

Assessment of Family Planning Among Abia State University Undergraduate Students

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Abstract- Background

Family planning (FP) is an essential strategy in promoting maternal and child health through adequate spacing of birth, avoiding pregnancy at high-risk maternal age and high parity. This research was carried out to assess family planning among undergraduate students in Abia State University.

Methods

A descriptive cross sectional study design was adopted for this study. A structured questionnaire was used to collect information from the participant that was divided into several parts.

Results

Majority (41.7%) of the participants fall within the age bracket 21-24 followed by 33.3% within the age bracket 25-28. A lot (93%) of the respondents were single. Females had 66.7% while males were 33.3%. Majority 65% of the participants said family planning is helpful, 70.8% said they will recommend friends and relatives to FP. This research discovered that only 46.7% said that family planning helps to prevent unwanted pregnancy. Hence suggests that if students know the benefits and how to use contraceptives, they will not experience unwanted pregnancies and its associated consequences of unsafe abortion complications, disruption in academic work and possible death.

Conclusion

Student population appeared as the most vulnerable in accessing and using contraceptives due to perceived social stigma and must therefore be the

prime focus of contraception education and services on the University. The university health service should create friendly environment for students to access family planning services and also collaborate with the student body to organise programmes to educate the students on family planning methods.

Indexed Terms- Assessment, Family planning, Contraceptives, Undergraduate

I. INTRODUCTION

Family planning refers to the planning of when to have children, and the use of birth control. It allows individuals and couples to anticipate and have their desired number of children, and to achieve healthy spacing and timing of their births [1]. Family planning is achieved through use of contraceptive methods and the treatment of involuntary infertility. Other techniques commonly used include sexuality education, prevention and management of sexually transmitted infections, pre-conception counselling and management, and infertility management [2]. Family planning (FP) is an essential strategy in promoting maternal and child health through adequate spacing of birth, avoiding pregnancy at high-risk maternal age and high parity [3]. The family planning use in developing countries has reduced the number of maternal mortality by forty-four percent 44% which is about 270,000 deaths prevented in 2008 but could prevent 73% if the full demand for birth control were met [3].

In the family planning component, actions are recommended to help couples and individuals meet their reproductive goals and to increase the participation and sharing of the responsibility of men in the actual practice of family planning. In understanding the process of family planning use, it is not appropriate to focus on women alone since the program is designed to evaluate family planning and reproductive health, men must be involved. It is important to involve men in reproductive health since several of these reproductive health components (especially sexuality, STD/AIDS prevention, and infertility) require the active participation of both men and women. Men's involvement is defined by the International Planned Parenthood Federation (IPPF) as male acceptance of family planning and the importance of men's increasing practice of contraception measured by the popularity and prevalence of vasectomy and condoms [4].

The high rate of unwanted pregnancies amongst students at higher educational institutions every year continues to increase irrespective of the high awareness and knowledge on regular modern contraceptives and emergency contraceptives among students in higher educational institutions [5]. The poor utilisation of contraceptives in tertiary institutions is associated with many interrelated factors ranging from personal to institutional setbacks [6]. This eventually contributes to high unplanned pregnancy rates which are estimated to have contributed to about 8 to 30 million annual pregnancies worldwide. Global estimates have also shown that about 210 million pregnancies occur annually across the world. 75 million (or about 36%) of the 210 are unplanned or unwanted pregnancies [7]. Students between 18 and 24 years report the highest rates of unplanned pregnancies in the world's tertiary institutions [6]. A situation associated with multiple challenges across the world for countries, academic institutions and the individuals involved.

A lot of Studies in Africa have generally documented low knowledge and awareness levels of effective contraceptive use amongst higher educational students. Several factors including age, culture, ethnicity, and religion, poor access to contraceptive services, peer pressure and lack of partner support were identified as contributing to the non-utilisation of

contraceptives in tertiary institutions [8]. In a study amongst 15 to 24 years old South African women, it was estimated that only 52.2% of sexually experienced women are using contraceptives. Because 80% of undergraduate students at higher educational institutions are sexually active, it is important that they have access to safe, accessible and adequate contraceptive services [9]. Although national surveys on family planning have extensively looked at contraceptive uptake in Nigeria, little is known about contraceptive uptake among students in Nigerian Universities. This study therefore examines family planning acceptance among students in Abia State University.

II. METHODS

- Study Area
Abia State University Uturu, Abia State, Nigeria
- Study population
A total of 200 undergraduate students from Abia State University Uturu
- Research Design
The study was a descriptive cross-sectional survey using a structured self-administered questionnaire. One hundred and twenty undergraduate students from Abia State University were selected using a multistage simple random sampling technique. The structured questionnaire was designed in various sections which includes characteristics of respondents, family planning knowledge, information sources and reasons for family planning acceptance among student, Source of family planning services, utilization and effects of FP methods and family planning choices and reasons for the choices
- Data/Statistical Analysis
Data was cleaned, entered and analysed using statistical packages for social sciences version 25.0. Frequency and contingency table was used to show the distribution of data. Quantitative data was summarized using mean and standard deviation and qualitative analysis with proportion and percentages. Statistical analysis using Chi-square was done to determine the effect of the different variables on the

vaccination of children. The level of significance was 0.05 levels.

• Ethical consideration

Ethical clearance for the study was obtained from the Ethical Committee of Abia State University Uturu. Furthermore, verbal informed consent was obtained from the respondents after explaining to them the importance and advantages of the study. The disadvantages of the study will equally be explained to them. They were also informed that they can decide not to participate in the study without any consequence. Confidentiality of history and personal data of the respondents was ensured throughout the study and even beyond.

III. RESULTS

Table 1: Socio-demographic Data of Participants

Age Range	Frequency(n=120)	Percentage
17-20	10	8.3%
21-24	50	41.7%
25-28	40	33.3%
29-32	12	10%
33-36	6	5%
>36	2	1.7%
Total	120	100%

Marital Status

Married	5	4.2%
Divorced	2	1.7%
Single	112	93.3%
Widowed	1	0.8%
Total	120	100%

Gender

Male	40	33.3%
Female	80	66.7%
Total	120	100%

Level in Programme

100	36	41.7%
200	50	15%
300	18	30%
400	16	13.3%
Total	120	100%

History of Pregnancy

Ever pregnant	14	11.7%
Never pregnant	96	80%
No response	10	8.3%
Total	120	100%

Table 1 above shows that 50 (41.7%) of the participants were within the age categories of 21-24 years followed by those within 25-28 years with 33.3%. Those within 25-29 were 12 (10%), 17-20 were 10 (8.3%), 33-36 were 6 (5%) while >36 were 2 (1.7%).

Most of the respondents were single (93.3%) distantly followed by 5 (4.2%) who are married. Those divorced were 2 (1.7%) while the widowed were 1 (0.8%). Majority 80 (66.7%) of the respondents were females while 40 (33.3%) were males.

A large number 50 (41.7%) of the respondents were in 200 level, followed by 36 (30%) in 100 level. Those in 300 level were 18 (15%) and 400 level were 16 (13.3%).

A large number 96 (80%) Of the participants have never been pregnant before followed by 14 (11.7%) who have been pregnant while 10 (8.3%) gave no response.

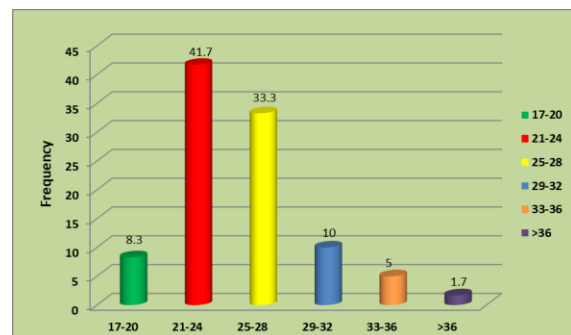


Figure 1: age range of the respondents

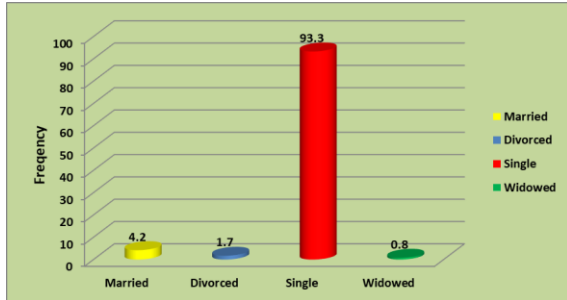


Figure 2: Marital status of the respondents

Table 2: Knowledge on Family Planning

Variables	Frequency (n=120)	
	Responses	Percentage
Ever heard of family planning	Yes 114	95%
	No 6	5%
Can you get pregnant when using withdrawal method?	Yes 84	70%
	No 36	30%
Is family planning helpful?	Yes 78	65%
	No 42	35%
Will you recommend FP to a friend or relative?	Yes 85	70.8%
	No 35	29.2%
Meaning of Family Planning	Frequency	Percentage
Don't know	8	6.7%
Measures to reduce child birth	26	21.7%
Measures to prevent unwanted pregnancy	16	13.3%
Measures to space child birth	20	16.7%
Measures to reduce number of children and unwanted pregnancy	6	5%
Measures to reduce unwanted pregnancy space and reduce childbirth	40	33.3%

Majority 114 (95%) of the participants answered yes to whether they have ever heard about family planning

while 6 (5%) have not heard of family planning methods before. Although majority 78 (65%) of the respondents believed family planning is helpful while 42 (35%) said it is not helpful either because they have not used family planning method before or must have had negative side effect.

About 84 (70%) knew that one could get pregnant by relying on the withdrawal method. It appears most students would be committed to family planning uptake if services are made available. This is evident by 70.8% of them responding in the affirmative when asked whether they will encourage their family or friends to use family planning services in the University.

Majority 40 (33.3%) stated that family planning is a measure to reduce unwanted pregnancy space and reduce childbirth. This was followed by those 26 (21.7%) who said it is a measure to reduce child birth. Those who said it a measure to space child birth were 20 (16.7%) while 16 (13.3%) said it is a measures to prevent unwanted pregnancy. Also those who said they don't know what family planning is where 8 (6.7%). 6 (5%) said stated that it is a measures to reduce number of children and unwanted pregnancy and the least 4 (3.3%) were those who said others.

Table 3: Sources of Family Planning Information and Reasons for Family Planning Acceptance

Sources of Family Planning Information		
Variables	Frequency(n=120)	Percentage
Don't know	6	5%
Television	4	3.3%
Relatives	40	33.3%
Books	5	4.2%
Radio	2	1.7%
Health worker	10	8.3%
Friend	50	41.7%
Social media	3	2.5%
Total	120	100%

Reasons for Family Planning		
Don't know	2	1.7%
Help prevent unwanted pregnancies	56	46.7%
FP promote small family size	24	20%
FP helps in planning and catering for children	16	13.3%
Prevent STIs	3	2.5%
FP reduce family expenses	6	5%
FP reduce over population	8	6.7%
FP reduces school drop outs	4	3.3%
Others	1	0.8%
Total	120	100%

Majority 50 (41.7%) of the respondents got the information about family planning methods through their friends. This was closely followed by 40 (33.3%) of those who got it from their relatives. About 10 (8.3%) respondents got it through health workers, while 6 (5%) don't know. 5 (4.2%) got the information through books, 4 (3.3%), 3 (2.5%) and the least 2 (1.7%) got through television, social media and radio respectively.

Majority 56 (46.7%) stated that the reason for family planning is to help prevent unwanted pregnancy followed by 24 (20%) who said that it promotes small

family size. 16 (13.3%) said it helps in planning and catering for children, 8 (6.7%) agreed that it reduces over population. Those who said it reduces family expenses were 6 (5%) while 4 (3.5%) said that it reduces school drop outs. A few 3 (2.5%) said it prevents sexually transmitted diseases while the least 1 (0.8%) were those who said others

Table 4: Family planning services, Utilization and effects of FP methods

Variables	Responds (n=120)	Percentage
Have you used any FP method before	Yes 82 No 38	68.3% 31.7%
Do you always have access to FP in your area?	Yes 76 No 44	63.3% 36.7%
Do you know where to get FP services by yourself when required?	Yes 69 No 51	57.5% 42.5%
Have you ever experienced any side effect(s) from any of the FP methods used?	Yes 68 No 52	56.7% 43.3%
Do you intend using FP methods in the future	Yes 66 No 54	55% 45%

When the respondents were asked if they have ever used any FP method before, the majority of the respondents (68.3%) mentioned that they had never used any FP method while 31.7% said they have used it. Regarding availability of family planning service when needed, about 63.3% of the respondents indicated that family planning services are always available while 36.7% said it is not readily available. Most participants 57.5% said they know where to get family planning services while 42.5% said they don't know where it can be gotten. Also 68 (56.7%) have experienced side effects from FP method while 52 (43.3%) have not had any side effect of FP method. About 55% of the participants said they will use family planning methods in the future while 45% said they will not use family planning method.

Table: Family Planning Choices and Primary Reasons for choosing them

Family planning choices	Primary reason for choosing a FP method	Number	Percentage
Condom	Number of responses	40	33.3%
	Easy to get	18	15%
	Easy to use	13	10.8%

	Effective to use	5	4.2%
	No side effect	4	3.3%
Emergency contraception	Number of responses	30	25%
	Easy to get	18	15%
	Easy to use	6	5%
	Effective to use	4	3.3%
	No side effect	2	1.7%
Oral contraceptives	Number of responses	20	16.7%
	Easy to get	10	8.3%
	Easy to use	5	4.2%
	Effective to use	3	2.5%
	No side effect	2	1.7%
Withdrawal	Number of responses	12	10%
	Easy to get	0	0%
	Easy to use	9	7.5%
	Effective to use	2	1.7%
	No side effect	1	0.8%
Abstinence	Number of responses	6	5%
	Easy to get	0	0%
	Easy to use	0	0%
	Effective to use	6	5%
	No side effect	0	0%
Injectable	Number of responses	5	4.2%
	Easy to get	2	1.7%
	Easy to use	1	0.8%
	Effective to use	1	0.8%
	No side effect	1	0.8%
Implant	Number of responses	4	3.3%
	Easy to get	1	0.8%
	Easy to use	1	0.8%
	Effective to use	1	0.8%
	No side effect	1	0.8%
Calendar	Number of responses	3	2.5%
	Easy to get	0	0%
	Easy to use	2	1.7%
	Effective to use	1	0.8%
	No side effect	0	0%

Majority 33.3% used condom, followed by emergency contraception 30 (25%) and oral contraceptives 20 (16.7%). Those who used withdrawal method were 12

(10%), abstinence 6 (5%), injectable 5 (4.2%), implant 4 (3.3%) while those who used calendar method were the least 3 (2.5%),

IV. DISCUSSION

This study observed that a large number of the respondents were within the age categories of 21 to 24 years and 25 to 28 years of which most (93.3%) were single and have no children showing that the students are relatively young and unmarried. Informal sources of family planning information such as friends and relatives were common information sources for young people but yet prone to misconceptions, distortions and half-truths. This study discovered friends and relatives had the highest source of information on family planning. This is in line with the study of [10]. This study discovered that (95%) of the participants had high level of awareness of family planning methods. This is in line with national reports on family planning awareness in Ghana and a significant departure from many other studies which tended to focus on awareness alone or translate awareness to knowledge [11]. However, the study finding that about (65%) of the respondents believed family planning is helpful entails that there are some other students who don't believe in family planning hence having unprotected sexual intercourse. Although accessibility to family planning methods on campus in this study was very high (63.3%), results from other similar studies were to the contrary [12]. This therefore suggests that if students know the benefits and how to use contraceptives, they will not experience unwanted pregnancies and its associated consequences of unsafe abortion complications, disruption in academic work and possible death. Contraceptive education is a component of sex education and is one of the proven approaches to prevent risky sexual behaviour and must be introduced on university campuses to guide students' family planning choices.

Additionally, findings also show that there are some students about (70%) at the university who knew that one could get pregnant by relying on the withdrawal method yet that is their preferred family planning methods. Various studies have explained this observation further by indicating that some adolescents girls feel that a partner's use of condom suggest that they (the girls) might be classified as unclean, likened to commercial sex workers or seen as engaging in extra-relationship sexual activities if they negotiate for condom use during sexual intercourse.

The perception of 'I trust my partner so no need for condom use' further explains the frequency of withdrawal methods being a regular family planning method on campus [13]. This research discovered that only 46.7% said that family planning helps to prevent unwanted pregnancy. Hence suggests that if students know the benefits and how to use contraceptives, they will not experience unwanted pregnancies and its associated consequences of unsafe abortion complications, disruption in academic work and possible death. Contraceptive education is a component of sex education and is one of the proven approaches to prevent risky sexual behaviour and must be introduced on university campuses to guide students' family planning choices. This research established that the most commonly used Family Planning methods among students were short term methods predominantly, condoms, oral contraceptives and withdrawal methods. This confirms finding of other studies that students had little knowledge about effective contraceptive methods [14]. In this study, there was a remarkable percentage (30%) that is not aware that pregnancy could occur when relying on withdrawal method while 2.5% also stated that oral contraceptives pill prevents sexually transmitted disease. It appears in this study that most students were committed to family planning uptake if services are readily available as evident by about 70.8% of them responding in affirmative when asked whether they will encourage their family or friends to use family planning services in the University. This observation is positive for enhanced family planning service delivery on university campuses to meet the needs of students. This corresponds with studies of [15].

CONCLUSION

This research noted that student population appeared as the most vulnerable in accessing and using contraceptives due to perceived social stigma and must therefore be the prime focus of contraception education and services on the University. The University management should organise training section for lecturers who will help to enlighten the undergraduate students on accurate and current information on family planning methods relevant to educate others. This is an obvious gap that requires policy decisions at all levels and family planning

education interventions in Abia State University and other tertiary institutions in Nigeria.

RECOMMENDATIONS

- The university health service should create friendly environment for students to access family planning services and also collaborate with the student body to organise programmes to educate the students on family planning methods.
- The Student Union Government (SUG) should also make family planning education a part of their programs and in collaboration with the university health services organise free sexually transmitted diseases testing and family planning counselling at least twice yearly.
- There should be a nationwide mixed method study targeting other tertiary institutions to explore the topic further for a national decision on contraceptive security in tertiary institutions in Nigeria.
- The Universities Nigeria should consider a possible curriculum restructuring to incorporate family planning lessons in the academic programme for students to acquire current knowledge in family planning.

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