Reasons and Misconceptions Associated with Family Planning Methods Rejection among selected Middle Class and Urban Slum Dwellers in Nigeria

Methods

Study setting and design

This study was conducted in two Nigerian urban communities – Ibadan in South West and Kaduna in the Northern Nigeria. Qualitative research technique involving the use of focus group discussions (FGD) was employed to collect the data. Ibadan which is dominated by Yoruba ethnic group was a regional headquarters of the defunct Western region while Kaduna, dominated by the Hausa was the regional headquarters of the defunct Northern region. Ibadan currently serves as the capital for Oyo State and Kaduna as the capital for Kaduna State. The two towns are two of Nigeria's fastest growing urban centres with the attendant challenge of increasing urban slum. Within each of the two towns, two locations were purposively selected (one representing the slum and the other representing middle class area). In Ibadan, Agbowo was selected as the slum while Oke-Bola was selected for middle class area while Tudun Wada and Angwar Rimi were selected in Kaduna for slum and middle class areas respectively. The study was carried out by the Centre for Communication Programs, Johns Hopkins Bloomberg School of Public Health, USA, in collaboration with the Population and Reproductive Health Programme (PHRP) Obafemi Awolowo University, Ile Ife, Nigeria, as part of the Nigerian Urban Reproductive and Health Initiative (NURHI) project which aimed at understanding and addressing the constraints for family planning utilization in selected urban areas of Nigeria

Study participants

The participants were recruited at the community and the health facility levels. In each community selected for the study, a gate keeper, who is a member of the community and is well recognized by other community members, facilitated the community entry through the

traditional leaders. The Study participants were then recruited through the traditional leaders (*Baale* in Ibadan and *Mai-ungwa* in Kaduna). The head of primary health care facility located in each community was also employed to recruit female participants who were family planning users. The inclusion criterion was adult males (18-49 years) and adult females (18-35 years) who are regular resident in the community. The participants were selected to include married and unmarried young adults as well as Users and non-users of family planning. The unmarried young adults were included in order to understand the perspectives of the future generation of adults who could shape the future use or non-use of family planning in the communities. A pre-FGD questionnaire was designed and employed to select the participants in order to ensure that all participants met the inclusion criteria. Those who met the inclusion criteria and consented to voluntary participation were included in this study.

Data Collection

Twenty-eight FGDs were conducted (8 in each of the slum communities and 6 in each of the middle class communities) in the selected slums and middle class communities in the two study locations. The participants were stratified by age (younger, 18-24 years and older 25-35 years), sex (males and females), marital status (married and unmarried), and users and non-users of contraceptives. Each focus group included between 8 and 12 participants. Table 1 presents the groups involved in the study.

Table 1: The Focus groups involved in the study

Slum		Middle Class	
Males	Females	Males	Females
Unmarried males, 18-24 years (2 groups, 1 in Ibadan and 1 in Kaduna)	Unmarried females, 18-24 years (2 groups, 1 in Ibadan and 1 in Kaduna)	-	-
Young Married males, 18-24 years (2 groups, 1 in Ibadan and 1 in Kaduna)	Young Married females non-users of family planning,18-24 years (2 groups, 1 in	Young Married males, 18-24 years (2 groups, 1 in Ibadan and 1 in Kaduna)	Young Married females non-users of family planning,18-24 years (2 groups, 1 in

	Ibadan and 1 in Kaduna)		Ibadan and 1 in Kaduna)
Older married males, 25 -49 years (2 groups, 1 in Ibadan and 1 in Kaduna)	Young Married females current users of family planning, 18-24 years (2 groups, 1 in Ibadan and 1 in Kaduna)	Older married males, 25 -49 years (2 groups, 1 in Ibadan and 1 in Kaduna)	Young Married females current users of family planning, 18-24 years (2 groups, 1 in Ibadan and 1 in Kaduna)
	Older married females non-users of family planning, 25-35 years (2 groups, 1 in Ibadan and 1 in Kaduna)		Older married females non-users of family planning, 25-35 years (2 groups, 1 in Ibadan and 1 in Kaduna)
	Older married females current users of family planning, 25-35 years (2 groups, 1 in Ibadan and 1 in Kaduna)		Older married females current users of family planning, 25-35 years (2 groups, 1 in Ibadan and 1 in Kaduna

The FGD guide was translated into the local languages (Yoruba and Hausa) of the participants through a two-way process involving language experts versed in each of the two languages. The focus group discussion was divided into three sub-sections involving the use of photo elicitation, vignette (story telling) and card ranking. This article reports on the card ranking party of the study which focused on selected family planning methods which were more common in the communities. Thus, condom, Injectable, IUD, Pills, Fertility Awareness, Sterilization and Abortion were considered in this study. Three different card colours (Red, Yellow and Blue) were given to the participants. Red colour signify most risky, yellow is somewhat risky and blue is not risky at all. The participants were instructed to raise the cards based on their perception of each of the family planning methods. They were further probed on their various reasons for the cards they raised with respect to each of the family planning methods in order to understand their knowledge and misconceptions of each of the methods, which in turn may hinder their adoption of family planning. The FGDs were conducted in the local languages of the participants. All FGDs were audio-recorded and a note-taker was also present during the FGD sessions.

Data Analysis

The analysis was carried out in two stages. A rapid analysis of the field notes was done to understand the pattern of the data. Themes and codes were then developed for the second phase of data analysis. In the second phase, data were transcribed and the transcripts were edited for accuracy. The transcripts were imported to the Atlas.ti version 7. Inductive approach was employed to analyze the data. The data were therefore coded for new categories until the level of saturation was reached. The coding was carried out by two qualitative experts, one of who is a member of the research team, to ensure inter-coder reliability. The results are presented in a network format while critical discourse analysis [38] presented in tables was also employed to support the network presentations. It is important to note that the table does not aim at generalizability of the data but intends to show the level of support or rejection for each family planning methods across the different categories of participants. In the final analysis, colour yellow and red were collapsed into rejection of family planning method while colour blue indicated support. The numbers indicated in the cells (1-46) of Tables 2 indicated the number of times the cards were raised to show support or rejection of each family planning method.

Ethical considerations

The Institutional Review Board of Johns Hopkins University and the Ethics and Research Committee of Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife, Nigeria as well as the State Ministries of Health of Oyo and Kaduna States gave the approval for the study before the commencement of the field work. Informed consent was also obtained from the participants while their anonymities were guaranteed. Before audio-recording of each session, permission was obtained from the participants. All informed consent documents, audio recordings and transcripts were kept under lock and key at the study site.

Results

The dynamics of supports and rejections of different family planning Methods

An understanding of the participants' supports or rejection of family planning (FP) methods is very important as it will give insight to policies and programming for intervention. Efforts were therefore made to understand attitudes towards the different FP methods across the communities and the heterogeneous characteristics of the participants. Table 2 shows the trend of supports or rejection of different family planning methods. The number in the cells represents cases of supports or rejections of the methods. The higher the number, the more the instances of support or rejection of the family planning methods among the FGD participants and vice versa. It was interesting to find that there were more cases of rejections of all the FP methods than instances of supports across the different categories of participants involved in the study. It was also evident that abortion and sterilization as FP methods were overwhelmingly rejected by majority of the participants across their various characteristics. The differences between participants from the North and South West with respect to supports as well as rejections of the FP methods seem close. More participants among the younger generation supported the different FP methods than the older generation while the rejection of FP methods also show the same pattern among these generations of participants. In the same vein, the trend of supports and rejections of the FP methods are similar among the current users and non-users.

Table 2: Dynamics of Supports and Rejection of Family Planning Methods among the Participants

Support/Rejection between Middle Class and Slum dwellers	Supports			Rejection		
	Middle Class	Slums	Total	Middle class	Slum	Total
Abortion	2	5	7	15	21	36
Condom	10	17	27	14	19	33
Fertility awareness	11	11	22	14	10	24
Injectable	11	13	24	18	20	38
IUD	11	10	21	22	21	43
Pills	11	12	23	22	24	46
Sterilization	4	1	5	17	20	37
Dynamics of Support/Rejection between Participants from North and South West						
	North	South West	Total	North	South West	Total
Abortion	3	4	7	16	20	36
Condom	13	14	27	16	17	33
Fertility awareness	8	14	22	8	16	24
Injectable	12	12	24	18	20	38
IUD	11	10	21	19	24	43
Pills	13	10	23	24	22	46
Sterilization	2	3	5	18	19	37
Support/Rejection between Older and Younger Generations of Participants						
	Older	Younger	Total	Older	Younger	Total
Abortion	2	5	7	14	22	36
Condom	11	16	27	13	20	33
Fertility awareness	10	12	22	8	16	24
Injectable	11	13	24	15	23	38
IUD	9	12	21	20	23	43
Pills	11	12	23	20	26	46
Sterilization	2	3	5	15	22	37
Support/Rejection between Users and Non-Users of FP						
	Non-Users	Users	Total	Non-Users	Users	Total
Abortion	2	1	3	10	10	20
Condom	7	8	15	8	10	18
Fertility awareness	6	6	12	8	7	15
Injectable	6	8	14	10	11	21
IUD	5	7	12	12	13	25
Pills	7	6	13	14	12	26
Sterilization	0	3	3	12	10	22

Notions and Misconceptions Associated with the different Family Planning methods

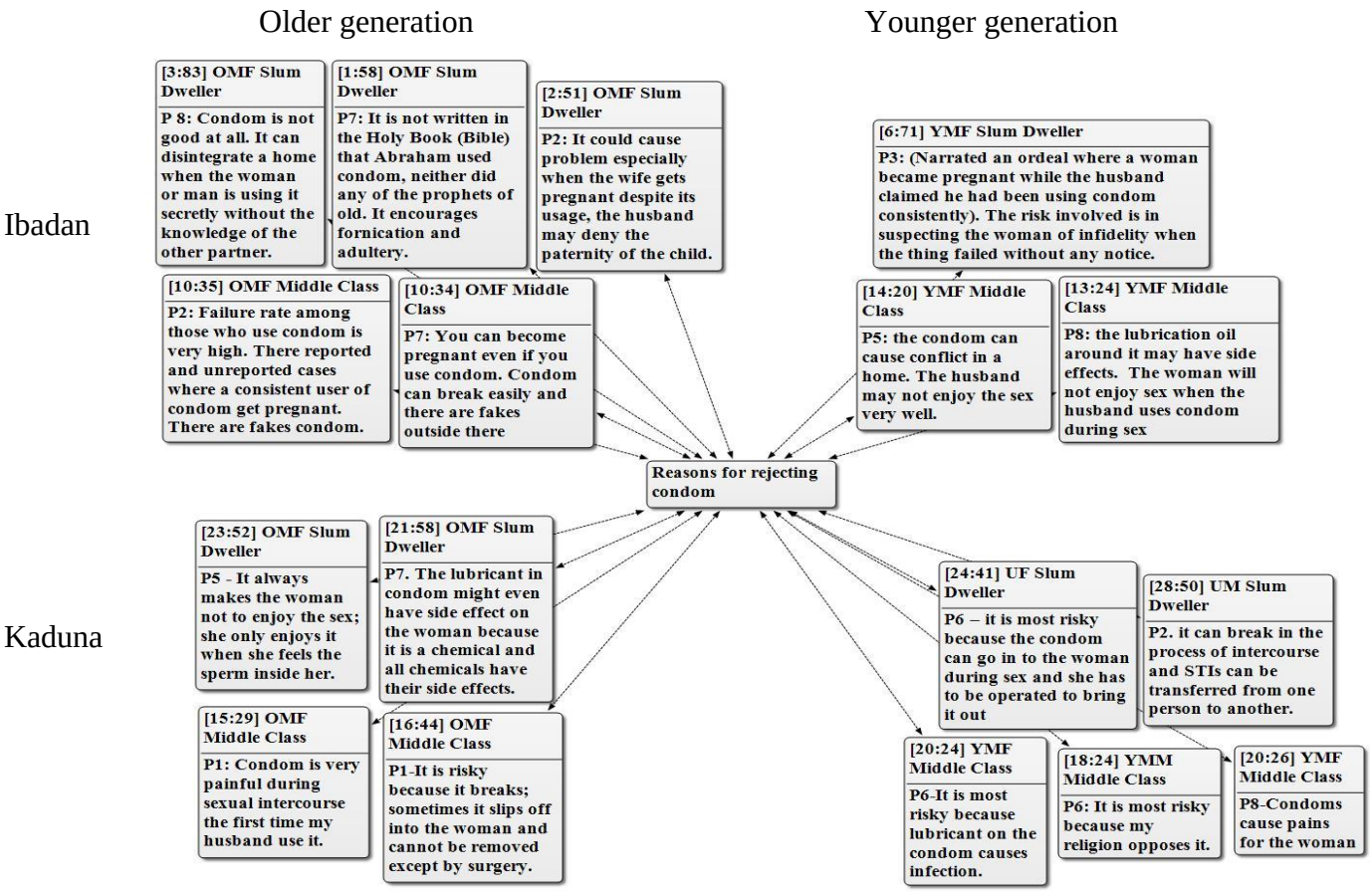
In the light of the participants' overwhelming rejection of most of the FP methods, efforts were made to understand their knowledge of the different family planning methods and their reasons for the rejections since these can hinder their family planning adoption. This is

important as it could help service providers as well as policy makers to identify areas that need intervention for the promotion of family planning uptakes. Seven different family planning methods were particularly considered in this study. These are oral pills, injectable, condom, IUD, abortion, sterilization and fertility awareness methods. The dynamics of the perspectives of the participants about the different methods are discussed below:

Condom

Condom is one of the most common family planning methods available in Nigeria. Apart from the fact that it is cheap, it is also easy to use as it does not require doctors' prescription. It is therefore important to understand why majority of the participants rejected the use of condom. One of the major concerns of the participants involves the failure of condom even when it is consistently used. The participants noted that they have seen cases in which the male partners denied being responsible for pregnancies since they had consistently used condom despite the fact that condom use is not 100% safe. The case is compounded by the proliferation of fake and sub-standard condoms across many communities in the country. In cases when condom fails, the woman is usually at the receiving end when the pregnancy is rejected because she is often tagged as being promiscuous and subjected to public ridicule. This view was expressed by participants from older and younger generations, slums and middle class dwellers as well as participants from North and South West. Other reasons for rejecting condom by the participants include religious beliefs and the danger of slipping off into the woman during sex which some participants believed can only be removed with surgical operations. Some participants expressed that women and their male partners do not enjoy sex with condom while others specifically noted that it causes painful sensation for them during sex. A misconception that also cut across both older and younger generations as well as South West and North is that condom contains lubricants which they suspected might be hazardous to health. Figure 1 presents some specific quotations across the different characteristics of the participants.

Figure 1: Reasons for Rejecting Condom

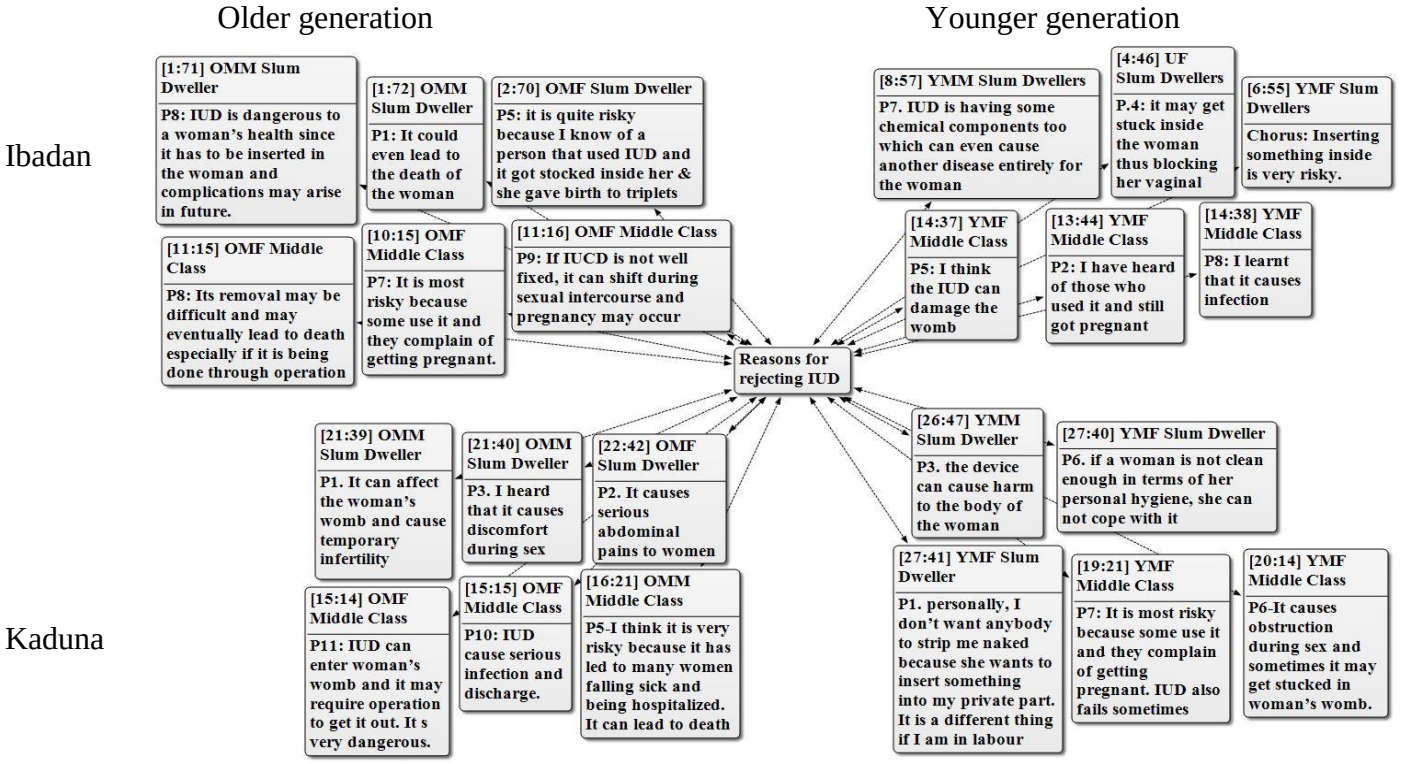


Intrauterine Devices (IUD)

Intrauterine devices (IUD) is one of the oldest artificial methods of contraception available and it has been reported to be widely used in many countries especially in the developing part of the world including Nigeria (d'Arcangues, 2007). Despite its wide usage, it was evident that there was quite a high level of rejection of the method by participants in this study. Efforts were therefore made to understand the various reasons and participants misconceptions about IUD as a family planning method. The various reasons given for the rejection of this method by many participants include the fear of failure of the method as respondent expressed that they have seen cases of failure; discomfort during sex, apprehension of having to insert foreign object into the body, the notion that it can damage the womb and that it can lead to complications/diseases and eventual death of the user. Other

reasons and misconceptions about the method by the participants' characteristics are presented in figure 2.

Figure 2: Reasons for Rejecting IUD



Injectable

Injectable is one of the reliable family planning methods used in the contemporary times. Efforts were therefore made to explore participants' understanding and misconception of injectable as a method of family planning. It was interesting to find that this method was rejected because of various side effects, poor understanding as well as misconceptions including the fear that it can lead to permanent infertility, cessation of menstruation prematurely which they believed has health hazards, excessive bleeding and that the chemical injected can destroy vital organs and parts of the body such as kidney, womb, weaken veins and antibodies or even cause cancer. A participant among slum dwellers in Kaduna expressed her reason for rejecting the use of injectable as below;

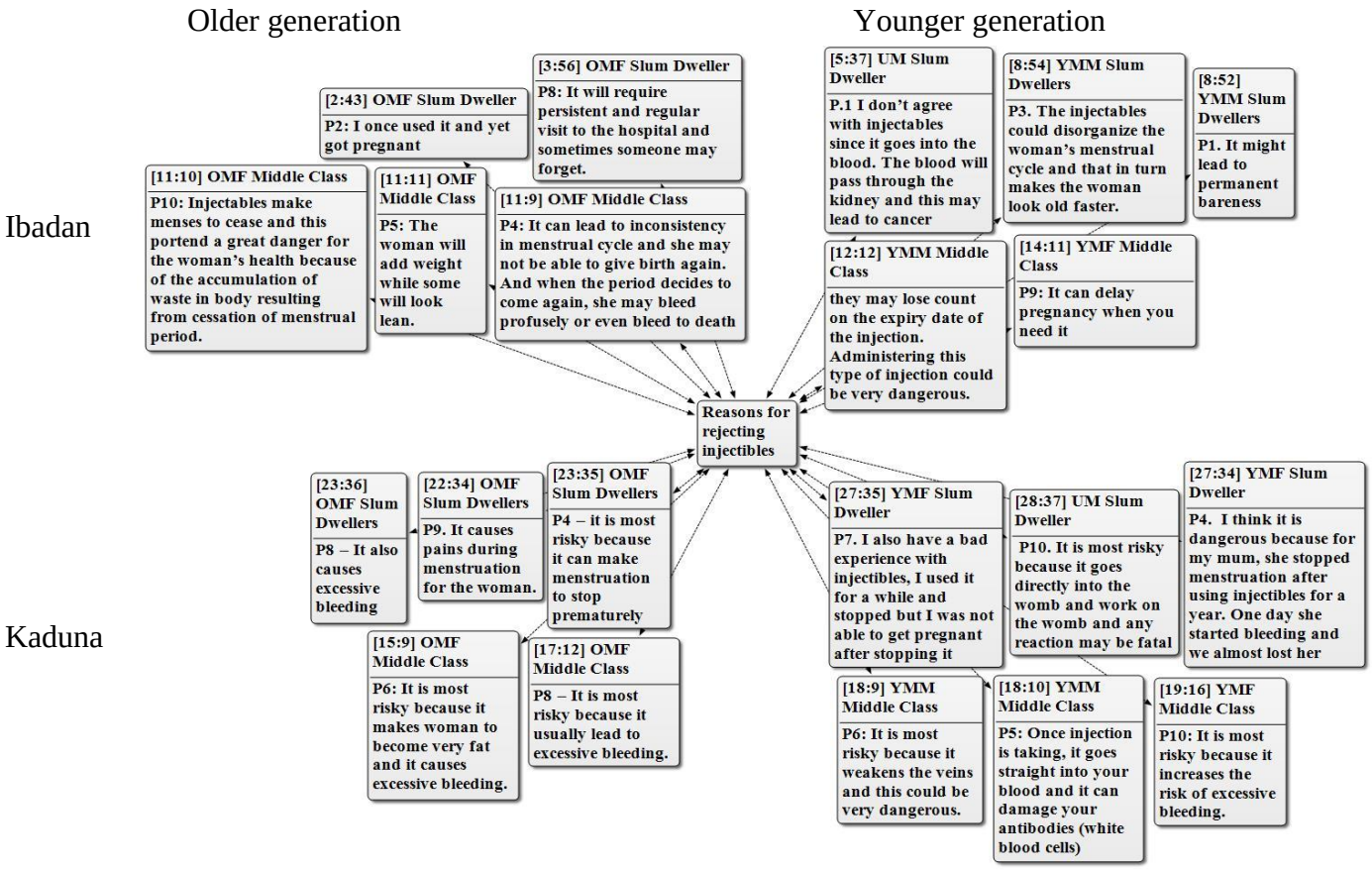
> *"I have a bad experience with injectable, I used it for a while and stopped but I was not able to get pregnant after stopping it"* – **Young Married Female, 21 years, SSCE, Islam, Current User of FP, Kaduna**

Another participant among middle class in Ibadan expressed;

> *"It is most risky because there are times when the injection is wrongly administered. If someone is injected on the vein, that may cause terrible problem for that person"* – **Young Married Male, 22 years, SSCE, Christianity, Ibadan**

Many other reasons for rejecting the use of injectable for family planning are as stated in figure 3.

Figure 3: Reasons for Rejecting Injectable

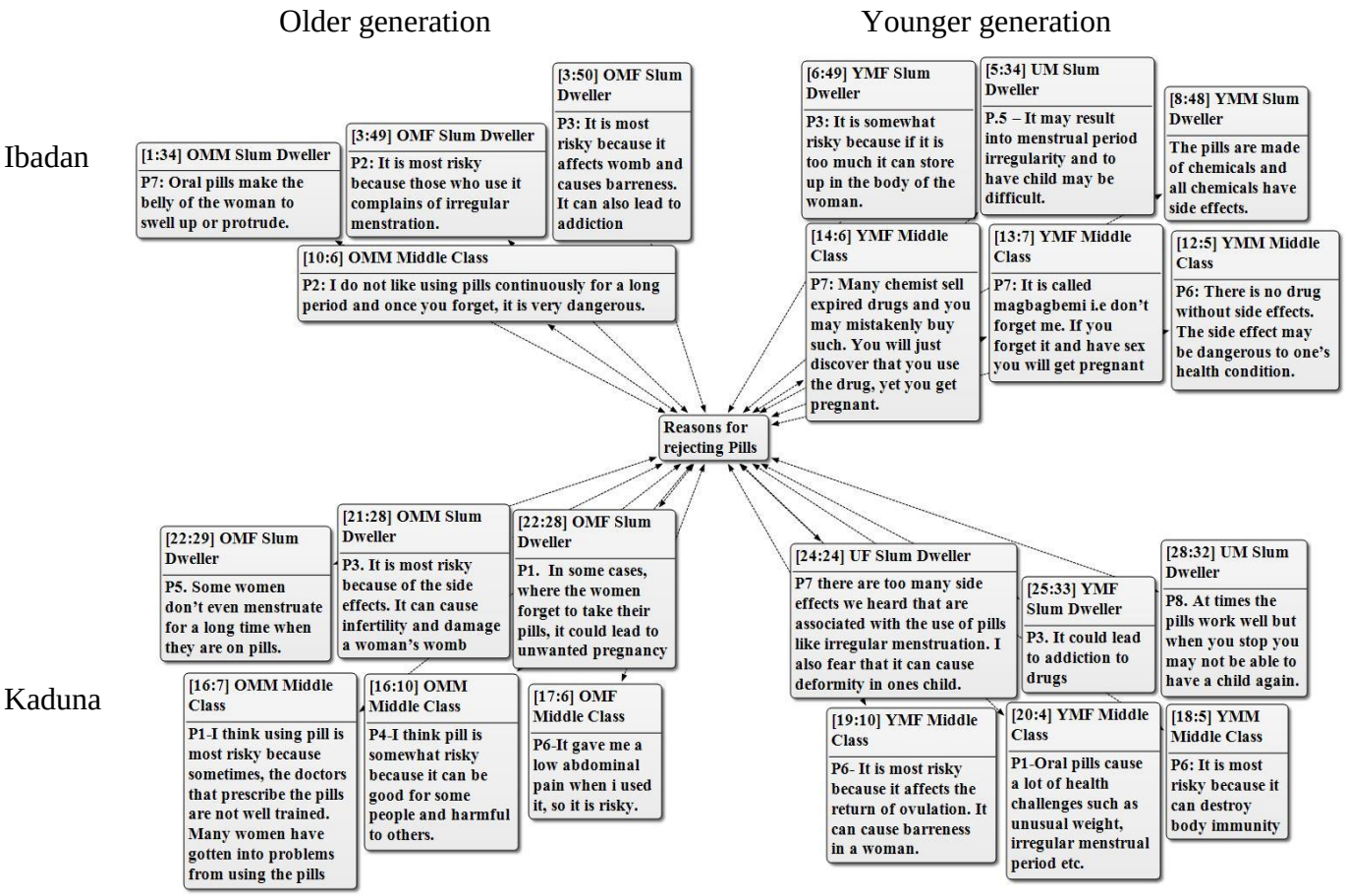


Pills

Adoption of Oral Contraceptive Pills for FP has been widely reported to be reliable across many societies (Dinger, Do Minh, Buttmann, & Bardenheuer, 2011; Foster, Hulett, Bradsberry, Darney, & Policar, 2011) while the myths and misconceptions about the method have been reported to be associated with its rejection (Russo, Miller, & Gold, 2013; Winner et al., 2012). Efforts were therefore made to understand the notions and misconceptions of participants associated with their rejection of Oral Contraceptive Pills in this study. The participants expressed the fear of many side effects of taking Pills, some of which may be

right while others reasons were mere assumptions and misconceptions. Many participants across all their different characteristics expressed the danger of unwanted pregnancy if a woman forgets to take the Pills while some believed that it could lead to drug addiction. Some other dangers associated with the method as expressed by the participants include gaining of weight by a woman, irregular menstrual cycle and proliferation of fake and expired drugs in their communities which may result in unwanted pregnancy despite taking Pills. Some participants further claimed Oral Contraceptive Pills can cause permanent infertility, deformity in a baby when the woman eventually stops and intend to have baby and that it can destroy body immunity system. Figure 4 shows the reasons and misconceptions about Oral Contraceptive Pills across the study locations and characteristics of the participants.

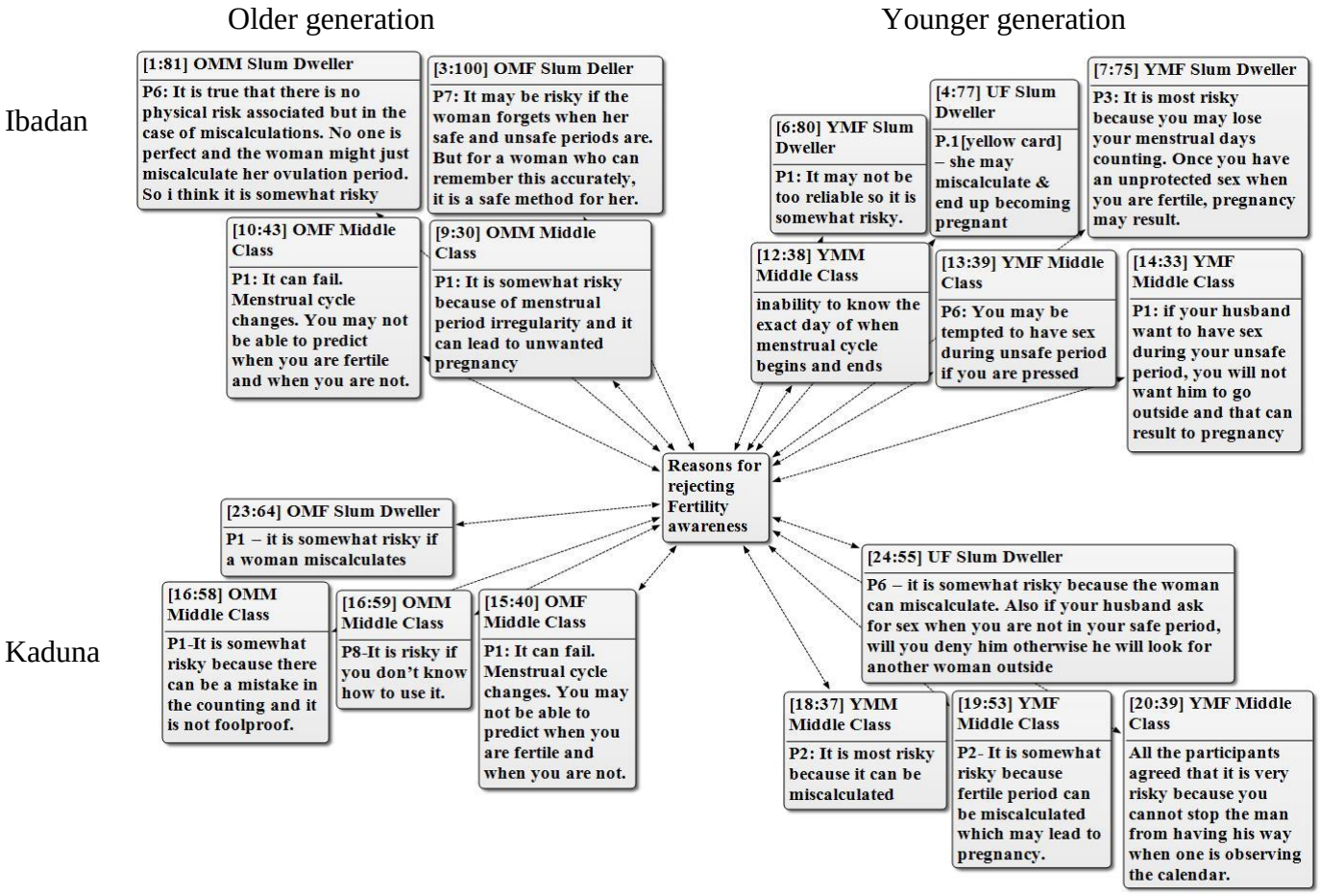
Figure 4: Reasons for Rejecting Pills



Fertility awareness

Fertility awareness as family planning is believed to be cheap, not resulting in complications and having no known side effects. Many participants expressed that it is convenient and does not require any medical consultation. Despite these believes, there were various fear expressed about the use of fertility awareness method in this study. The major concern centred on the miscalculation of safe period especially for some women whose menstrual cycle changes. Other important reasons given by participants for rejecting fertility awareness are that a woman may be pressed by nature to have sex during the unsafe period and she may not be able to resist it while it is also difficult to resist a male partner if he is interested to have sex during unsafe period (see Fig. 5 for details).

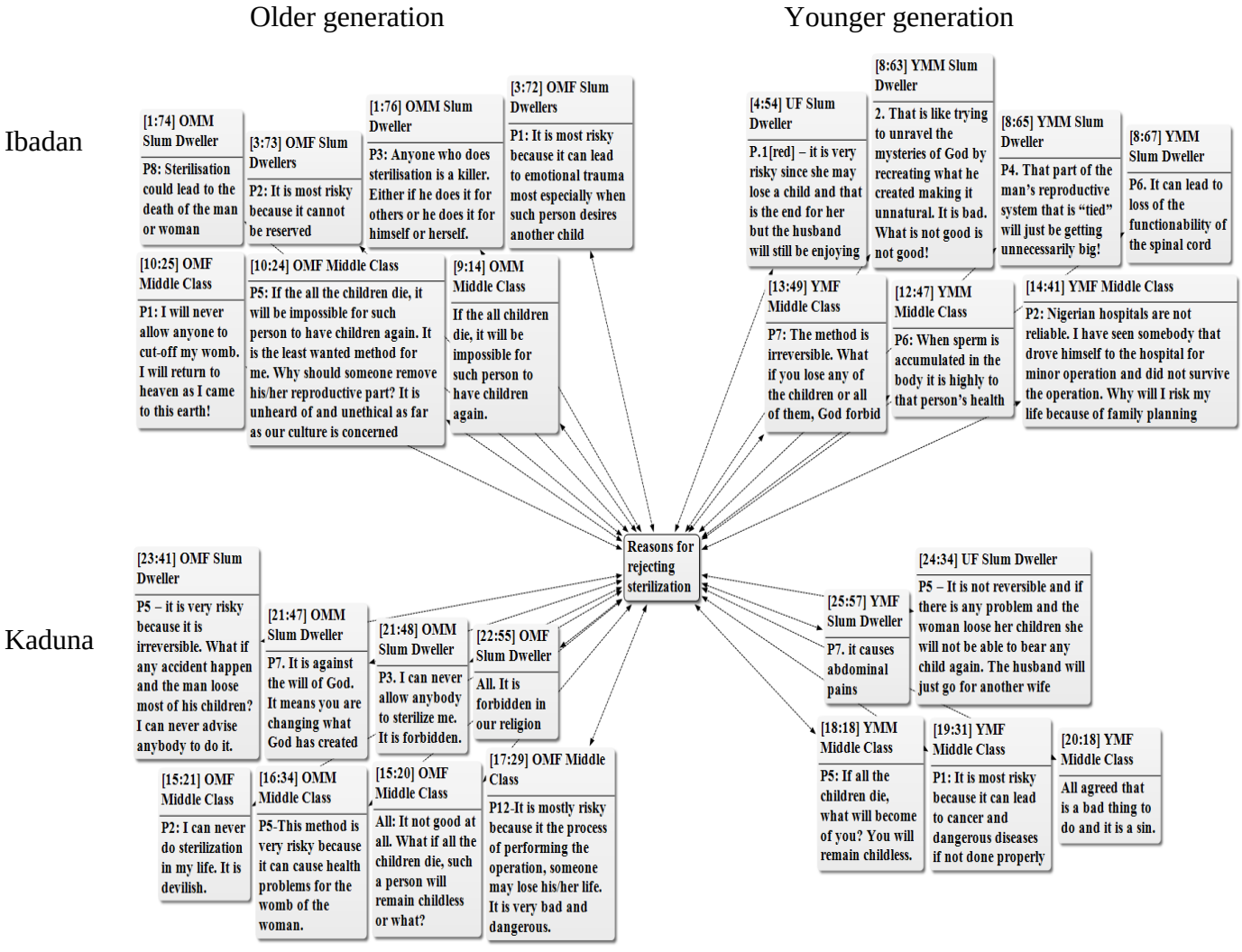
Figure 5: Reasons for Rejecting Fertility Awareness



Sterilization

Sterilization is an irreversible method of family planning. Its use for family planning is more common in the developed countries and rare in developing countries (Jacobstein, 2013) including Nigeria. The views of the participants were therefore explored on the use of sterilization for family planning. It was evident that majority of the participants rejected the use of sterilization because it is irreversible. Majority of the participants (both men and women) expressed that they may desire more children if they unfortunately lose any of their children. The women participants specifically rejected sterilization because of the fear that their husband may decide to marry another wife if they lose any of their children and he wish to have more children. Other participants alluded to religious reasons and various misconceptions for rejecting the use of sterilization. Figure 6 presents more detail reasons given by the participants across their various characteristics.

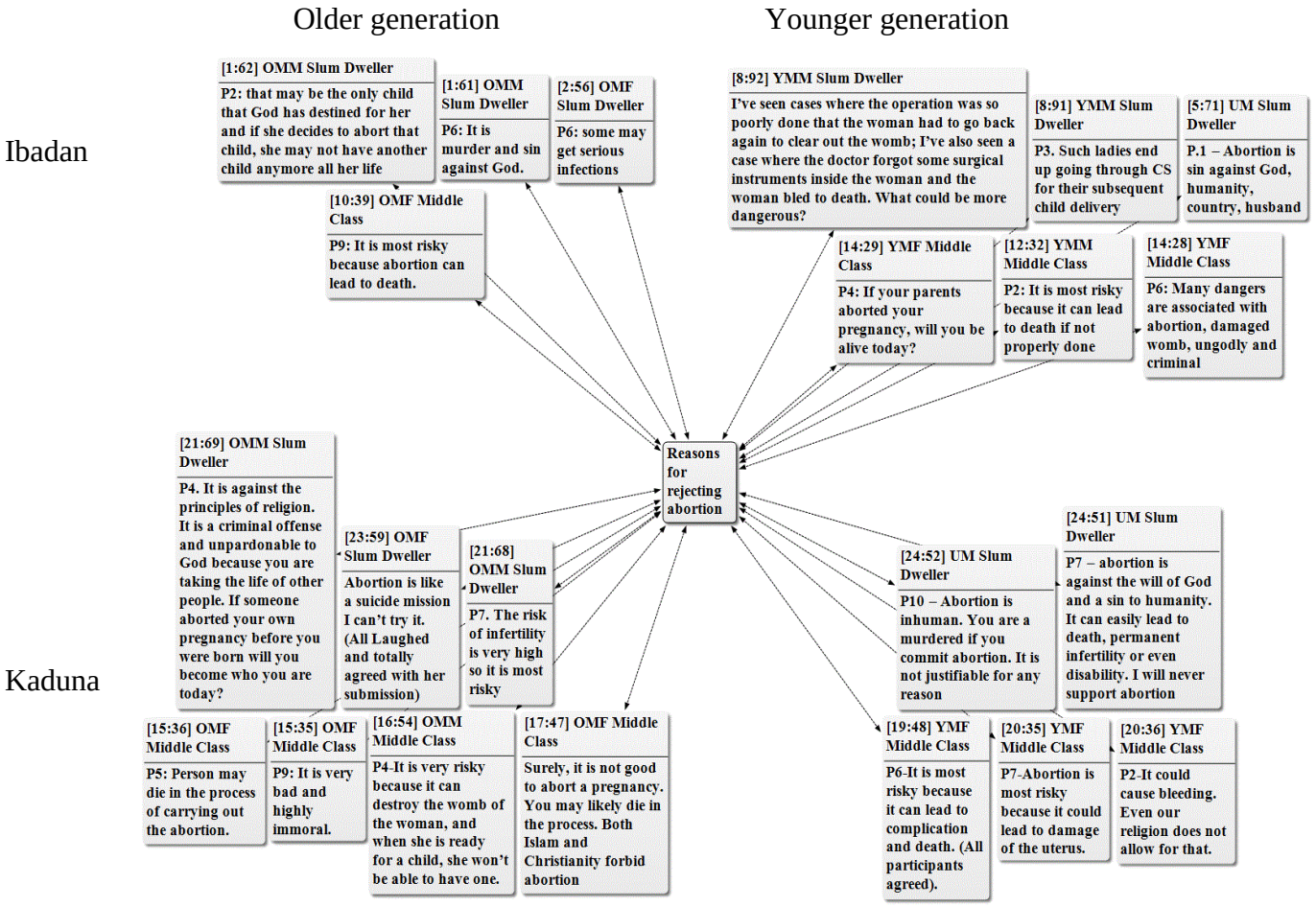
Figure 6: Reasons for Rejecting Sterilization



Abortion

The moral and legal aspect of abortion has been a subject of intense debate in many parts of the world from time immemorial (Jones, Sheinberg, & Byer, 2004) despite the fact that even in countries with restricted abortion laws; there were overwhelming reports of the use of abortion to terminate pregnancy (Fawole, Diop, Adeyanju, Aremu, & Winikoff, 2012; Olaitan, 2011). The attitudes of the respondents to induced abortion as method of FP were therefore explored. It was evident in this study that self-induced abortion attracts serious condemnation among the participants due to religious and moral issues. Referring to specific examples in their neighbourhoods, the participants further expressed fear of untimely death or damaged uterus resulting from induced abortion due to the practices of quarks health workers in their communities. Apart from these views which cut across the different communities as well as different categories of participants selected, it was interesting to found that the older women slum dwellers in Ibadan has a strong belief that the number of children a woman can have has been predestined. If a woman had however been predestined to have only one child and she aborted the pregnancy, she may remain childless for the rest of her life irrespective of any medical or spiritual interventions. In the same vein, the young married women slum dwellers in Ibadan believed that once a woman is involved in abortion, it will be difficult to have normal delivery thereafter (see figure 6 for details).

Figure 6: Reasons for rejecting Abortion



Discussions

This study examined the dynamics of notions and misconceptions associated with different family planning methods in different contexts and among different categories of community members including middle class and slum dwellers, North and South as well as younger and older generations in Nigeria. Seven family planning modern methods including condom, Pills, IUD, injectable, fertility awareness sterilization and abortion were considered.

Despite decades of family planning promotion and intervention in Nigeria, it was interesting to find that many participants were not favourably disposed to the use of the different family planning methods due to various notions and misconceptions. Although condom and Pills are readily available, the proliferation of fake and expired condom and Pills was a source of concern for the participants. Proliferation of fake/substandard and expired medical materials and consumables is a common problem in Nigeria (Akinyemi, Aransiola, Ikuteyijo,

Omoluabi, & Fatusi, 2012; Bonati, 2009; Burns, 2006; Okulate, Jones, & Olorunda, 2008; Omorodion, 2011). The government agencies regulating quality of non-consumable and consumable medical materials are the Standard Organisation of Nigeria (SON) and National Agency for Food and Drug Administration and Control (NAFDAC) respectively.

Although, NAFDAC has been taking some giant steps in the right direction on eradication of fake and expired drugs and consumable medical materials. These include confiscation of fake, substandard and expired drugs and launching of mobile authentication service (MAS) platform for product confirmation through mobile phones. Studies have however confirmed that consumer response to MAS has been low compared to sales records of consumable medical materials due to low knowledge especially among the poor and the middle class (Dike, Onah, & Onwuka, 2014; Ebenezer, 2015; Iwokwagh, 2013; Oyetunde & Ilozumba, 2013).

Coupled with this is the fact that consumers must have purchase the drugs before having access to the scratch codes for the authentication. Hence, the consumer must have spent the money before becoming aware that he/she cannot use the drug. This is a waste of scarce resources especially for the poor while there was no efficient communication and coordination mechanisms for quick response to counterfeit drugs reports in the regulatory agencies (Dike et al., 2014). In the case of condom, MAS cannot be used to check its authenticity. There is therefore the need for better measures to check fake and expired medical consumables including condoms and Pills in this case. This is necessary in order to increase the confidence of consumers on the reliability of the products as this is one of the major problems preventing participants in this study from adopting condoms and Pills as methods of family planning. In addition to this, NAFDAC should also device a means to reduce illegal Patient Medicine Vendors in the country. The activities of the registered

Vendors should be closely monitored to reduce unprofessional practices such as selling fake, sub-standards and expired medical materials.

It is evident in this study that sterilization and abortion are not acceptable to majority of the participants in this study. This is partly due to the cultural importance of having children as marriage without at least a child is often considered a failure (Izugbara, Ibisomi, Ezeh, & Mandara, 2010). Also, religious beliefs which appeals to people's moral and obligation to God has a strong influence on the use of the abortion as a family planning method. This has also been reported in the previous studies (Collins, 2006; Curlin, Lawrence, Chin, & Lantos, 2007).

There is also the need for proper education programme specifically targeting the slum dwellers and the middle class in the light of various misconceptions about various family planning methods in this study. The view that the chemicals in condom, Pills, IUD and injectable can destroy vital organs of the body needs to be corrected. The scientifically proved side effects of each family planning method and means of avoiding them needs to be understood by the potential consumers especially among the slums and middle class. Also the categories of consumers included in this study need to be educated on the appropriate measures to ensure correct use of each method. This has the potential to build the confidence of these categories of family planning users and thus reducing the rejection rate.

Conclusion

The article concluded that context specific and culturally relevant programmes for the promotion of modern family planning methods are needed in order to reduce the rejection rate of the contraceptive methods. This is necessary in order to reverse the poor health indicators associated with non-use of contraceptive methods among the categories of middle class and slum dwellers selected for this study.

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