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Original Research Article

Family Planning and Health of Users: A Case Study of Owan Community in Edo State Nigeria

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Abstract

Background: This study investigated the relationship between family planning and health of women in Owan West Local Government Area of Edo State. ***Materials and Methods***: the population of the study was 280,000 inhabitants with sample size of 140, Taro Yamane formula was used in determining the sample size with a significant level of 0.05%. The data analysis technique used for this study is simple percentage for questions by the respondents. ***Results & Discussion***: This study has succeeded in identifying the impact of family planning on woman. The process of family planning prevents unwanted pregnancy and reverses the complications of pregnancy. Family planning has positive impact on the health of women. In view of the research and importance of family planning on women. ***Conclusion & Recommendation***: The following recommendations were made, that government should encourage the use of contraceptives for the good of it involving reduction in population growth as well as its positive impacts and roles in the society. It is also recommended that seminars or public lectures be organized to educate the public on the significance of contraceptive use and its application effectiveness.

Keywords: Family Planning, Women's Health, Contraceptive Use, Population Growth, Public Health Education.

BACKGROUND TO THE STUDY

Approximately half a million women in developing countries die each year as a result of complications during pregnancy. Sadly, illegal abortion is one of the five major causes of these deaths. International data suggest that maternal mortality is decreasing in region where the use of family planning is increasing because of consequence avoidance of unwanted pregnancies, although accurate data on maternal mortality are difficult to obtain in most developing countries (WHO, 2015).

The process of "family planning also known as "contraception" or "fertility control" involves the use of methods or devices in preventing pregnancies (WHO, 2015).

According birth control methods include barrier methods, hormonal contraception, intrauterine devices (IUDS), sterilization behavioural and other methods (Fleming, 2016). Most methods are typically used before or during sex, emergency contraception is effective for up to a few days after intercourse. Determining whether a woman with a specific health problem can use a form of birth control sometimes requires a pelvic examination, medical tests and in line with World Health Organization (WHO) detailed list of eligibility criteria for each type of contraception (WHO, 2016). The effectiveness of birth control method is generally expressed as the percentage of women who become pregnant using the method in the first year of usage with which the effectiveness is expressed in lifetime failure rate (Uchenna, 2015). Family planning including oral and hormonal contraceptive have been implicated in many diseases such as thromboembolic diseases, myocardial infarction, circulatory problems and cancer (Gaspard, 2014). Furthermore, its negative effects in the liver, heart, diabetic, hypertensive and others are well disconnected (Gaspard, 2014).

However, the study will evaluate the effects of family planning involving the use of both oral and hormonal contraceptives on the health of women of reproductive age.

Research Design

The design for this study was descriptive survey. This procedure is particularly useful for field study of this nature because according to Nworgu B.G. (2010) descriptive survey are those studies which aim at collecting data and describing them in a systematic manner, the characteristics features or facts about a given population. These studies are interested in describing certain variables in relation to the population.

Population of the Study: The population of Owan East Local Government Area of Edo State is about 280,000 inhabitants.

Sample Size Determination

This study is limited to selected health care providers in Owan East, in order to determine the sample size of this study, the Taro Yamane formula was used in determining the sample size with a significant level of 5%.

The formula is given

$$n = \frac{N}{1 + N(e)^2}$$

Where
n = sample size
e = level of significance

The sample size 280,000

$$n = \frac{N}{1 + N(e)^2} = \frac{280{,}000}{1 + (280{,}000x0.05)^2} = 140$$

Source of Data

Data collection was done through two major sources including primary and secondary sources and where streamlined to meet the information requirements of the study.

Secondary data are those data compiled by other people for different purposes either from published or unpublished materials as a result of previous research work and their literature review.

Primary source data was field survey using questionnaire as the main research instrument. Information are obtained through one of contact with respondents, interviews as well as interactions using questionnaire.

Sample and Sampling Techniques

The sample size for this study was 140 respondents selected where the researcher conducted the fieldwork. The simple random sampling technique was used in this study in choosing health parastatals to be included. The technique ensured that each respondent has an equal chance of being selected.

Research Instrument

Data was collected using questionnaire as an instrument. The instrument known as questionnaire was divided into two parts, part A for demographic or personal data while part B carried information about family planning and its impact on the health of women. Questionnaires were distributed to the respondents after clear explanation on how to fill them. A total of 140 copies of questionnaires were adequately, distributed, filled and retrieved from respondents.

Method of Data Analysis

Data collected were properly analysed in this study using simple percentage for questions by the respondents. Working on available information would be sued in testing the research questions formulated about some variables in other to know and prove if they are significantly ascertained factors that relates to health of women. A total of 140 questionnaires were administered. All correctly filled and retrieved immediately and no one was lost on transit.

Data Presentation and Analysis: This deals with the presentation and analysis of data collected for this study.

Demographic Data

Table 1: Age Group of Respondents

Age	Frequency	Percentage
10 – 14	5	3.6%
15 – 19	10	7.1%
20 – 24	60	42%
25 and above	65	46%
Total	**140**	**100**

Source: Fieldwork, 2024

The above table on age range of respondents showed that 10-14 years accounted for 5(3.6%) of the respondents while 15-19 years accounted for 10(7.1%), 20-24 years 60(42%) and 25 and above 65(46%) of the respondents.

Table 2: Marital Status of Respondents

Marital Status	No of Respondents	Percentage
Single	136	97%
Married	4	3.0%
Total	**140**	**100%**

Source: Fieldwork, 2024

From above table, the single (unmarried) respondents accounted for (97%) while married respondents accounted 4(2.9%) of the respondents.

Table 3: Educational Background of Respondents

Educational Background	Total number of Respondents	Percentage of Respondents
Undergraduate	75	53.3
Post graduate	65	46.7
Total	**140**	**100**

Source: Fieldwork, 2024

The table above illustrates the educational qualifications of the respondents. Undergraduate 75(53.3%) while post graduate 65(46.7%).

Table 4: Occupation of Respondents

Occupation respondents	No of respondents	Percentage
Student	68	49%
Workers	68	49%
None of the above	4	2%
Total	**140**	**100%**

Source: Fieldwork, 2024

The table above shows the occupation of respondents, out of 140 respondents recruited for the study 68(49%) were students 68(49%) accounted for workers while none workers and none students accounted for 4(2%).

Table 5: Do you have knowledge about family planning?

Level of Knowledge about family planning	No of respondents	Percentage
Full knowledge about family planning	138	98.6%
Low level of knowledge about family planning	2	1.4%
Total	**140**	**100%**

Source: Fieldwork, 2024

The above table shows that 138(98.6%) of respondents have full knowledge about family planning while 2(1.4%) have no knowledge about family planning.

Table 6: How do feel whenever you take the family planning pills?

Influence of family planning on the health of the users	No of respondents	Percentage
Desired response	80	60%
No desired response	60	40%
Total	**140**	**100%**

Source: Fieldwork, 2024

The above table reveals that negative influence 80(60%) while positive influence 60(40%).

Table 7: Is there complications of unsafe abortion with the use of family planning pills?

Effects of planning on unsafe abortion	No of respondents	Percentage
Complications	10	5%
No complications	13	95%
Total	**140**	**100%**

Source: Fieldwork, 2024

The table above revealed that family planning reduces complications of unsafe abortion with respondents 130(95%) accounting for reduction in complication while only 10(5%) accounted for complications.

Table 8: What are the effects of family planning on unintended pregnancies?

Effects of family planning on pregnancy	No of respondents	Percentage
It prevents death from unintended pregnancies	138	98.6%
Do not prevent death from unintended pregnancies	2	1.5%
Total	**140**	**100%**

Source: Fieldwork, 2024

The table above on whether family planning prevents death from unintended pregnancies shows that 138(98.5%) accounted for prevention of unintended pregnancies while only 2(1.5%) accounted for do not prevent unintended pregnancies.

DISCUSSION OF FINDINGS

The result of the study on table 5 showed that respondents have adequate information and knowledge about family planning and this indicates their full knowledge about family planning. Family planning save women's lives and protect their health by preventing the health risks associated with pregnancy, this happens directly by preventing births, improve knowledge of family planning and its knowledge and awareness as admitted by correspondence and this is in consonance with the findings of Meashom (2010) and this knowledge about family planning ranked highest with 98.6%.

From analysis in table 6, it indicates that positive influence is more accrued from family planning than negative impact as admitted by correspondence and this was expressed by Tanaka (2011) in the literature review that said something about positive influence of family planning. According to him, family planning services competes favourably with other interventions as a cost-effective means of improving women's health and this positive influence of family planning ranked highest with 60%.

On testing respondents on effects of family planning on unsafe abortion, table 7 indicates that family planning do not have complications as it save women from unsafe and unhealthy abortion that would have cause death.

This was expressed by Uche (2012) in the literature review and it ranked highest with 95%.

From analysis on table 8, family planning prevents death from unintended pregnancies, the complications of pregnancies such as prevention of maternal death reproduction poses threat to women, half a million of women dies each year as a result of pregnancy and pregnancy related causes as admitted by correspondence and this was expressed by Uche (2012) in the review of related literature and this ranked the highest with 98.5%.

From table 9, family planning contributes to reduction in population growth as admitted by correspondence and expressed Uche (2012) as a factor that controls population growth with a high perceived level of need for fertility control according to Uche (2012) and reduction in population growth ranked highest with 90%.

CONCLUSION

In conclusion, the study has succeeded in identifying the impact of family planning on women. The process of family planning prevents unwanted or unintended pregnancy.

Also, adequate knowledge has been given on the level of positive impacts concerning the use of family planning. The results from data presented is geared towards providing core values on the people regarding the positive impact of family planning on women.

Finally, it is therefore concluded that family planning should be encouraged as it has positive impact on the health of users.

RECOMMENDATIONS

In view of the research and importance of family planning on women, the following recommendations have been drawn from the present study.

1. That since family planning has positive impact on women it is wise for government to employ a way of encouraging its use.
2. Government should encourage the use of contraceptives for the goods of it such as reduction in population growth, positive effects on women and others.
3. Seminars or lectures should be organized in order to educate contraceptive users on the effective use of family planning.

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