

FAMILY PLANNING PRACTICE IN A TERTIARY HEALTH INSTITUTION IN NORTH - WESTERN NIGERIA

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ABSTRACT

Background: Family planning in our environment had remained a delicate issue that is still reluctantly being accepted based on religious belief and the perception that it is synonymous with population control.

Objective: This study was carried out with the objectives of identifying the characteristics of contraceptive acceptors in our family planning unit, their source(s) of information and methods of preference among others.

Materials and methods: The record cards of all clients who attended the family planning clinic between January 1st 1998 and December 31st 2002 as well as the theatre records of patients that had bilateral tubal ligation (BTL) during the study period were reviewed. Relevant information on biodata, reasons for family planning, methods of choice and reasons for discontinuation were extracted and analysed. Comparative percentage was used for the analysis.

Result: A total of 839 clients requested and were served with contraceptives during the study period with an acceptor rate of 167.8/annum. Over 75% of the acceptors were Muslims.

The main reason for selecting family planning services was for child spacing (84.9%) with only 12% requiring the service to end the reproductive carrier. Antenatal / postnatal clinics were their main source(s) of information about family planning services.

Conclusion: The study revealed that the practice rate of family planning in this community is still low. Female education, use of religious / traditional leaders along with improved dissemination of information using the mass media may go along way to increase contraceptive up take.

Key Words: Family planning, acceptance, Muslim community.

(Accepted 5 May 2008)

INTRODUCTION

Family planning is described as actions by individuals and couples to plan the number, timing and spacing of the children they want in order to promote the health and wellbeing of the family group⁽¹⁾. Nigeria is the most populous country in Africa with a population of 129.9million by the mid-2002 and an annual population growth rate of 2.7%⁽²⁾. Nigeria has 44% of its population under the age of 15 years. Her fertility rate is put at 5.8 and the crude birth rate is 41 per 1000 population⁽¹⁾. The concern about the high population growth rate and the country's need for assistance in population activities led to organised family planning in Nigeria in 1957⁽³⁾. The 2002 world population data sheet showed that 15% of Nigeria's married women in the reproductive age group were using all contraceptive methods while 9% were still using old methods⁽²⁾. Family planning is considered an important preventive measure in the health care of the family in particular and nation in general. A number of studies have documented high parity, short birth intervals

And extremes of maternal age to be associated with unfavourable outcome of pregnancies^(4,5) such as premature or difficult labour and low birth weight babies among others. In spite of these, family planning in our environment remains a delicate issue and still reluctantly being accepted based on religious belief and the perception that family planning and population control are synonymous⁽⁶⁾. Compounding the problem is the high-unmet contraceptive needs in Nigeria⁷. The World Fertility Survey (WFS) carried out in 40 developing countries, revealed that about 40-60% of all married women did not want any more children yet, 44-96% of these women were not using effective contraceptive methods, due to poor availability of family planning services⁽⁸⁾. This study was therefore carried out with the objectives of identifying the characteristic of contraceptive acceptors in the family planning unit of UDUTH, Sokoto, and their source(s) of information and method of preference among others.

MATERIAL AND METHODS

The records of all 839 clients who attended the Family planning clinic of UDUTH, Sokoto between January 1st 1998 and December 31st, 2002 were reviewed.

Also received were theatre records of patients that had bilateral tubal ligation during the same study period. Relevant information such as age, marital/educational status and parity, source of information, family planning method of choice, reason for using a family planning method, previous usage and reason(s) for discontinuation of the chosen method were extracted and analysed. Comparative percentage was used for analysis.

RESULTS

There were 839 contraceptive users during the five year study period giving a mean acceptor rate of 167.8 per annum. The average annual delivery within the period was 1447.6 giving the acceptance rate of 1 per 9 deliveries. The majority (81.6%) of the clients were between 20 and 39 years of age (fig 1). Over 99% of clients were married and less than 1% of the acceptors were single women. Six hundred and thirty clients (75.1%) were Muslims while 185 (22.1%) were Christians. Religious status was not specified in 20 clients (2.4%). Most of the patients (75.7%) had at least primary education while 24.3% had no formal education. The parity distribution of the clients (table 1) revealed that 29.3% were grand multipara. 22 clients (2.6%) were nulliparous. Table 2 demonstrates the family planning methods used by the clients. The most preferred methods were intrauterine contraceptive device (41.8%) and injectable contraceptives (40.2%).

Table 1: Parity of Patient

Parity of Patients	Number (n)	Percent (%)
Nullipara	22	2.6
Para 1	184	21.9
Para 2	146	17.4
Para 3	124	14.8
Para 4	117	13.9
Para >	246	29.3
Total	839	100

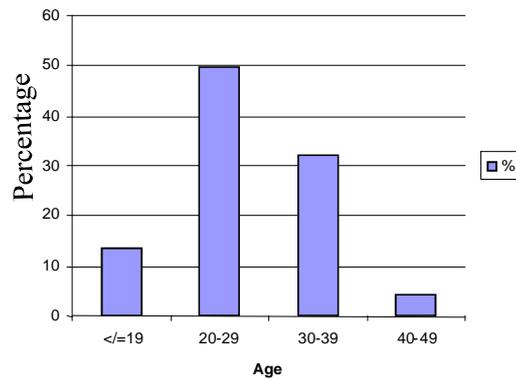
29.3% were grandmultipara while only 2.6% were nulliparous.

Table 2: Annual Distribution of Methods Used Among Clients.

Methods used	1998	1999	2000	2001	2002	Total No. (n)	Percentage (%)
IUCD	70	52	61	70	98	351	41.8
Injectables	59	40	70	74	94	337	40.2
OCP	23	17	24	27	47	138	16.4
Sterilization (BTL)	4	4	2	1	1	12	1.4
Not stated	1	0	0	0	0	1	0.1
Total						839	100

Intrauterine contraceptive device and Injectable contraception were the most preferred methods.

Figure 1: Age Distribution of Clients Using Family Planning



81.6% of the clients were aged 20 - 39 years.

Table 3: Reason(S) For Using Family Planning Method among the Clients Studied.

Reasons	Number (N)	Percent (%)
Spacing	712	84.9
Completed Family	101	12.0
Not Stated	26	3.1
Total	839	100

Child spacing was the major reason for seeking family planning service.

Table 4: Reasons for Discontinuation of Family Planning Method.

Reasons	Number (N)	Percent (%)
Desire Pregnancy	110	13.1
Side Effects	73	8.7
Others (Still On)	170	20.3
Lost To Follow Up	486	57.9
Total	839	100

Desire for pregnancy and side effects were main reason for discontinuation of the chosen method.

The main reasons for family planning (table 3) were for child spacing (84.9%) and completion of family (12.0%). Most of the clients (77.7%) heard about family planning through the antenatal and postnatal clinics. Table 3 shows the reason for discontinuation of the chosen method of contraception. They had desire for pregnancy (13.1%) and the side effects (8.7%). Fifty eight percent of the clients were lost to follow up while 20.3% were still using the chosen method during the period of the study.

DISCUSSION

The acceptor rate of 167.8 per annum in this study is higher than 136 reported in this centre 5 years earlier⁶. However, this is considerably low when compare to the annual delivery rate of about 1447.6 This relative low patronage rate is not surprising given the fact that family planning is still a controversial issue in our environment due to religious belief. The use of family planning to control birth / population is hardly accepted in our Muslim community. In addition, the Muslims perceive the recommendation of family planning to unmarried persons as a conspiracy to perpetuate immorality⁹. Majority of the clients (81.6%) were between 20 and 39 years of age. This is perhaps a reflection of the need for family planning during active reproductive period. The fact that less than 1% of acceptors were single women was not surprising in a community where extra-marital sex is considered a taboo and treated as capital offence. Even in southern Nigeria, most parents do not encourage the use of contraceptives by single women¹⁰. The finding of Muslim acceptors being twice their Christian counterpart is a reflection of the dominant religion of the study community. The fact that most of the clients (75.7%) had at least primary education was in keeping with the findings of the previous authors in the sub-Saharan Africa^{6,11,12}. Similarly, the most preferred and least methods of family planning in this study (Intrauterine contraceptive device and female sterilization respectively) have been observed by previous authors^{6,11,13}. The main reason for seeking family planning in this study was for child spacing (84.9%). The two principal reasons for discontinuation of the chosen method (desire for pregnancy and the side effects of the methods) were similar to the study in Lagos¹¹. The fact that most of the clients heard about family planning through the antenatal and postnatal clinics emphasizes the need for more awareness creation on this subject via the mass media. In addition, female education will increase the acceptance rate since most of the acceptors (75.7%) had at least primary education. In conclusion, this study showed that the practice rate of family planning in the study community is low (1 per 9 deliveries). The strategy for improving this includes female education, dissemination of information on the importance of Family planning via the mass media and involvement of religious/traditional leaders in this exercise.

ACKNOWLEDGEMENT

We thank Prof. B.A Ekele for his wonderful contributions, corrections and guidance.

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