# The Scope, Barrier, and Utilisation of Family Planning Services in Ibadan, Nigeria: A Qualitative Study

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**Abstract**

Introduction: Utilisation of family planning (FP) services globally can help prevent maternal deaths, sexually transmitted diseases, and unsafe abortions and reduce unintended pregnancies. Available published literature from Nigeria has focused mainly on contraceptive services, to the exclusion of other family planning services. This study aimed to assess the scope of family planning services, explore the various barriers, and determine the factors associated with utilising these services among women accessing immunisation services at the primary healthcare facilities in Ibadan.

Methods: The research employed a cross-sectional approach. A focus group discussion guide with open-ended questions was utilised as the qualitative tool to obtain information from eligible women. A total of 5 FGDs were conducted in the selected PHCs in each of five (5) local government areas of Ibadan municipality.

Results: Focus group discussion results revealed that most women had a proper understanding of the meaning of family planning and its use. While most women showed a better level of awareness of contraceptive services, awareness and utilisation of other family planning services such as cervical screening, breast cancer screening, and basic infertility services were very low.

Conclusion: Even though there is a high awareness of contraceptive services amongst reproductive-aged women in Ibadan, the utilisation of other family planning services remains unacceptably poor, particularly amongst younger women. There is a need to find better ways to reach women with appropriate information on family planning services that will translate to increased use.

**Keywords**: Utilisation, family planning services, reproductive women

## Introduction

A crucial part of primary healthcare and reproductive health is family planning. Family planning services are defined as “educational, comprehensive medical, or social activities that enable individuals, including minors, to determine freely the number and spacing of their children and to select how this may be achieved." (WHO, 2011). Family planning services encompass a wide range of services that are effective in decreasing the risk of unintended pregnancies, maternal and child mortality, and other complications (USAID, 2009). These services include contraceptive services that assist women and men in planning and spacing births; pregnancy testing and counselling; assistance in achieving pregnancy; basic infertility services; preconception health services to improve maternal and infant health outcomes; and sexually transmitted disease treatment and screening services (Gavin *et al.*, 2014).

Each year, approximately 289,000 women die globally from complications during pregnancy and childbirth. Most of these deaths occur in developing countries (WHO *et al.*, 2014) but are preventable using family planning methods and services (WHO, 2013). Sexually transmitted diseases (STDs) are a public health and social problem all over the world, and Nigeria is no exception (Oluyemi *et al.*, 2014). Cervical cancer is one of the leading causes of death among the female population. Fortunately, this cancer is preventable by screening for premalignant lesions, but this is rarely provided, and where provided, hardly utilised.

Family planning services promote health and socioeconomic benefits to women, men, and their families. Unfortunately, despite the introduction of modern contraceptives many decades ago, not much improvement has been seen in population control and prevention of unintended pregnancies in Nigeria (Meremikwu *et al.*, 2016). Still, many barriers prevent women from using these services (Ankomah *et al.*, 2014). Despite efforts to increase awareness and improve access to these family planning services, unmet needs for family planning, unwanted pregnancies, and sexually transmitted infections remain high in many low- and middle-income countries, suggesting that other factors may be responsible for non-utilisation of these services.

Although the World Health Organisation has emphasised the lack of access to effective family planning interventions as a major limitation to the utilisation of family planning methods (WHO, 2012), studies in Nigeria and elsewhere in sub-Saharan Africa suggest that major obstacles to the adoption of modern contraceptive behaviour include myths and misinformation or rumours, and unconfirmed information passed within social networks (Orji *et al.*, 2002).

The study aims to assess the scope of available family planning services, barriers to the use of family planning services, and factors associated with the use of family planning services among women accessing vaccination services for their wards in selected PHC facilities in Ibadan.

## Methods Study Area

The study was conducted in Ibadan, the capital of Oyo State, Southwestern Nigeria, located at latitude 7.3775° N and longitude 3.9470° E. Ibadan is recognised as the largest Indigenous city in Africa and was historically the administrative centre of the Western Region during British colonial rule. The Ibadan municipality is divided into five (5) Local Government Areas (LGAs), with 11–12 wards in each: northeast, northwest, southeast, southwest, and north.

Ibadan Northeast has twenty-three (23) PHCs, while twenty-one of these (21) centres offer both immunisation and family planning services. Ibadan Northwest has nine (9) PHCs; eight (8) of these centres offer both immunisation and family planning services.

Ibadan Southeast has sixteen (16) PHCs, and all these centres offer both immunisation and family planning services. Ibadan Southwest has twenty-two (22) PHCs, while nineteen (19) of these offer both immunisation and family planning services. Ibadan North has fifteen (15) PHCs, while eight (8) centres offer both immunisation and family planning services (FMoH, 2016). The study was conducted in selected PHCs that offer both family planning services and immunisation services in Ibadan municipality.

## Study Population

The target population for this study were women ages 15-49 who brought their ward(s) for immunisation at selected PHC facilities that also offered FP services in each of the 5 local government areas in Ibadan municipality.

## Study Design

The research employed a cross-sectional approach with qualitative techniques. Five focus group discussions were held among 40 discussants, with an average of 8 participants per group. Each focus group audiotape was transcribed by two independent research assistants; from thence, major recurrent themes were generated after thorough reviews. The dominant themes were further reviewed and developed into a system of code categories using both inductive and deductive approaches.

**Inclusion and Exclusion Criteria**

Women who fall within the reproductive age range of 15 to 49 years old bring their children (or wards) to a PHC facility that provides family planning services to immunise them.

In addition, women who could speak Yoruba or English were sought after, provided that they gave consent to participate in the study.

Women who were indisposed, who were pregnant, whose menses had ceased for up to 12 months, who had a hysterectomy, and who were unable to communicate in English or Yoruba were excluded from the study.

**Data Collection Procedure**

A focus group discussion guide with open-ended questions was utilised as the qualitative tool to obtain information from eligible women. A total of 5 FGDs were conducted in the selected PHCs in each of the five (5) local government areas of Ibadan municipality. The FGD was conducted in either Yoruba or English, and informed consent procedures were explained at the beginning of each FGD session after ensuring its understanding by the consented participants. All FGDs were audio recorded with the permission of the participants and the primary health centre authorities (the matrons) used for the study. Two research assistants helped the researcher conduct the focus group discussions (FGDs) by taking notes and observing. Respondents who met eligibility criteria were selected through a simple purposive sampling process, and the recruitment of respondents was done with the assistance of the matrons on duty. The sessions were held at Alafara Primary Health Centre, Idi Ogungun Primary Health Centre, Oniyanrin Comprehensive Health Centre, Odinjo Primary Health Centre, and Kososi Primary Health Centre, respectively. A total of
40 women participated in the 5 FDG sessions. As provided and approved by the authorities in each health centre, all participants in the focus group discussions (FGDs) were required to sit in a semicircle in a well-ventilated, quiet office within the medical facility.

The recruitment period for this study is from 5$^{th}$ November 2016 to 10$^{th}$ October 2017.

**Qualitative Data Management**

Two separate research assistants translated and meticulously transcribed all audio recordings, and the researcher, who read the material multiple times to

become acquainted with it, handled reconciliation. Analysis was conducted manually, using the thematic approach.

**Validity and reliability of instruments**

There was an extensive review of the literature to ensure appropriate content and face validity for the open-ended questions that were used.

**Ethical Statement**

Ethical clearance was obtained from the Oyo State Ethical Review Committee (with IRB # AD13/479/245) before the commencement of the study. Verbal informed consent was obtained from each respondent before the administration of the instrument.

The respondents were asked to keep their anonymity as much as possible throughout the entire study by not providing any information that would reveal their identity to a third party.

The study follows the ethical principles guiding the use of human participants in research, which include respect for persons, beneficence, non-maleficence, and justice.

Concerning confidentiality, no identifiers, such as the names of respondents, were used during the study.

All information provided was kept confidential during and after the research.

All information was used for the research only.

**Results**

a). Awareness/knowledge

The respondents were questioned about their awareness of and comprehension of the meaning of "family planning." Most respondents appeared to have a proper understanding of the meaning of family planning and its use.

One woman revealed that family planning was performed...

*“To ensure one doesn’t get pregnant after every intercourse, and it covers us... Well, it is just to help delay pregnancy.” (31-year-old, trader)*

Another woman was even more elaborate:

*Family planning is created to ensure that there is enough space between one's children such that a situation whereby a new baby comes immediately after a toddler does not occur." (20-year-old, fashion designer)*

While a more succinct explanation was simply expressed by another woman:

*"Creating space in between childbirths" (29-year-old, chemist)*

There was generally a lack of knowledge about the different family planning services available at the primary health care facilities. While most women showed a better level of awareness of contraceptive services, awareness of other family planning services such as cervical screening, breast cancer screening, and basic infertility services was very low.

Most women reported that the closest place to access FPS was the primary health centre where the FGD was conducted since it was a walking distance from their place of abode.

When asked who in the household made decisions about getting access to healthcare, most of the women said that their husbands did. Nevertheless, a small number claimed that other family members, including mothers, mothers-in-law, and aunts, made this choice. However, when it comes to decisions regarding assessing FPS, most respondents were influenced by their friends, while others reported their husbands and mothers-in-law influenced this decision.

A 27-year-old fashion designer said:

*"My friend said accessing family planning services is good, although it causes*

*bleeding.".* b). Support

The decision to use any of the FP methods was often supported by respondents' spouses or significant others. These women also received advice on their choice of FP method from diverse groups ranging from spouses, parents, friends, and other relatives to neighbours and co-workers.

"*My husband advises me on FP. I haven't done any, but my husband counselled me. (19year-old, trader)*

*"My husband, also my friend, also encouraged me to be going for FP.".*

*(42-year-old, food vendor)*

On the other hand, some women believed that the choice to use a family planning method was exclusively theirs, independent of their husbands and that they should act on this decision regardless of their spouses' or family members' support.

On this, other women opined:

*"When you discover the house is getting fuller, you talk to yourself and go get it done. So, I advise myself." (35-year-old, photographer)*

*"I read the calendar to know when I am supposed to menstruate before getting close to my husband." (26-year-old, hairdresser)*

Another woman also expressed dissatisfaction over her husband's lack of support in using family planning methods; these complaints primarily concerned the use of male condoms.

These men complained of the discomfort associated with its use during sexual encounters. This resulted in the use of other methods that did not directly involve the male sexual partners.

*"I have used a male condom twice, and my husband complained he did not like it, so I stopped." (25-year-old, fashion designer)*

c). Use/Benefits

The benefits of family planning were also discussed. While most women saw the use of family planning as a way to deal with economic realities, others saw it as a health benefit. For example, a young woman's statement focused on the economic challenges associated with having many children. She implies that.:

*"I understand it as, if a child is born, one should be able to take good care of the child; it shouldn't be that you have children and cannot take care of them." (30-year-old, trader)* Another woman also remarked:

*"School fees are costly; who wants to give birth to another baby while nursing a 2-yearold child?" (26-year-old, hairdresser)*

Concerning the health benefits of family planning to the mothers, older women were more forthcoming with their views regarding the benefits of taking care of themselves.

*"I understand it is for the benefit of the parents, not only to take proper care of the children but so we can take good care of ourselves too." (39-year-old, trader)*

The benefits were viewed not only from the mother's perspective but also in terms of the children's welfare. Other women also spoke about the benefits to the children; 35-yearold women opined:

*"Family planning means to make sure our children are educated, to give our children a good education because if we give birth to too many children, we may not be able to take good care of them, which is why the family planning program is brought to us for us to take care of them that they will be great." (35-year-old, photographer)*

d). Safety/efficacy concerns

Most respondents expressed concern about the safety of the various FP methods, which appeared to be the most important determining factor in their FP choices.

While the majority of the concerns were legitimate and in line with the literature, some were false impressions based on the experiences of others. Recounting a friend's experience, a young woman said:

*"A friend of mine did it and didn't conceive on time when she was ready; she later had a miscarriage after so many rounds of tests showing the baby was not where it was supposed to be. She advised us not to ever do FP." (26-year-old, hairdresser)*

*"I wish to do the insertion method, but I heard it will affect one's womb and a rope will be coming out from one's private part." (25-year-old, fashion designer)*

Apart from the safety of the FP methods, a very crucial aspect of FP considered by respondents was the issue of efficacy. The efficacy of the FP methods was seen as a determining factor for the choice of an FP method. Most women also tended to draw from other women's experiences to decide whether to use any FP method. These women voluntarily shared experiences and tales from other women that have influenced their viewpoints and opinions on various FP methods:

*"During my apprenticeship training, one of my mom's friends would constantly tell me not to use family planning at all. She had an injection for a few years,*

*but it has never worked up to this point." She did not specify the number of months on the injection plan." (24-yearold, fashion designer)*

*"I have never done any, but with someone I saw and what I have heard, she did family planning yet and was still pregnant. She did the 3-month injection plan." (24-year-old, fashion designer)*

e). Barriers/hindrances

Discussants reported several barriers/hindrances to FP service utilization. The main concerns that respondents listed as obstacles to using FP services were the many negative effects of using FP.

Some women expressed pain, incessant bleeding, and weight loss as the major side effects of utilising FP services.

Some women commented on these side effects:

*"I do not like the idea of putting anything on my body. Also, my mom said I shouldn't because of the pain she felt after doing it. I'll prefer a condom for now, although we (my husband and I) haven't met since I gave birth." (29-year-old, fashion designer)*

*"Condoms hurt (19-year-old trader)*

It was also interesting to note that bleeding episodes connected to FP (particularly implants) on the arm were observed. A young woman recounted the experiences of her sister and said:

*"My sister bled so much; we all thought she was going to die; we spent almost N500,000 at UCH." (27-year-old, businesswoman)*

Interestingly, there were conflicting reports of weight loss or gain as a result of using FP. Again, the implant was the most culpable culprit. Some women also shared their experiences of weight gain:

*"What I noticed is that some people, after taking the injection, get bigger and broader. That was why I begged God that I do not want to do it. I don't want to get bigger." (21year-old, fashion designer)*

However, a young woman shared a personal experience of losing weight after using the injection:

*"As I got it, I have been getting leaner; I no longer add weight. I did the 3-monthinjection plan." (24-year-old, trader)*

Other side effects mentioned included prolonged menstruation, device entrapment within the body, and other complications with childbirth, such as miscarriage caused by FP use. Some experiences that captured these included mostly younger women:

*"I have an aunt; she used the IUD, and it entered her body, and it was only God that saved her." (21-year-old, businesswoman)*

*"Someone I know said whenever she collects it, whenever she is menstruating, it lasts for about 12 days, so she removed it and was back to normal after then" (24-year-old trader).*

Interestingly, some women would prefer to have more children than to use any of the FP methods. They also expressed optimism about their ability to care for these children once they are born. A 29-year-old woman who strongly expressed her opinions on this reported:

*"It's true, oh, it's affecting some people's wombs, so what's the concept of FP? Also, the medical practitioners/health workers know it spoils something in the womb; they aren't supposed to let us get it. So, many people give up on FP and keep giving birth, knowing that at least they'll train them anyway. At least, as we are in Ajimobi's regime, we are still alive, and if hungry, we'll take garri." (29-year-old, trader)*

The majority of the respondents affirmed that their religions were opposed to the use of FP. They did, however, claim that using FP was preferable to having an abortion, so they felt justified. Some comments expressed reflected this position:

*"Why they said our religion forbids it is because, in Islam, they said we should be giving birth; even the Bible says we should multiply and not abort." (42-year-old, food vendor)*

*"It is up to individuals to know what to do or what not to do, but our religion (Islam) forbids*
*it." (29-year-old, trader)*

## Discussion

Awareness of family planning services

Every participant in this study was aware of at least one type of family planning service. The awareness of the FP services, such as contraceptive services, HIV/AIDS screening services, and pregnancy testing and counselling, was high. However, respondents reported a lack of awareness of other FP services, such as pregnancy assistance, basic infertility services, and cervical and breast cancer screening services.

The respondents' high awareness of contraceptive services, particularly condoms, is consistent with other studies conducted in Nigeria, which have also reported high awareness of condoms and other contraceptive services among its adult population (Ijadunola *et al.,* 2010; NDHS, 2013; Orji *et al.,* 2007; Odu *et al.,* 2006; Adelekan *et al.,* 2014). Understandably, the majority of our respondents were familiar with condoms, given the extensive health education provided in Nigeria to the general public on the practice of safe sex through the use of condoms to prevent the spread of HIV/AIDS. The fact that condoms are cheap and readily available at most health centres, including patent medicine vendors, is the most common source of medication all over Nigeria. Furthermore, these patent stores are typically permitted to stock condoms but not other forms of contraception such as injectables, emergency contraceptives, IUDs, and implants, which must be evaluated at a health facility (Fayemi *et al.,* 2010; Okonkwo & Okonkwo, 2010; FMoH, 2003). Furthermore, most sexual reproductive health campaigns, including those using mass media, have consistently emphasised the use of condoms to prevent unwanted pregnancies in both urban and rural areas of the country (Omoera, 2010).

The respondents showed low levels of awareness of other family planning services such as basic infertility services, STI screening/treatment, and cervical/breast cancer screening services, which may be attributed to the delineation of sexual reproductive health care services such as HIV, STIs, and other routine screening services to specialist clinics. For example, while it is widely observed in Nigeria that specialist STI treatment centres are typically located in most secondary/tertiary health facilities, similar cancer services are also located in cancer clinics and thus are not easily viewed as part of FP services. Furthermore, as more specialist fertility clinics emerge across Nigeria, fertility-related issues are becoming increasingly inaccessible at primary healthcare facilities because they require the attention of specialist health professionals.

Utilisation of family planning services

Utilisation of HIV/AIDS screening among the respondents was high, which is similar to studies carried out by other Nigerian authors (Daniel & Oladapo, 2006; Mwai & Rosen, 2002). This may be attributed to testing for HIV during antenatal clinics, where they receive more information on HIV screening. Nonetheless, the respondents' relatively low
STI screening uptake may be the result of inadequate information during antenatal care. Clinics. The very low rates of use of other family planning services may be due to a lack of awareness of these services among the different health centres.

Interestingly, the observed low uptake of the family planning services is in contrast to the high level of awareness of FP services earlier reported by study participants. The respondents' wish for more children or other underlying inhibitions could be the cause of this. Studies from other parts of Nigeria as well as from Ghana have indicated most households' preference for large family size and the need to have more male children.

Barriers to the use of FP services

Several barriers to the utilisation of FP services were explored in this study. A major obstacle to the use of FP is personal inhibition, which is frequently linked to unfavourable prior experiences, experiences gained from friends and family, or the inability of these services to prevent conception (Adelekan, 2014). Besides, such inhibitions may also stem from cultural as well as religious beliefs and may be so ingrained that even in adulthood, these beliefs still drive behaviour. In Nigeria, religious beliefs are often held in high esteem and often drive behaviour, particularly amongst those practising Christianity or Islamism. Contrary to what occurs in the southern parts of Nigeria, where Christianity encourages people to marry one wife, the religious practices in the northern part of the country support polygamy and discourage family planning. (Ajaero *et al.*, 2016). Hence, as previously suggested (Omoera, 2010), culture and religion may play a mediating role in the utilisation of FP services among reproductiveaged women in Nigeria. Consistent with findings by
Diamond-Smith et al. (2012), the study's findings also indicated that fear of complications, fear of side effects, and a lack of knowledge about family planning services are additional factors contributing to the low use of FP services.

Contrary to other studies conducted in Nigeria that found communication with the spouse and spousal approval to be significant predictors of FP services (Odimegwu, 1999; Bamikale, 2000; Adelekan *et al.*, 2014), it is interesting to

note that spousal disapproval was not considered a significant barrier to using FP services.

## Statement of Ethics

Study approval statement: This study protocol was reviewed and approved by the Ministry of Health, Department of Planning, research, and statistics division. (UI/UCH Ethics Review Committee), (approval number (AD13/479/245))

Consent to participate statement: Written informed consent was obtained from participants to participate in the study.

## Conflict of Interest Statement

The authors have no conflicts of interest to declare.

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## Author Contributions

Odunayo Betty Olaleye analysed the data and prepared the manuscript.

## Data Availability Statement

This paper contains every piece of data created or examined during this investigation. Further enquiries can be directed to the corresponding author.

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