

**LIMITATIONS OF FAMILY PLANNING PRACTICES AMONG WOMEN OF REPRODUCTIVE AGE IN OWAN WEST LOCAL GOVERNMENT AREA OF EDO STATE**

**BY**

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**ABSTRACT**

The study focused on the limitations of Family Planning practices among women of reproductive age in Owan West Local Government Area of Edo State. In the course of the study, data were collected from a sample of 200 women of reproductive age selected through a simple random technique, questionnaire was designed to solicit information from the respondents and data collected were analyzed. The statistical analysis of data revealed that complications and side effects were the highest limitation of family planning practices by women of reproductive age in Owan West Local Government Area of Edo state. It was however concluded that women of reproductive age should be health educated on the benefits of family planning and that birth control methods are not one-size fits all, a method that is perfect for one woman may not be right for another, you need to be critically examined to know the right one to use.

**INTRODUCTION**

The widespread adoption of family planning represents one of the most dramatic changes of the 20<sup>th</sup> century (Elaine, 2004). This is the 21<sup>st</sup> century and despite these impressive gains contraceptive use is still low and the need for contraception high in some of the world's poorest and populous countries. Recent researches is shedding light on how family planning increases survival, improves the health of millions of people, and help achieve national goal. Considered a "best buy" among health interventions, family planning is one of the most cost-effective, high-yield interventions that exist today (Smith, Ashford, Gribble and Clifton, 2009). Countries that invest on family planning can reap immediate health benefits, investment savings in the health and education sectors and social and environmental benefits that extend well beyond a single generation.

Family planning remains central to most programmes related to maternal and child health and population. The principles of choice are also central to family planning as it includes the choice of using the family planning method that is most effective for you. There is safe and effective family planning method for every woman that can enable her to protect her health and that of her children. However neither the man, nor the woman can make an informal choice until they have the basic knowledge of the different methods of family planning, the efficiency, advantages and disadvantages.

More than half of all married people in the developing world are using family planning to delay space or limit future pregnancies, yet the need for family planning keeps increasing as the number of women of reproductive age continues to grow. An estimated 137 million women worldwide have an unmet need for family planning (Guttmacher Institute, 2008). Women have an unmet need for family planning for a variety of reasons, such as lack of knowledge about the risk of becoming pregnant, fear of side effects of contraceptives, perceptions that their husbands, other family members or their religion opposes family planning or lack of access to family planning services (Gilda, Rubina, Akinrinola and Susheela, 2007).

To reach these women and save additional lives government need to focus more attention and commit more resources to family planning programme because attention has been turned to other issues like HIV/AIDS and infectious diseases. Overcoming these challenges is important for the health and welfare of mothers and many of these barriers could also be overcome through better information and counseling for both women and men.

Fertility level in the country is very high and the effect is on the health of women and their children. Women health problems are largely related to pregnancies and deliveries and family planning play a significant role in the control of pregnancies, and diseases. Therefore the rural women need for family planning should be met. Family planning offers safe, affordable and effective way to avoid maternal and child deaths.

Family planning methods vary according to their convenience, cost, effectiveness, side effects, risk and benefits for the individual. Family planning users are best able to evaluate the relative importance of these factors based on their preferences. This study was therefore conducted to find out the limitations of family planning practices among women in Owan West Local Government Area of Edo State.

### **Concept of family planning**

Mathur, (2007) defined family planning as a deliberate attempt to space the births of the children and to plan the size of the family in accordance with their social, economic and health conditions, to ensure that the family is happy both physically and mentally. The World Health Organization (WHO) listed the following as the objectives of family planning.

- to avoid unwanted births
- to regulate the intervals between pregnancies
- to control the time at which births occur in relation to age of the parents.
- to determine the number of children in a family.

Basavathappa (2008) went further, and listed the following as services that can make the above practices possible.

- education and counseling on family planning
- the provision of contraceptives
- the management of fertility and
- education about sex and parenthood.

Family planning has been given varying interpretations. The popular slogan of the Planned Parenthood Associations of Nigeria (PPAN) is baby by choice, not by chance. In other words, they advocate the prevention of unwanted pregnancies. Most authors believe that preventing unwanted pregnancies will greatly reduce the number of illicit and unsafe abortion.

The benefits of family planning according to Olise (2007) are;

- Family planning prevents high risk pregnancies

- Family planning services help the woman or the couple to have the number of children they want or can adequately support
- Barrier methods of contraception, such as male and female condoms, control the spread of sexually transmitted diseases from one person to the other.
- Pills reduce the chances of women having ovarian and endometrial cancers. They also protect against anaemia.
- Pills and intra-uterine contraceptive devices protect against ectopic pregnancies.

Family planning services offer the women the opportunity of completing her education before the beginning of child bearing.

### **The scope of family planning**

Family planning is recognized as a basic human right (United Nations, 1995). All couples and individual have the right to decide freely and responsibly on the number and spacing of their children and to have the information, education, and means to do so. According to Basavanthappa, (2008), the modern concept of family planning, not synonymous with control includes and extends to the following;

- The proper spacing and limitation of births,
- Advice on sterility,
- Education for parenthood,
- Sex education
- Screening for pathological conditions related to the reproductive system,
- Genetic counseling,
- Premarital consultation and examination,
- Carrying out pregnancy tests,
- Marriage counseling,
- The preparation of couples for the arrival of first child.
- Providing services for unmarried mothers,
- Teaching home economics and nutrition
- Providing adoption services.

## Assessment of Community Needs

Family planning programme should be based on the analysis of the needs of the community. Available data on the reproductive behaviours of the community should be carefully examined, especially birth rates in various group age of first pregnancy, average interval between pregnancies, family size, use of contraceptives method (both traditional and modern), knowledge of these methods and attributes of unwanted pregnancies (Lucas and Gilles, 2003). WHO estimates that 120 million married women have unmet needs of family planning, 40-50 million women resort to abortions and that 300 million couples are not satisfied with the method of family planning used, resulting in 8-30 million unintended pregnancies. Millions of individuals who want and need family planning care still do not have access to quality services that would ensure the safe and effective provision of methods based on informed choice (WHO, 2000).

## Methods

This study used the descriptive survey method. The survey method allows for collection of large samples from a population and traits of interest determined.

A sample women in Owan West Local Government Area was randomly selected, questionnaire was administered and the data were analysed using simple percentages.

## Results

**Table I: Awareness of Family Planning**

Reponses	Respondents	Percentage (%)
Yes	180	90
No	20	10

N = 200

Table I shows that 90% percent of the women indicated their awareness of family planning as against 10% percent who claimed ignorance of family planning. The information on the table showed that women from Owan West Local Government Area were aware of family planning.

**Table 2: Method of Family Planning Practiced**

<b>Method</b>	<b>Responses</b>	<b>Percentages (%)</b>
Condom	50	25
IUCD	-	-
Withdrawal	-	-
Pills	120	60
Others	30	15

N=200.

Table 2 shows different methods of family planning, 60 percent of the subjects used contraceptive pills, 25 percent use condom while 15 percent use other methods of family planning. However none of the subjects indicated the use of IUCD and the withdrawal methods.

**Table 3: Limitations of Family Planning Practices**

<b>Limitations</b>	<b>Respondents</b>	<b>Percentage (%)</b>
Cultural/Traditional Beliefs	<b>40</b>	<b>20</b>
Finance	<b>60</b>	<b>30</b>
Complication/Side Effects	<b>80</b>	<b>40</b>
Religious Influence	<b>20</b>	<b>10</b>

**N = 200**

Table 3 indicates the limitation of the subjects to family planning practices and complications/side effects seem to be the major limitations of family planning practices among women in Owan West Local Government Area. Forty (40) women (20%) indicated cultural/traditional beliefs as their limitation to planning practices, Sixty (60) women (30%) indicated finance, Eighty (80) women (40%) indicated complications/side effects while Twenty (20) women (10%) indicates religious influence.

**Discussion**

This study has shown that women in Owan West Local Government Area were to a large extent aware of family planning. The findings revealed that 180 (90%) of respondents indicated their awareness of family planning as against 20 (10%) who claimed ignorance of family planning.

It is interesting to find out that majority of the respondents representing 120 (60%) use contraceptive pills, which will help to prevent unwanted pregnancies and unsafe abortions. Fifty women (20%) indicated that they use condom, while thirty subjects (15%) use other methods of family planning, these may be as a result of accessibility.

The findings further revealed that 80 (40%) of the subjects indicated complications/side effects as the major limitation to family planning practices, this findings agreed with the report that birth control methods are not one-size fits all. A method that is perfect for one woman may not be right for another. You must be examined clinically to know the right one for you, as to avoid complications and side effects.

It is important to also note that finance, traditional beliefs and religious influence also limit women from using family planning practices. These findings agreed with those reported by Anavberokhai (2010).

**Conclusion**

The health benefits of family planning cannot be over emphasized. To achieve good and better health for women and their children, family planning activities have to be moved to rural areas where the practices are seen to be below expectations.

Based on the findings, It is recommended that adequate health education programme on family planning be planned, so as to inform women on the benefits of family planning and tha birth control methods are not one-size fits all. A method that is very perfect for one woman may not be right for another. They should be informed of the need to be examined clinically to know the right method to use that will not cause any complication or side effects.

Women in the rural areas should be empowered to reduce the level of poverty. According to Lucas and Gills (2003) empowering women means enabling them to overcome social economic and cultural factor that limit their ability to make fully informed choices, particularly in the most intimate aspect of their lives, their reproductive health. Women must have the means both physical and psychological to overcome any limitation or barrier to safe motherhood and health prevention and promotion.

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