. The hypotheses were tested using the inferential statistics of Chi-Square ( $X^2$ ) at a 0.05 level of significance.

## Results

**Figure 1:** Distribution of Respondents by Age

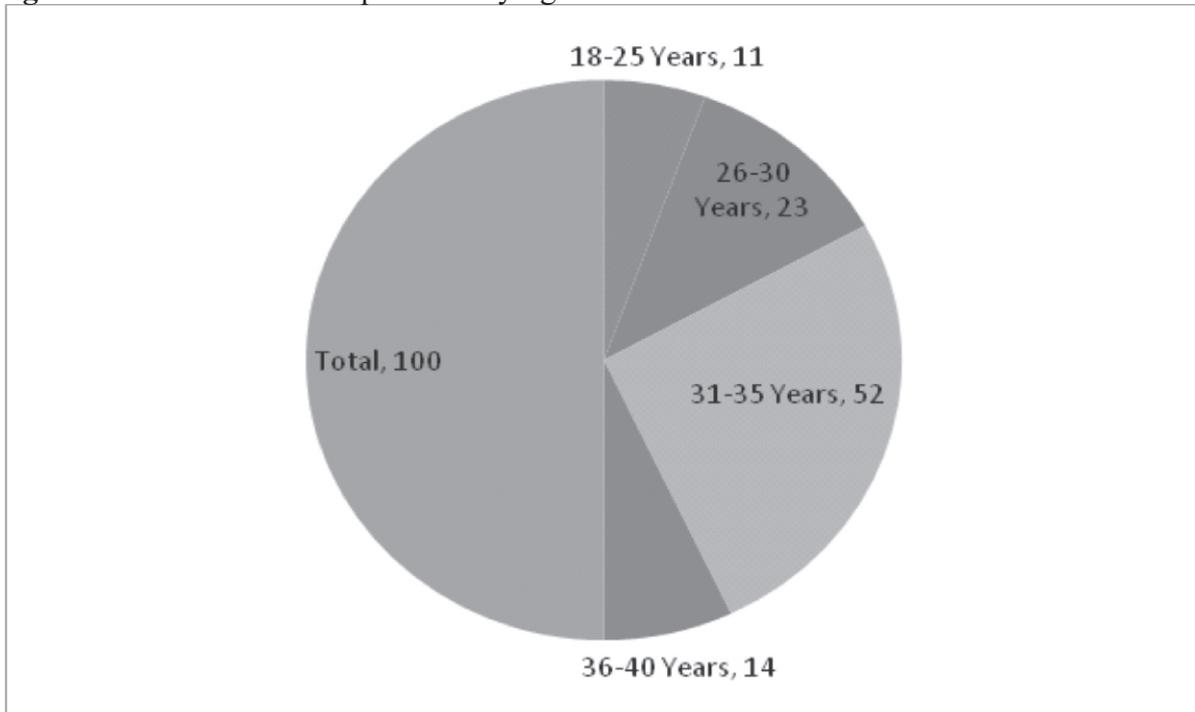


Figure 1 shows that 11.00% of the total respondents were between 18-25 years, 23.0% were between 26-30 years, 52.0% were between 31-35 years, while 14.0% were between 36-40 years. This implies that majority of the respondents were between 31-35 years old.

**Figure 2:** Distribution of Respondents by Marital Status

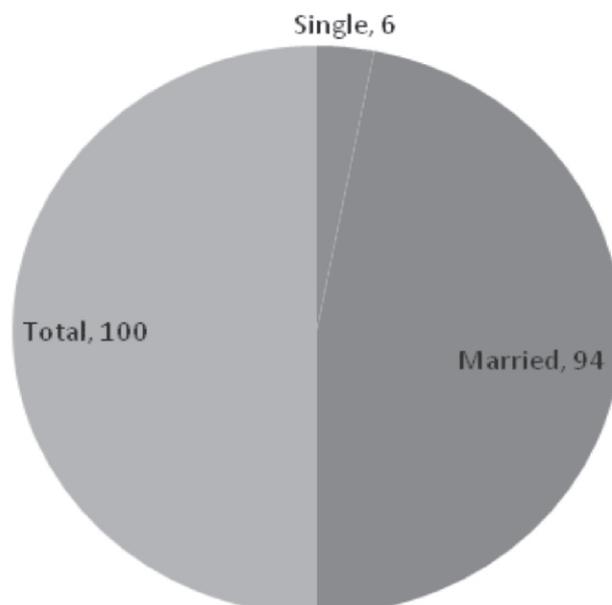


Figure 2 shows that 6.0% of the total respondents were single while 94.0% were married

**Figure 3:** Distribution of Respondents by Health Center

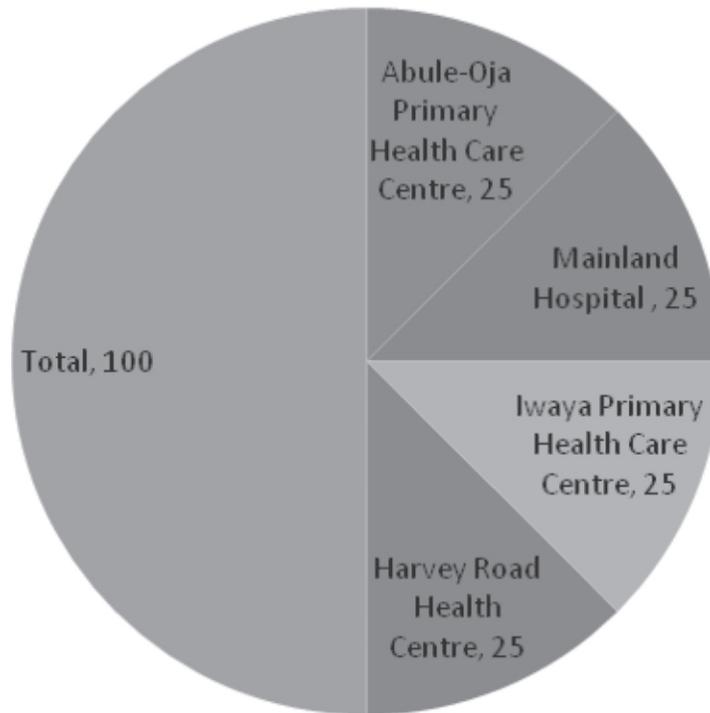


Figure 3 shows that 25.0% of the total respondents were each from AbuleOja Primary Health Care Center, Iwaya Primary Health Care center, Mainland Hospital and Harvey road Health Center.

### Hypotheses Testing

**Hypothesis 1:** Health education will not significantly influence the use of contraceptive device among women of child-bearing age in Mainland Local Government Area, Lagos State.

**Table 1:** Chi square ( $X^2$ ) Analysis on health education influence on the use of contraceptive devices among women

Variables	N	DF	Calc $X^2$	Crit $X^2$	Remark
Perceived Influence of Health Education and the use of Contraceptive Devices	100	12	65.93	21.03	Significant

$P < 0.05$

The above table shows that the Calc.  $X^2$  value of 65.93 is greater than the Crit  $X^2$  value of 21.03 hence, the null hypothesis is not accepted. Therefore, Health education will significantly influence the use of contraceptive device among women of child-bearing age in Mainland Local Government Area, Lagos State.

**Hypothesis 2:** Health education will not significantly influence prevention and management of sexually transmitted infections among women of child-bearing age in Mainland Local Government Area, Lagos State.

**Table 2:** Chi square ( $X^2$ ) Analysis on health education influence and prevention and management of sexually transmitted disease among women

Variables	N	DF	Calc $X^2$	Crit $X^2$	Remark
Perceived Influence of Health Education and Management of Sexually Transmitted Infections	100	12	122.31	21.03	Significant
P<0.05					

The above table shows that the Calc.  $X^2$  value of 122.31 is greater than the Crit  $X^2$  value of 21.03 hence, the null hypothesis is not accepted. Therefore prevention and management of sexually transmitted infections will be significantly influenced by health education among women of child-bearing age in Mainland Local Government Area, Lagos State.

**Hypothesis 3:** Health education will not significantly influence choice of family planning options among women of child-bearing age in Mainland Local Government Area, Lagos State.

**Table 3:** Chi square ( $X^2$ ) Analysis of health education influence on the choice of family planning options among women of child-bearing age in Mainland Local Government Area, Lagos State.

Variables	N	DF	Calc $X^2$	Crit $X^2$	Remark
Perceived Influence of Health Education and Choice of Family Planning	100	12	96.02	21.03	Significant
P<0.05					

The above table shows that the Calc.  $X^2$  value of 96.02 is greater than the Crit  $X^2$  value of 21.03 hence, the null hypothesis is not accepted. Therefore, health education will significantly influence choice of family planning options among women of child-bearing age in Mainland Local Government Area, Lagos State.

### **Discussion**

Hypothesis 1 stated that health education will not significantly influence the use of contraceptive device among women of child-bearing age in Mainland Local Government Area, Lagos State. The findings of this study after analysis showed that health education will significantly influence the use of contraceptive devices among women of child-bearing age in Mainland Local Government Area, Lagos State. This finding is in line with that of Phillip (2007) who believed educated adolescents and adults understand various contraceptive devices better and its use in the school setting either through academic work of peers.

Hypothesis 2 states that prevention and management of sexually transmitted infections will not be significantly influenced by health education among women of child-bearing age in Mainland Local Government Area, Lagos State. The finding of this study after analysis showed that prevention and management of sexually transmitted infections will be significantly influenced by health education among women of child-bearing age in mainland Local Government Area, Lagos State. This finding correlates with that of Maxwell (2009) who stated that proper health education among individuals reduces the risk of getting sexually transmitted infections. He went further to discuss that individual would turn to use of protective devices such as condoms during sexual intercourse to prevent the spread of diseases.

Hypothesis 3 states that health education will not have significant influence on choice of family planning options among women of child-bearing age in Mainland Local Government Area, Lagos State. The findings of this study after analysis showed that health education will significantly influence choice of family planning options among women of child-bearing age in Mainland Local Government Area, Lagos State. This finding is supported by that of Uche (1997) & Carol (2003) who believed that the widespread of advocacy for the use of contraceptive has significantly helped a lot of families on child spacing, and hence enhanced proper family planning.

## **Conclusion**

The following were discovered from the study after analysis:

1. Health education did significantly influence the use of contraceptives among women of child-bearing age in Mainland Local Government Area, Lagos State.
2. Prevention and management of sexually transmitted infections was significantly influenced by health education among women of child-bearing age in Mainland Local Government Area, Lagos State.
3. Health education did significantly influence choice of family planning option among women of child-bearing age in Mainland Local Government Area, Lagos State.

## **Recommendations**

The following recommendations were made from the results obtained from the study and they include:

1. Health educators within the primary health centers should intensify dissemination of information on family planning using various media within health centers in order to motivate the utilisation of a family planning method.
2. Government should also ensure that adults understand the need for the use of contraceptive devices in preventing sexually transmitted infections and unwanted pregnancy.
3. Women including their husbands should further be enlightened on current family planning methods in order to make convenient choices.

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