

Determination of Level of Knowledge on Modern Methods of Family Planning among Women of Reproductive Age (18 - 49 Years) at Mathare North Health Center in Nairobi County, Kenya

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Abstract

Introduction: Modern family planning methods (MFPM) prevent unwanted pregnancies, reduce fertility rate, and increase the interval between pregnancies. They prevent pregnancy by preventing fertilization or implantation of the fertilized ovum. MFPM include tubal ligation (TL), vasectomy, oral contraceptive pills, the intrauterine contraceptive device (IUCD), depot injections, sub-dermal implants, and male and female condoms. **Objective:** To determine the level of knowledge of modern family planning methods (MFPM) among women of reproductive age (18 - 49 years) at the Mathari North Health Center in Nairobi County, Kenya. **Methods:** The study conducted among women of reproductive age at Mathare North Health Center in Nairobi was a cross-sectional descriptive survey between March 2016 and November 2018. It provided both qualitative and quantitative data. The sample size comprised of 274 women of reproductive age, *i.e.* (18 - 49 years) attending antenatal and postnatal clinics at the facility. Those excluded were women below 18 years of age, as they could not give consent according to Kenyan Laws. The data were collected using an interviewer-administered structured questionnaire, which consisted of socio-demographic and characteristics, knowledge of modern family planning methods and distance from the facility. Likert scale was used to ensure that data was tabulated on daily basis and subjected to statistical manipulation using Statistical Package for Social Sciences (SPSS). **Results:** The four leading MFPM in use in order of acceptability were injectables, implants, intrauterine contraceptive device and pills in that order. 91% of respondents were aware or had heard about modern family planning methods. Level of education of mother and father were the two variables that

influenced the uptake of MFPM with p -values of 0.0260 and 0.025, respectively. The study further found that knowledge of MFPM had a significant influence on their assimilation and utilization. All secondary variables considered in the research exhibit a substantial relationship concerning the use of MFPM. **Conclusion:** Communities around Mathari North Health Center need to be given information; education and counselling on MFPM to enable them make an informed decision and choice on their preferred method of family planning.

Keywords

Antenatal Care, Postnatal Care, Contraceptives, Family Planning, Fertility, Modern Family Planning Methods, *i.e.* Injectables, Implants, Pills, Intrauterine Cervical Device

1. Introduction

Background of the Study

Modern family planning methods are used to prevent unwanted pregnancies, reduce fertility rate, and increase the interval between pregnancies. The Oxford Medical Dictionary defines modern family planning method as mechanisms that prevent pregnancy by preventing fertilization or implantation of the fertilized ovum [1]. Modern family planning methods include tubal ligation, vasectomy, oral contraceptives, the intrauterine contraceptive device (IUCD), depot injections, subdermal implants, and male and female condoms [2]-[8]. The reduced fertility rate has the potential to reduce poverty, hunger, maternal and infant mortality and morbidity [9] [10] [11] [12]. Family planning assists in attaining a balance between resources and population [13] [14].

The burden and the results of unmet need in family planning are great. The World Health Organization (WHO) states that more than 120 million women worldwide want to prevent pregnancy, but they are not using any method of contraception [1]. This creates an unmet need for family planning, which causes the inability to delay, or stop childbearing, thus making women have a desire to seek an abortion [15] [16]. Induced abortions may be unsafe and may result in maternal mortality and morbidity. According to WHO [1] [17], 46 million induced abortions and 21.6 million unsafe abortions, occur worldwide annually. WHO further states that worldwide abortions have increased from 19.2 to 21.2 million worldwide [18]. Availability and utilization of MFPM may reduce the number of abortions as women of reproductive age may have a choice of when to conceive and may enable them to have their desired family size [19] [20] [21] [22]. It is essential to clarify that no other study, for all the literature evaluated before this study, had been done regarding the level of knowledge on modern family planning method among women of reproductive age at Matharri North Health Center in Nairobi County Kenya. Hence, investigating the level of knowledge in the general population provides an anchor for future investigation to-

wards MFPM knowledge in different genders.

This unmet need in family planning, which has resulted in increased maternal mortality and morbidity because of unsafe abortions, persists despite efforts by the WHO to enhance availability and quality of family planning services and methods for increased contraceptive. In Sub-Saharan Africa, only 17% of married women use a method of family planning [22]. This low level of unmet need may cause a woman to have mistimed and unwanted pregnancies [22] [23] [24] [25]. According to Spielberg [25], these unwanted and mistimed pregnancies may increase the desire of women to seek abortion due to short birth intervals. African countries are promoting family planning by repositioning family planning as a priority in their national and local agendas [29]. In Kenya, policy interventions and strategies have been put in place to increase uptake of modern family planning methods. Interventions involve increasing the range and availability of MFPM. Despite the efforts, policies, strategies and interventions, unmet needs concerning family planning persist.

Understanding the level of knowledge regarding MFPM helps policymakers in determining the intervention mechanism to adopt to increase public awareness and utilization. Health care practitioners will use results from the study to modify their public awareness campaigns on various types of MFPMs [26] [27]. Conducting this study informs other international bodies concerned with population management to understand the challenges facing Kenya in the knowledge of MFPM, which ultimately affects the use of these tools during the family planning process.

Kenya has made tremendous efforts towards improving knowledge and the adoption of MFPM. Ochako, Owino, Mgamb, Sidha, and Adeke [9] highlight Kenya's Commitment to Family Planning 2020, which is a policy framework running from 2012 through 2020. In the framework, the Kenyan government isolated family planning as a critical indicator of improved health service delivery throughout the nation [9]. Similarly, the Kenya Health Sector Strategic Plan (2013-2018) and the National Reproductive Health Policy of 2007 are part of the Kenyan government Vision 2030 seeking to enhance health care service delivery [9]. Hence, the Kenyan government has made huge strides towards improving knowledge and adoption of MFPM through policy enactment and implementation drives. The purpose of this study is to investigate knowledge on MFPM at the community level regarding various types of MFPM in light of government efforts to increase their utilization to enable families have their control population growth rate in the country. The objective of the study is to determine the level of knowledge on modern family planning methods (MFPM) among women of reproductive age (18 - 49 years) at the Mathari North Health Center in Nairobi County, Kenya.

2. Methodology

2.1. Study Population

The study was done at Mathare North Health Center in Nairobi and adopted a

descriptive cross-sectional study design. It provided both qualitative and quantitative data. Those included were women of reproductive age attending antenatal and postnatal clinics. Those excluded were women outside the 18 - 49 age brackets. Those under 18 years are considered underage by Kenyan laws.

2.2. Sampling

Researcher used systematic sampling method.

2.3. Sample Size

Consisted of 274 mothers derived from a sampling frame of 978 participants, which is the monthly mean ($2935/3 = 278$) for the three months considered in **Table 1** below. Sampling frame (978) was the mean of mothers attending antenatal and postnatal clinics in the months of May, June and July 2015 was used. The sample size was determined from the sampling frame using Fisher *et al.* as cited in Mugenda and Mugenda [24].

2.4. Sampling Interval

Sampling interval was obtained by dividing the sampling frame of 978 by sample size of 274, which produced 3.56, approximately 3 mothers. Therefore, the sampling interval was every third mother as they sat on the form, waiting to be attended to. The starting point was randomly picked between 1 and 3 thereafter, every third mother picked until a sample size of 274 participants was achieved. To avoid shortage by relying on 274 participants, it was deemed fit to have at least 292 (106.6%) participants participating in the study. Seven were rejected because they were incomplete, leaving 285 (104.0%) participants whose number was 11 above the targeted minimum of 274.

2.5. Data Collection

Data was collected using a self-administered questionnaire. The researchers designed the survey and issued a pilot study to pretest its usability in the main research. Insights from the pilot test were used to enhance the questions for clarity. Each item in the questionnaire addressed the specific research question. Collected data were entered into the computer daily to prevent loss and for preservation. It was then kept under password to prevent unauthorized access.

Table 1. Population sampling table.

Month	Antenatal	Postnatal	Total
May	923	158	1081
June	795	151	946
July	773	135	908
	Grand total		2935

2.6. Data Analysis

Data were cleaned, coded and analyzed using Statistical Package for Social Sciences (SPSS) version 20. The correlation coefficient and regression were used as statistical analysis tools to test for association between variables on knowledge of modern methods of family planning. A *p*-value of less than 0.05 was considered statistically significant. Descriptive data analysis for all dependent and independent variables was made. The dependent variable here is the level of knowledge of modern family planning method (MFPM). These include demographic factors like age, marital status and parity. Others are social-cultural factors like religion, beliefs, culture, and distance from the health facility. Social-economic factors, level of education, income and residence (whether residing in rural or urban setup) were also other dependent variables.

2.7. Ethical Clearance

Permission was obtained from the School of Nursing and ethical clearance from the Ethical Review Committee (ERC) all of the Mount Kenya University (MKU). Authority to collect data was granted by the school of postgraduate studies of the Mount Kenya University. The National Commission for Science, Technology and Innovation (NACSTI) granted further authorization to collect data in Nairobi County, Kenya.

3. Findings

Data was obtained from a questionnaire, which included social and demographic characteristics, social-economic characteristics, and knowledge of MFPM, among others. Though the sample size was 274, it was deemed fit to have 292 (106%) participants responding to the study. Out of 292 questionnaires, 7 were rejected because they were incomplete. The number of respondents whose questionnaires were accepted was 285 (104%), which was 11% above the targeted minimum.

Results indicates that 259 (91%) had heard or knew about modern family planning methods. 9% had never heard about MFPM. Knowledge or awareness in the family helps a client make an informed choice before initiating any MFPM. The majority of the respondents 203 - 252 (74% - 92%) got their FP information from electronic media and health facility, respectively. Schools, friends, print media, and schools Baraza followed closely in that order. Marital status influenced the amount of information regarding the available MFPM. It means that health facilities play a central role in the dissemination of knowledge on MFPM. Enhanced dissemination of information on MFPM through these channels of communication is highly advocated. Health facilities played the most significant role in the distribution of information on MFPM while the chief's Baraza played the least.

Information on MFPM was reasonably well known to respondents. Print media included newspaper and magazines, and it accounted for 112 of the responses, which accounted for 39.30% of the respondents as illustrated in **Figure 1**

above. Likewise, information gathered from electronic media such as the internet, radio, and television, accounted for 212 (74.39%) of the total respondent. Similarly, 263 (92.28%) of the respondents obtained MFPM information from health facilities. **Figure 1** also demonstrates that a Chief's Barazas account for 7 (2.46%) of information submission while friends and school had 124 (43.51%) and 151 (52.98%), respectively.

Figure 2 captures the types of MFPM that the participants had heard in the past. It appears that all participants have heard at least one form of MFPM. Results indicate that 94.04% (268) of the respondents have heard injectables as the preferred MFPM while implants and, tubal ligation, and female condoms each was known by 224 (78.60%) of respondents as shown in **Figure 2**. Moreover, 248 (87.02%) of participants had heard about pills with IUCD, male condoms, and vasectomy accounting for 124 (43.51%), 219 (76.84%), and 112 (39.30%) of MFPM type among respondents as captured in **Figure 2**. Apart from IUCD and Vasectomy that recorded a relatively low score, most of the participants are well aware of modern family planning methods.

In further determining the level of knowledge of the participants, the researcher used Focused Group Discussion (FGD). The group consisted of 8 participants. In also determining the level of knowledge on MFPM, there was a discussion on how the participants got information relating to MFPM, advantages and disadvantages of using various methods of family planning, how they got

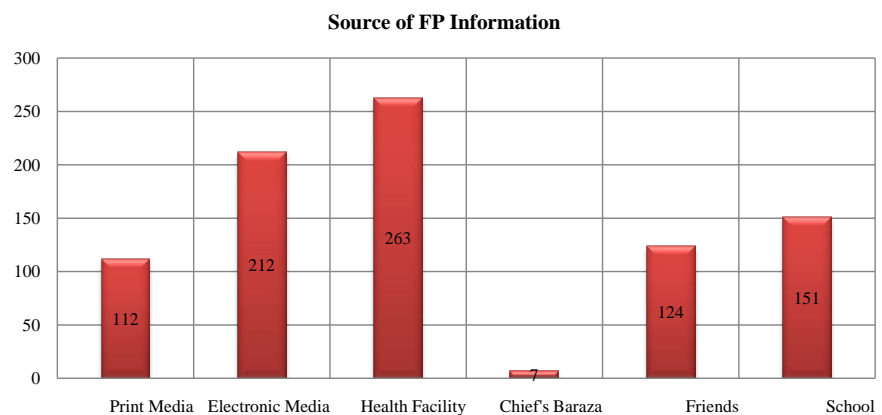


Figure 1. Source of family planning information.

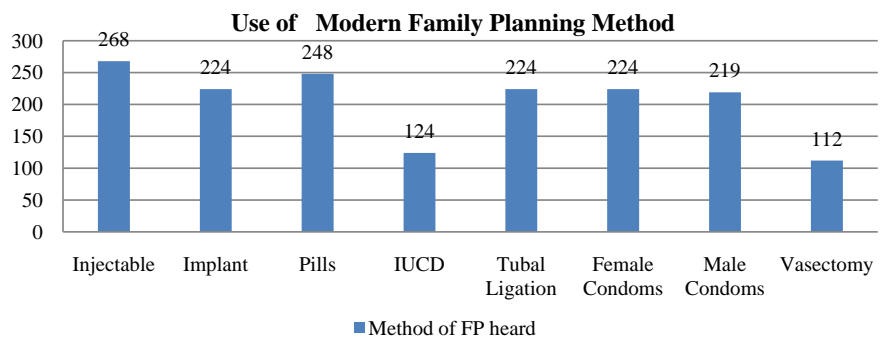


Figure 2. Modern family planning methods heard.

information pertaining to MFPM and the availability of the methods at the facility. In the focused group discussion, it was clear that participants knew or had heard of various modern family planning methods. It enables mothers to recover from the stress of pregnancy, regain their health and give them time to engage in gainful economic activities. In turn, it increases individual and household income. Participant's primary sources of information on MFPM were health workers working in health centres, *i.e.*, during antenatal and postnatal visits, friends and peers. Information was also provided during social mobilization. Print media, electronic media and their husbands also served as sources of information on MFPM. Participants had heard or had knowledge of methods like injectables, implants, the intrauterine cervical device (IUCD), pills and condoms. However, participants did not regard condom as a method of MFPM and had scanty information about the female condom.

4. Discussion

It is apparent from the results that a wide range of variables influences the rate of utilization of MFPM. The initial premise of this investigation was that all secondary variables in each category had a significant relationship concerning the knowledge of MFPM.

Knowledge of MFPM had a very great influence on their uptake. It also agrees with Malau *et al.* [12] in a study done in Baringo on determinants of use of family planning methods. Woman who received information on modern family planning methods during the antenatal period were more likely to use the method than those who did not. In another study Namazzi [28], found that a low rate of counselling resulted in low uptake of MFPM. In their research, they found that knowledge on MFPM stood at 98 percent, while in this study, the level of knowledge stood at 91 percent. Those who did not have adequate and relevant knowledge on MFPM resorted to using aspirin based painkillers like "Mara Moja" to procure an abortion because the pregnancy was not intended. The study further found that exposure to family planning information was associated with an increase in uptake of MFPM. This outcome confirms that the level of uptake of MFPM is dependent on the level of knowledge of the user [29]. Married people indicated a higher MFPM knowledge level because of the government's efforts to educate people during prenatal and postnatal care stages.

Another variable relating to knowledge on MFPM was nurse staffing. Nurse respondents stated that they had a heavy workload due to a shortage of nurses trained in family planning. Nurse staffing is essential in the health facility in that health facilities played the most significant role in the dissemination of MFPM. Because the facility was not well staffed with nurses trained in modern family planning methods and reproductive health, it will not be able to sufficiently disseminate information on the methods effectively. It will make clients unable to make an informed choice(s) on their method(s) of family planning. The amount of information on MFPM relating to all the methods was somewhat known by

respondents as shown in **Figure 2**.

Nurse staffing was inadequate with all nursing staff respondents stating that they had a heavy workload due to a shortage of nursing staff at the facility yet much of the information on modern family planning methods was acquired in health facilities. It means that trained nurses may not be able to offer adequate information to clients seeking family planning services owing to the pressure of work. Increased staffing of nurses trained in family planning will play a big role in the dissemination of information on modern family planning methods. Information on MFPM will enable those attending the clinic to get more, information on their method of choice hence make an informed choice.

5. Conclusions and Recommendations

5.1. Conclusion

The study's core objective investigated the level of knowledge of MFPM among women of reproductive (18 - 49) years attending antenatal and postnatal clinics at Mathare North Health Center in Nairobi County, Kenya. It was achieved by determining the level of knowledge on MFPM among women of reproductive age (18 - 49) years attending antenatal and postnatal clinics at the facility.

A variety of secondary variables constituting the demographics of the population influences the level of uptake of MFPM. Knowledge of modern family planning methods among women of reproductive age (18 - 49) years attending the antenatal and postnatal clinic at the Mathari North Health Center had a significant influence on the uptake of MFPM at 91%. Therefore, the researcher can conclude that the level of knowledge on modern family planning methods had a great impact on their MFPM uptake.

Lack of knowledge on methods like female and male condoms made their utilization to be perceived as a sign of unfaithfulness and mistrust between partners rather than as a method of family planning [30]. Vasectomy was highly questioned and criticized with many terming the method as degrading to manhood. Male condoms, female condoms and vasectomy appeared to be negatively or wrongly perceived as a modern method of family.

Multiple sources of information on MFPM have made it possible to improve on the information in general within the general population. Findings show that there has been a gradual yet consistent improvement in the level of knowledge on MFPM in Kenya. It has mainly been due to multiple channels of access to information and education. The multiple channels of communication include print and electronic media, health facilities, chief's Barazas (meetings), friends and schools. They help in shaping the amount of knowledge on modern family planning methods among women of reproductive age (18 - 49) years.

It was apparent from the findings that the participant's level of knowledge on modern family planning methods and level of education influenced their uptake. The study reveals that uptake of MFPM was influenced by marital status, level of schooling of both husband and wife or their partners, the level of knowledge on

MFPM. Level of education enables users of family planning to better understand their methods, benefits to them as individuals, family and the country as a whole.

5.2. Recommendation

Regarding the demographics of the population, it is recommended that a larger sample is considered. Although the calculated sample was achieved, these results would be edified when more respondents are included in the study.

Considering that the majority of respondents fell between the ages of 25 and 31 years, it is recommended that more focused research on this population concerning utilization of modern family planning methods be done in the future. Considering that usage of modern family planning methods is dependent on knowledge of the methods, it is recommended that clients be given more information on modern family planning methods, which translates into an increase in a number of clients using the various methods. It can be achieved through health facilities, electronic media, and print media and schools as they were found to be more effective in that order. In health facilities, nurses trained in family planning and reproductive health are better placed to disseminate information on the methods. It is recommended that the nurses be trained in family planning and reproductive health and be deployed in the department so that clients are given enough information, education and outselling on all the methods, particularly long-term methods to enable them to make an informed choice.

5.3. Limitations

This study was limited to one region of operation in the greater Nairobi region, which was Mathare slums. It is, therefore, essential to undertake an investigation in other areas to confirm the research findings. Similarly, this study focused exclusively on knowledge of modern family planning method. Hence, a future survey on MFPM used and preparing to use, notwithstanding attitude and perception's impact on the adoption of these methods. Moreover, the study focused on individuals aged between 18 and 49 years because they are generally assumed to be the legal and productive ages.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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Appendix: Questionnaire

Study Participants Open and Closed Structured Questionnaire

The information to be acquired is meant for study purposes

All information will be confidential

Do not write your name on this paper

Please answer all questions

A) Social Demographic Characteristics

1) Age of respondents in years

18 - 24 [] 25 - 31 [] 32 - 38 [] 44 - 49 years []

2) Marital status

Single [] Married monogamous [] Married polygamous [] Divorced [] Separated [] others (specify) [] _____

3) Level of education (mother)

None [] Primary [] Secondary [] College [] University []

4) Level of education (spouse)

None [] Primary [] Secondary [] College [] University []

6) Residence: Urban [] Rural []

7) Number of children _____

8) Denomination - Christian [] Islam []

Others [] others please specify _____

If Christian state whether

Catholic [] Protestant [] Others _____

B) Social Economic Characteristics

1) Employment status

a) Employed [] b) Self-employed []

c) Temporary/casual [] d) Others (please specify) _____

2) Monthly income:

a) Below 5000 b) 5000 - 10,000 [] c) 11,000 - 15,000 [] d) 16,000 - 20,000 [] e)

Above 210,000 []

C) Knowledge of Modern Methods of Family Planning

1) Which method of FP have you ever heard of?

a) Implants [] b) Pills []

c) IUCD [] d) Injectable []

e) Tubal ligation (TL) [] f) Male condoms [] Female condoms [] f) others (specify) _____

2) What was the source of your FP information?

Print media [] Electronic media [] Health facility [] Chief's baraza [] Friends [] School []

Others (specify) _____

3) Were you given information on:-

Who to use them: Yes [] No []

When to use them yes [] No []

How to use them Yes [] No []

Side effects Yes No

What to do when they occur Yes No

Others (specify) _____

4) Do you feel the information you were given was satisfactory _____

5) Were you educated on where to get various modern methods of family planning including specialized once like tubal ligation? _____

6) Were you charged for the services? _____

7) Did you know that modern methods of family planning are issued free of charge in all Government facilities? Yes No

D) Facility Related Factors: Distance from Facility

1) What can you say about distance to your nearest health facility where family planning methods are?

Near Reasonably near Very near Far Reasonably far Very far

2) Do you pay any fare to access FP services? Yes No

E) Provider Related Factors:

1) Are all nurses working in FP department trained in provision of MFPM?

2) If not why _____

3) Are all MFPM available at the facility _____

4) If yes what can you comment on supply of MFPM methods? Very reliable Unreliable Moderately reliable Reliable Very reliable

5) If no what do you think contributes to unavailability _____

6) How often do you get latest updates? Weekly Monthly every 3 months every 6 months Yearly > Year others (specify) _____

Level of Use of Modern Methods of Family Planning

1) Which of the following methods of family planning do you use? Please specify the method and the reason;

Injectable Specify and reason _____

Pills specify and reason _____

Implants Specify and reason _____

IUCD Specify and reason _____

Condoms specify and reason _____

Lactational Amenorrhea Method (LAM) Reason _____

Permanent method (specify) Reason _____

2) Is the method you have mentioned readily available in your nearest health facility

Yes No

If no where do you get it from _____

3) Given an opportunity would you continue using the FP method you are on?

Yes No

If no give reasons _____

4) Do you use other methods of family planning other than the modern methods of family

Planning? Yes No

If yes give reasons _____

Women Who Do Not Use Any Method of Family Planning

1) Why don't you use any method of family planning?

2) Have you ever heard of a method modern family planning?

3) What is your denomination _____

Are you married Yes No

3) If yes does your husband approve your use of FP: Yes No

4) If not married how many children have you planned to get in your lifetime?

5) Given an opportunity, would use a method of family planning? _____

3) Have you ever heard of various methods of family planning?

4) If yes which method:

a) Implants b) injectable c) Oral contraceptives d) IUCDs e) Sterilization (tubal ligation)

f) Emergency contraceptives Condoms- i) male ii) female Lactational Amenorrhea Method

5) Why don't you use any method of family planning? _____

6) If the methods are offered at fee in any facility at a fee would you pay to get the services?

Yes No

7) How many children have you planned to get in your lifetime? _____

8) Are you employed _____

9) If yes, state whether a) permanent and pensionable b) Temporary c) probation d) Casual Self-employed

Focused Group Discussion

1) What does family planning mean to you?

2) What form of family planning method(s) do you know?

3) What family planning method do you use?

4) Why do you think it is necessary to practice any form of family planning?

5) How did you come to know about them?

- 6) What are the advantages and disadvantages of using family planning?
- 7) What have you heard about family planning from other sources like your peers, neighbours and friends?
- 8) Generally, how do you view family planning?
- 9) Where do you normally get information on family planning?
- 10) What has ever made you feel like not using any family planning method?
- 11) What can be done to improve satisfaction in your uptake of family planning methods?