PERCEPTION OF CHILDBEARING AGE WOMEN IN YENAGOA LGA TOWARDS FAMILY PLANNING METHODS IN BAYELSA STATE, NIGERIA

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This study assesses the perception of childbearing age women toward the use of family planning methods to control pregnancy in yenagoa. **Methods:** A cross-sectional descriptive randomize sampling approach with the aid of structured questionnaire and verbal consent was adopted to select a total of 186 respondents for this study. Data were analyzed using SPSS version 24.0.**Results:** The outcome of this study shows above an average number of women educated working as civil servants and predominantly Christians among the respondents. Awareness and perception towards the use of family planning method was 58.61% compare to those that lack the knowledge (41.39%).However, considerable number (83.49%) were convinced that family planning has control over their reproductive health status and misconception/incorrect information toward the use of contraceptive methods. Also the fear of side effect (70.63%) from the various methods and reduction in unwanted pregnancies (74.31%) were among the perception observed among subjects considered for this study. Those who strongly agreed to this perception were 55.96% compared to women who strongly disagree (4.59%) respectively. The main family planning method practice in this area of study was injectable (45.65%) and insertion (28.26%) compare to oral (15.20%) and tubal ligation (10.87%) as observed in this study. Furthermore, weight increase (90.25%), missing period (85.31%), menstrual cramp (70.73%) and excess bleeding at the expiration of the pills were also among the perception and experience observed among the study population. **Conclusion:** This study shows that most women has knowledge and good perception towards family planning as a means of preventing unwanted pregnancies which will contribute to the control of population size and prevent deliberate extermination of an embryos life.

Keywords: Childbearing, family, methods, planning, women

INTRODUCTION

The decision by couples/individuals to determine the number and when due to have children involve the use of different methods such as fertility awareness and contraceptive pills to reduce unwanted pregnancy and improve both maternal and child health. The use of effective family planning methods pose no much serious effect to women because they have undergo rigorous safety trials before their used in humans, though the making of choice depend on individual health status (UN,2022). The different methods adopted in family planning include oral, withdrawal, male/female sterilization, condoms, tubal ligation, periodic timing etc. Hence, a woman who has the means to regulate and control her sexual reproductive health is in a state of complete physical, social and mental wellbeing (Lauren et al., 2022).

Religious barriers has been identify as one of the major issues affecting the use of family planning pills because some assume it as a sin and that it promote western culture (Abdul *et al.,* 2012; Muthu, 2015, Isah, Nwobodo, 2019).Rapid explosion in population growth reduced nations ability negatively to progress and meet up with its increase demands. The wellbeing and size of individual family contribute immensely to community and nation as a whole (Paschal *et al.,* 2015; Vijayasree, 2017).To achieves the MDGs, a substantial support increase for FP is needed in both developing and underdeveloped countries. Though most family planning is voluntary but however the private and public sector play a crucial initiative role in providing modern methods through appropriate enlightenment programmers. Most women who want to space or limit their childbearing are lacking access to FP contraceptive methods that are effective.

Studies have shown that most unintended pregnancies are from uneducated girls who were unable to gain primary education (Martha *et al.,* 2007;Misganu *et al.,*2017).In low and middle income countries, the high cost of contraceptives and limited access have been identified a barrier as most couples lack the financial strength of making a choice to effectively control their fertility (Ragaul *et al*., 2022).The increase in population explosion may one day get to a peak that will result in scarcity of food and shelter. Protecting the world from over population requires measures to control and limit countries population size. Below are some practical methods adopted for FP.

Fig 1: The male condom

This method involves the unrolling of the condom into the erectile penis before it insertion into the female vagina and should be immediately removed after ejaculation.

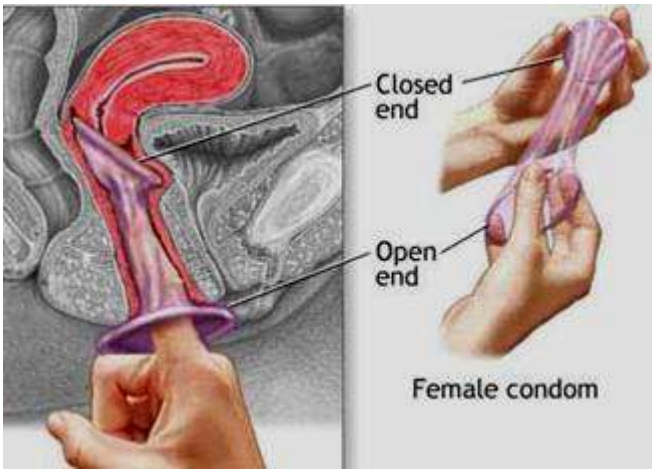

Fig 2: Female condom

The smaller ring should be squeezed before its insertion into the vagina. The vaginal opening receives the large end to protect infection from the outer genitalia as the penis is inserted directly into the large ring.

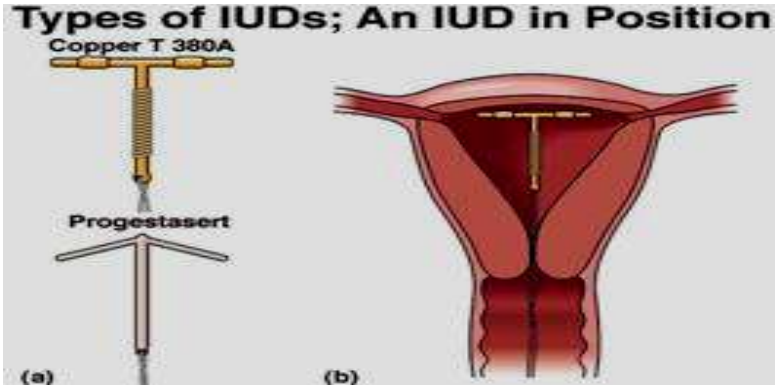

Fig 3: Intrauterine devices

They are inserted into the uterus for pregnancy prevention. The different types include Copper T, Progestasert, ML-375, Nova T, CuT-380A, and LNG 20. They alter the uterine lining to prevent implantation of fertilized egg. The sperm motility is also decreased to egg fertilization in the tube etc.

Family planning has been the keyword suggested but however the spreading of its awareness has not been fully implemented in most countries. To give the utmost care to child social, financial and psychological needs, couples need to discuss the time and number of children they may have as this may also improve the wellbeing of the mother and as well lowering maternal mortality, unsafe abortion (Ekong ,2003;Ndola,2007;Esike *et al.,*2017).Widespread use of contraceptives reduces fertility, family size and growth rate of population. Women should be enlightened about the use of FP methods available and were they can be obtained. Most women death is due to lack of access to health facilities and finance because they live in rural areas. Therefore, the perception of women will change positively towards accepting family planning methods if they are well educated about its benefit. (Adinma *et al*., 2005; Omolase *et al.,* 2009).

MATERIALS AND METHODS

Research Design

Descriptive research design was adopted for this study

Study population

Women of child bearing age in Igbogene, yenegwe, agbia, ogboloma in yenagoa LGA

Sample Size: The sample size was calculated using Cochran formula with estimated proportion of 12.6% of child bearing aged women attitude towards family planning in Nembe Bayelsa State (Fente *et al*., 2023)

n=pq/(e/1.96)2

margin of sampling error tolerated at 95% degree confident interval at 5% of 0.05

n= 12.6x87.4/(5/1.96)^2

n=1,101.24/6.51

= 169.161 participant

Adjusting for non-response rate of 10%

= 10/100 X 169.161 = 0.1 x 16.9161= 169.161

Sample size =186.077

Approximated participant =186

The researcher use multi-stage sampling techniques to determine the 186 women of child bearing age in the study area.

Instrument

Structured questionnaire comprising of section 'A' that covers the demographic information while section 'B' consist of research questions that triggers response from the respondents. Verbal consent was requested from each respondents before they were allowed to participate in this study.

Method of Data Collection

Face to face method through structured questionnaire's administration

Data Analysis

SPSS version 24.0

RESULTS

Table 1: Demographic Data of the Subjects

Variable	F (N= 186)	%	Valid%	Cumulative %
Age				
(a) 18-25	11	5.91	25	25
(b) 26-35	76	40.86	25	50
(c) 36-45	55	29.57	25	75
(d) >45yrs	44	23.66	25	100
Educational status				
(a) FSLC	21	11.29	16.7	16.7
(b) SSCE	31	16.67	16.7	33.3
(c) OND	68	36.56	16.7	50.0
(d) HND	45	24.19	16.7	66.7
(e) MSC	16	8.60	16.7	83.3
(f) PhD	5	2.69	16.7	100
Occupation				
(a) Farming	32	17.20	25	25
(b) Fishing	18	9.68	25	50
(c) Civil servant	76	40.86	25	75
(d) Business	59	31.72	25	100

Religion				
(a) Christian	175	94		33.3
(b) Muslim	2	1		67.7
(c) Others	9	5	33.3	100
			33.3	
			33.3	
			100	

The above table shows that majority of the respondents 40.86% are within the ages of 26-35yrs, 36.56% possess OND cert., 40.86% are civil servants with a cumulative percentage of 75, while 94% are Christians compared to other religions.

Table 2: Awareness of family planning

S/N	VARIABLE	F (N-186)		(%)	%	Total %
		Yes	No	Yes	No	-
1	Do you have knowledge on the perceptions of women of child bearing age on the use of family planning	109	77	58.61	41.39	100
2	If yes what is your attitude toward family planning method	**(n=109)**				
A	Control over their reproductive health	91	18	83.49	16.51	100
B	Incorrect information about family planning leading to misconceptions and negative attitudes towards contraception	71	38	65.14	34.86	100
C	Fear of side effects	77	32	70.64	29.36	100
D	Positive health benefits for reducing the risk of unintended pregnancies	81	28	74.31	25.69	100
E	Convenient and easy to use considering their busy live and unstable relationship	77	32	70.64	29.36	100
3	Are these the attitude of child bearing age women on the use of family planning methods in yenagoa?					
i	Strongly agree	61	48	55.96	44.04	100
ii	Agree	66	43	60.55	39.45	100
iii	Disagree	4	105	3.67	96.33	100
iv	Strongly disagree	5	104	4.59	95.41	100

Source: Field work, 2025

Observation from the above table showed that 58.61% of the respondents answered yes that they have knowledge on the perception of women of child bearing age on the use of family planning as against 41.39% without knowledge.

Table 3: Family Planning Methods Adopted

S/N	VARIABLES	F(N= 109)		%	%
		Yes	No	YES	No
	Are you on family planning method?	46	63	42.20	57.80
	If yes what type of family planning method are you currently using (n=46)				
i	oral	7	39	15.22	84.78
ii	Injectable	21	25	45.65	54.35
iii	Insertion	13	33	28.26	71.74
iv	Tubal ligation	5	41	10.87	89.13

The table above showed 42.20% of respondents currently on family planning methods.

Table 4: Experienced side effect from family planning

S/N	VARIABLES	F (N=46)		(%)	
		Yes	No	YES	No
1	Did you experience any side effect while using family planning	41	5	89.13	10.87
2	If yes which of the following side effect did you experience (N= 41)				
I	Excess bleeding	15	26	36.59	63.41
Ii	Missing of period	35	6	85.31	14.63
Iii	Menstrual cramp	29	12	70.73	29.67
Iv	Weight increase	37	4	90.25	9.75
V	Others	17	24	41.46	58.54

Above table showed that 89.13% of the respondents said they experience side effect while using family planning with increase weight gain being the major side effect.

DISCUSSION

The demographic characteristics of the subjects shows age between 26-35yrs (40.86%) with a cumulative % of 50% as the highest respondents, this was followed by age 36-45yrs (29.57%) and >45yrs (23.66%) compared to the least age (5.91%) of 18-25yrs. Regarding their educational status, OND (36.56%) make up the highest population compared to PhD (2.69%) that make the least in the studied population. However, the main occupation of the women was civil servants

(40.86%), business (31.72%) and farming (17.20%) followed by fishing (9.68%) respectively. The subjects were mainly Christians. The findings from this study is contrary to(Chipeta, *et al.,* 2010;Monica, 2016)) who observed that farming is the major occupation of women in rural areas with the mindset that giving birth to many children will give them a helping hand in the farm.

However, we observed that 83% said family planning is to have control over their reproductive health, 17% said no, while 65% said yes that incorrect information about family planning leads to misconception and negative attitude towards contraception compare to 35% that said no. The outcome of this research was similar with previous findings of FRN (2012), which reported that in Nigeria while awareness of contraceptive was high the use of family planning is not appreciated due to wrong thoughts and wrong information. Furthermore, 70.64% had fear of side effect in family planning compare to 29.36% that has no fear. 74.31% said family planning have positive health benefit for reducing the risk of unintended pregnancies, 25.69% said no. 70.64% sees family planning as convenient and easy to used considering their busy level and unstable relationship while 29.36% answered no. This is in line with previous misconception that if women adopts family planning, they will not be able to procreate in the future when need arises. (Chipeta, *et al.,* 2010). Findings from this study also showed that 55.96% of the respondents strongly agreed that the factors above are the attitude of women of child bearing age on family planning in yenagoa, 60.55% agreed, 3.67% disagreed while 4.59% strongly disagreed.

A finding from this study shows 57.80% are not on family planning. Though 15.22% are using oral method, 45.65% injectable, 28.26% insertion while 10.87% are on tubal ligation method. Despite increasing ages at first birth and gains in contraceptive prevalence, long acting FP methods have low adoption, resulting in high rates of teenage pregnancy, unmet contraceptive need, and unintended pregnancy. Also worries about health, side effects, and effectiveness is also a major factor considered (Nangendo, 2012; Beyene , 2015). The study observed 89.13% among the women considered for this study had side effect while 1087% do not during their use of different family planning methods. The observable side effect experienced includes excess bleeding (36.59%), missing period (85.31%), menstrual cramp (70.73%0 and weight increase (90.25%) compared to other forms of side effect of (41.46%) respectively.

CONCLUSION

Attending to the fact that most of the respondent was within the age of 26-35yrs shows that they were matured enough to have been earlier exposed to the enlightenment of family planning methods. Also most women were educated to the level of obtaining OND and HND which may have been a contributing factor that improve their perception and awareness on the importance of family planning methods to the society.

Conflict of Interest: None declared by the authors.

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