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ORIGINAL ARTICLE

Family Planning Practice in a Tertiary Health Institution in Southern Nigeria

Pratiquer la planification Familiale dans un Établissement de Santé Tertiaires Dans Le Sud du Nigeria

J. D. Ojule, D. A. Macpepple

ABSTRACT

BACKGROUND: **As Nigeria strives to achieve the goals of the millennium declaration, particularly the reduction of maternal mortality, one of the key interventions is the promotion of use of effective family planning services. Nearly a decade into the millennium, contraceptive prevalence rates in parts of Nigeria are still reportedly low.**

OBJECTIVE: **To determine the contraceptive acceptance rate, characteristics of acceptors, service utilization, preferred methods and their source of information on family planning in a tertiary health institution in Southern Nigeria.**

METHODS: **The case notes of clients who attended the family planning clinic of University of Port-Harcourt Teaching Hospital (UPTH) from January 2001 December 2005 were retrieved. Information on socio-demographic characteristics, reasons for contraception, and their preferred methods was extracted. The data were analyzed using SPSS version 11.0 computer software.**

RESULTS: **A total of 2,269 clients practised contraception during the study period, giving an acceptor rate of 453.8/ annum. The average annual delivery rate within this period was 2361.2, giving an acceptance rate of one per five deliveries. Of these clients 1089(48%) of clients used injectable contraceptives; making it the most commonly used form of contraception. The postnatal clinic was the commonest source of information on family planning.**

CONCLUSION: **The uptake of family planning services in Port-Harcourt, South-South Nigeria is relatively low. Efforts should be made to improve contraceptive service utilization through female education and dissemination of information through the mass media. WAJM 2011; 30(3): 178–181.**

Keywords: **Family Planning, Contraception, Nigeria.**

RÉSUMÉ

CONTEXTE: Comme le Nigeria s'efforce d'atteindre les objectifs de la Déclaration du Millénaire, en particulier la réduction de la mortalité maternelle, l'une des principales interventions est la promotion de l'utilisation des services efficaces de planification familiale. Près d'une décennie dans le nouveau millénaire, les taux de prévalence contraceptive dans certaines régions du Nigeria seraient toujours bas.

OBJECTIF: Déterminer le taux d'acceptation de la contraception, les caractéristiques des accepteurs, l'utilisation des services, les méthodes préférées et de leurs sources d'information sur la planification familiale dans un établissement de soins tertiaires dans le sud du Nigeria.

MÉTHODES: Les notes de cas des clients qui ont assisté à la clinique de planification familiale de l'Université de Port-Harcourt Teaching Hospital (UPTH) de Janvier 2001 Décembre 2005 ont été récupérées. Informations sur les caractéristiques socio-démographiques, les raisons de la contraception, et leurs méthodes préférées a été extraite. Les données ont été analysées à l'aide du logiciel SPSS version 11.0 du logiciel informatique.

RÉSULTATS: Un total de 2269 clients de contraception pratiquées pendant la période d'étude, soit un taux d'accepteur d'453.8/annum. Le taux de livraison annuelle moyenne durant cette période a été 2361,2, donnant un taux d'acceptation d'un pour cinq livraisons. Parmi ces clients 1089 (48%) des clients ont utilisé des contraceptifs injectables;. Rendant la forme la plus couramment utilisée de la contraception La clinique postnatale a été la plus fréquente source d'information sur la planification familiale.

CONCLUSION: L'utilisation des services de planification familiale à Port-Harcourt, au Nigeria Sud-Sud est relativement faible. Des efforts devraient être faits pour améliorer l'utilisation des services de contraception à travers l'éducation des femmes et la diffusion d'informations par les médias de masse. **WAJM 2011; 30(3): 178–181.**

Mots-clés: la planification familiale, la contraception, au Nigeria.

Department of Obstetrics and Gynaecology, University of Port-Harcourt Teaching Hospital, Port-Harcourt.

Correspondence: Dr. J.D. Ojule**,** Department of Obstetrics and Gynaecology, University of Port-Harcourt Teaching Hospital, PMB 6173, Port-Harcourt. E-mail: ojeydee@yahoo.com, (+234(0)8033542059)

Abbreviations: BTL, Bilateral tubal Ligation; **IUCD,** Intra uterine contraceptive device; **OC,** Oral contraceptives; **NOR,** Norplant; **UPTH,** University of Port-Harcourt Teaching Hospital.

INTRODUCTION

Maternal and child mortality has been the focus of international attention since the initiative of the safe motherhood two decades ago.[1] While maternal mortality has been at an irreducible minimum in Western Europe and most developed countries, the scourge is still ravaging the developing countries, especially sub-saharan African countries.

Key areas in reproductive intervention are good antenatal care, especially care at delivery, emergency obstetrics care, safe abortion and family planning which had all been identified as panacea to these difficult issues in reproductive health in developing countries. While interventional areas have been so identified, implementation and good outcome remain elusive. The issues are particularly disturbing in Nigeria, the most populous African country, with a total population of over 140 million people, an annual growth of 2.9%, total fertility rate of 5.7% and maternal mortality rate in the range of 1000–1500 per 100,000 live births.[1–2]

Family planning in Nigeria remains at infancy, with a low contraceptive prevalence rate of 11%.[3] The Federal Government of Nigeria established a family planning policy within the primary health care framework in 1989.[4] Even with renewed efforts at the turn of the century in achieving the goals of the millennium declarations, the target of this policy is yet to be met, in light of the above statistics. This is disturbing when viewed against the backdrop of the high unmet contraceptive needs in Nigeria.[5] The world fertility survey carried out in 40 developing countries clearly 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.[6]

Port Harcourt, the Rivers state capital, has been the nerve centre for oil and gas prospecting and refining activities in Nigeria for over 50 years and as such densely populated. The UPTH draws its patients from a cross section of a multi-ethnic and an indigenous population who reside in Port Harcourt and from its extended catchment areas that traverse the difficult terrain of the Niger Delta area of Nigeria.

The purpose of this study was to determine the uptake of contraceptive services, the characteristics of contraceptive acceptors, their sources of information and method of preference at the family planning clinic of a tertiary health institution in the oil rich Niger Delta Region of Nigeria.

SUBJECTS, MATERIALS, AND METHODS

The family planning clinic of the UPTH was established in 1986 and is headed by a consultant gynaecologist, with rotating residents and family planning nurse practitioners as supporting staff. It draws its clients from the post-natal clinic, general out-patient clinic and the general public within and outside Port-Harcourt and its catchement states. It has, since its inception, been providing contraceptive services including the barrier methods, spermicides, oral contraceptives, injectable contraceptives, implants, intra uterine contraceptive device, and bilateral tubal ligation to its clients.

At presentation in the clinic, each client is counselled on the various methods, with emphasis on the benefits, side effects and contraindications of each, and allowed to choose an appropriate contraceptive method. A detailed health history is taken and thorough physical examination and appropriate investigations are done. The client is then given the chosen contraceptive and placed on appointment depending on the method used. At each return visit, all the complaints volunteered by the client are documented and thereafter clinically re-assessed. A client was considered lost to follow up if she defaulted more than twice from scheduled visit. Clients who are pregnant or had contraindications to their chosen methods were excluded.

The case notes of all clients who accepted contraceptives at the family planning clinic of the University of Port Harcourt Teaching Hospital from the 1st of January 2001 to the 31st of December 2005 were retrieved and studied. Also reviewed were the theatre records of patients who had bilateral tubal ligation during the same period.

Information extracted were the clients' age, marital/educational status, religion, parity, source of information on contraception, method used, and reason for family planning. These were entered into a personal computer and analysed

Table1: Socio-demographic Characteristics of Study Clients

Characteristics	Number(%)
Age group (years)	
≤ 19	28(1.2)
20 – 29	1059(46.7)
30 – 39	1077(47.5)
40 – 49	105(4.6)
Total	2269(100.0)
Marital Status	
Single	44(1.9)
Married	2225(98.1)
Total	2269(100.0)
Religion	
Christianity	2234(98.5)
Muslim	17(0.7)
Not specified	18(0.8)
Total	2269(100.0)
Level of Education	
None	67(3.0)
Primary	443(19.5)
Secondary	1047(46.1)
Tertiary	712(31.4)
Total	2269(100)

Table 2: Distribution of Contraceptive Methods used by Clients

Type of Contraception	Number (%)
Male condom	7(0.3)
Bilateral tubal ligation	16(0.7)
Norplant	75(3.3)
Oral contraceptive pills	298(13.2)
Intra-uterine contraceptive device	784(34.5)
Injectable contraceptives	1089(48.0)
Total	**2269(100.0)**

Table 3: Sources of Information on Contraception

Source	Number(%)
Church	3(0.1)
Husband	23(1.0)
Hospital personnel	126(5.6)
Mass media	128(5.6)
Friends/Relations	498(22.0)
Post-natal clinic	1491(65.7)
Total	**2269(100.0)**

using SPSS for windows 11.0 version. Results are presented as frequency tables and charts.

Approval for the study was given by the Ethics Committee of the University of Port-Harcourt Teaching Hospital.

RESULTS

There was a total of 2,269 contraceptive users during the five year study period, giving a mean acceptor rate of 453.8/annum. The average annual delivery rate within this period was 2361.2, giving an acceptance rate of one per five deliveries.

Table 1 shows the socio-demographic characteristics of the clients. The age range of the clients was 15–49 years, with a mean of 31.2 ± 5.2 years. One thousand and fifty nine (46.6%) clients were in the age range of 20–29 years, while 1077 (47.4%) were in the age range of 30–39 years, constituting the most frequent users of contraceptives. Only 28(1.2%) of the clients were teenagers. The distribution of marital status, educational level and religion were as depicted further in Table 1.

Five hundred and twenty (23%) clients were grandmultiparae, while 32 (1%) clients were nulliparae. Up to 974(43%) of the clients were either Para 3 or Para 4 constituting the most frequent users.

The most commonly accepted method of contraception was the injectable contraceptives, used by 1089 (48%) clients, followed by copper T intra-uterine contraceptive device used by 784 (34.5%) clients. Only 16 (0.7%) clients had bilateral tubal ligation as illustrated in Table 2.

Table 3 depicts the source of information on contraception. Of the 2269 clients, 1491 (65.7%) heard about family planning through the postnatal clinic, while 128 (5.6%) clients heard the information from the media. The least source of information was the church, as only 3 (0.13%) clients heard about family planning from the church.

The main reasons for family planning were for child spacing in 1351 (60%) of the clients and completion of family size in 862 (38%) clients. Fifty-six (3%) of the clients did not specify their reason for contraception.

Table 4 illustrates the relationship between clients' parity and type of contraceptive used. Most (86.2%) of the nulliparous clients used oral contraceptive pills, while four (13.8%) of them used injectable contraceptives. They did not use the other available methods. Only the multiparous and grandmultiparous clients, eight (50%) each, had bilateral tubal ligation

Para 1–2 clients accepted mainly the copper T intra-uterine contraceptive device while none of them had bilateral tubal ligation. Clients with 3 to 4 children used mainly the copper T intra-uterine contraceptive device and depo-medroxyprogesterone acetate. Bilateral tubal ligation method was used by eight (0.8%) clients in this group.

DISCUSSION

The acceptor rate of 453.8/annum in this study is considerably higher than 136 and 167.8/annum previously reported in North-Western Nigerian studies.[7,8] However, this is relatively low when compared to the annual delivery rate of 2,361, giving an acceptance rate of 1 in 5 deliveries. This low patronage rate may be due to the fact that family planning is still a controversial issue in our environment because of traditional and cultural beliefs.[8]

The most frequent users of contraception in this study were the 30-39 years age group closely followed by the 20–29 years group in keeping with reports of other investigators.[1,9,10] Expectedly, majority of the clients (94%) were in these two age groups. This is a reflection of the need for family planning during the active reproductive years. The fact that most of our clients (97.84%) were married and the rest were single, is not surprising in our environment where most parents discourage pre-marital sex and therefore use of contraceptives by single ladies.[11]

The predominance of Christians in this study is also not surprising because Port Harcourt is predominantly a Christian populated area as reported in earlier studies.[11,17] Unfortunately, the different denominations where not recorded in the case notes, as these would have helped to clarify the contraceptive distribution amongst the different Christian denominations.

The finding that majority (77.5%) of the acceptors had at least secondary education is not new because educated women tend to use contraception more than the less educated ones as illustrated in previous findings.[12,13] It is probable that career pursuit and knowledge may account for such difference.

The predominant choice of contraceptives by the clients was the injectable form. This finding is similar to the recent reports from Zaria,[14] Northern Nigeria, Orlu[15] in Eastern Nigeria, and the last National Demographic Health survey[1], but differs from an earlier study in Zaria[16], where IUCD was the most commonly used method of contraception. This changing trend may be as a result of the erroneous beliefs that IUCD can cause cervical and endometrial cancer,[17] and the fear that it might reduce their husbands' sexual satisfaction. Injectable contraceptives on the other hand may be easily available, not user dependent, may be taken without the knowledge of their spouses and are cost effective.[14,15]

Table 4: Parity and Type of Contraceptive used by Clients

	Number (%)					
Parity	**Condom**	**BTL**	**OC**	**IUCD**	**Injectables**	**Norplant**
0	0	0	25	0	4	0
1 – 2	1	0	169	239	312	21
3 – 4	4	8	88	357	478	38
≥5	2	8	16	188	295	16
Total	7(0.3)	16(0.7)	298(13.1)	784(34.6)	1089(48.0)	75(3.3)

BTL, Bilateral tubal ligation; INJECTABLES, Injectable contraceptives; IUCD, Intra uterine contraceptive device; OC, Oral contraceptives.

*, †, ‡, §, ¶,**, ††, ‡‡, §§

The least method of contraception was male condom used by 0.3% of the clients. This very low patronage rate of condom has previously been reported in other Nigerian studies,[8,14,15], but differs from other regions of the world where usage rate as high as 33% had earlier been noted.[18] This may be a reflection of the fact that most of our clients were married and condoms are mostly used by single women who use it for protection against unwanted pregnancies and sexually transmitted infections.[19] The low usage of condoms in this study may not reflect its usage in the general population, because, it is not health care giver dependent and is usually available in most super markets and Hotels.

The commonest source of information on family planning was the post-natal clinic/hospital personnel in keeping with results of other studies.[10,17] The impact of mass media in this study was rather low. There is therefore need to intensify publicity through the mass media in our region. In addition, female education will increase the uptake of family planning services which will eventually have a positive multiplier effect on our health indices and the economy.

In conclusion, the uptake of family planning services in Port-Harcourt is still low. Concerted effort should therefore be made to improve the utilization of this service by improving female education and public enlightenment through the mass media on the benefits and importance family planning to the family, community and the country at large. This will improve our maternal health indices, and fast track the attainment of the millennium development goals..

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