

FACTORS INFLUENCING UTILIZATION OF MODERN FAMILY PLANNING AMONG WOMEN IN CALABAR MUNICIPALITY, NIGERIA

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ABSTRACT

The factors that influence the utilization of modern family planning among women in Calabar Municipality were studied. Family Health Clinic, Moore Road, Calabar was used. The family approach adopted involve all married and unmarried women between the age bracket of 15 years to 50years and above. The age bracket covered mostly age of child bearing, particularly in African context. For the retrospective aspect of the study, case notes of one thousand, one hundred and twenty seven (1,127) clients who attended the family planning clinic between January 2002 and December 2002 were used and for the prospective aspect, 160 questionnaires were given to women who attended the family health clinic in 2003. Data revealed that utilization of modern family planning was more among those with secondary education and above, age 20 to 30 years. Improvement of mass literacy campaign, compulsory enrollment of female children in schools and provision of family planning devices by government are recommended in order to improve the level of utilization.

KEYWORD: Utilization, Family Planning

INTRODUCTION

In the African context, the importance of having children cannot be overemphasized. African philosophy of reproduction is predicted on having as many children as possible. This consideration is made because the individual never knows who among his children will survive to bury him or her. Besides, it is also considered that having children especially males ensure maintenance of the family line. Because of this philosophy, Africans and indeed Nigerians reproduce without regulation despite the attendant problems associated with over population, William (1980).

It has been observed by Morrison (2000) that most women of child bearing age are either pregnant or nursing a baby all the year round. There is also an alarming increase in population with a high rate of unplanned and unwanted pregnancies. In some communities, it is difficult to see a woman aged between 15-50 years without a pregnancy following a child that she is breastfeeding. Some of these women often carry those pregnancies to the detriment of their health and that of other children in the family especially the younger ones.

Large family size and short birth spacing are associated with high mortality and morbidity rate for children and mothers. These also stretch the resources of the family leading to malnutrition, abandoned babies and septic abortion. Family planning has become necessary in communities where birth rate is high and financial resources are poor. Here infant morbidity and mortality rate is high because the parents cannot give proper care to the children with their limited resources. Involuntary parenthood creates physical, emotional and social problems especially when it involves young and unwanted mothers, Sabin (1995).

Man's desire to control his family started in the Biblical times as recorded in Genesis chapter 38 verse 8 & 9 where Onan refused to make his late brothers' wife pregnant because he knew that the product of that union will not be his. He used the method popularly known as withdrawal method or coitus interruptus. The concept of family planning is not new and its workability depends on the basis of knowledge and willingness of the individual or couple to adopt it for the optimum welfare of the family and country as a whole. In

recent times people in developed countries are using modern family planning methods. This is as a result of the gradual increase in parental mortality rate, the inflationary trends and rising cost of living. But the reverse is seen in developing countries such as ours where family planning is rarely practiced or none at all (Essien 1993).

In the modern day society the importance of small family size cannot be over emphasized due to the increasing high cost of living, high cost of medical services and environmental degradation. The problem of overpopulation becomes worrisome in view of the attitude of Nigerians towards it, especially in the context of the relatively increasing population in Calabar Municipality with its resultant problems – high number of malnourished children, high rate of delinquent children who embrace social ills like pick pocket, drug abuse, teenage prostitution which result to sexually transmitted diseases. For example, gonorrhoea HIV/AIDS, child abandonment and septic abortion. The many number of children owned by a family has also lead to child trafficking. The problems are observed among both married and single women of diverse ethnic group, religion among other.

The purpose of this research is to study the factors that affect the utilization of modern family planning methods among women in Calabar Municipality. To identify ways of effecting possible changes in their attitude towards modern family planning methods.

SUBJECTS AND METHODS

A descriptive approach was used to bring out the factors influencing the utilization of modern family planning methods among women of child bearing age in Calabar Municipality. The research design used in conducting this study was survey inferential design (both retrospective and prospective). Samples were drawn from the population to discover the distribution and interrelation of variables. Also it focuses on people, their beliefs, opinions, motivations and behaviour.

The sample size for the retrospective part of the study was 1127 representing clients who attended the family planning clinic Moore Road Calabar for services between January 2002 and December 2002. For the prospective aspect of the study, 160 women attending the family planning health clinic in February 2003 AD were enrolled in the study to

obtain information on factors that influence their utilization of family planning. Accidental sampling was done whereby only clients who attended the clinic on the days the researcher was in the clinic were used.

The survey approach adopted comprised all unmarried and married women between the age bracket of 15 years to 50 years. The age bracket covered mostly age of child bearing, particularly in the African context. Questionnaires were used and data from records of clients

who attended the clinic for services were also used. He administered the questionnaire to the women with the assistance of some colleagues working in the family planning clinic. The objective of the study were personally explained to the women and the consent obtained before the questionnaire was administered to each respondent in the study. The completed copies of the questionnaire were collected back from the clients. The data were analyzed using percentages.

RESULTS

Table 1: SHOWING UTILIZATION OF FAMILY PLANNING SERVICES BY MONTHS JANUARY TO DECEMBER 2002
(n = 1127)

Year	Month	New client	%	Old clients	%	Grand total	%
2002	January	48	4.25	98	0.70	146	12.95
2002	February	40	3.55	96	8.52	136	12.07
2002	March	11	0.98	78	6.92	89	7.90
2002	April	14	1.24	73	6.48	87	7.72
2002	May	24	2.13	52	4.61	76	6.74
2002	June	18	1.60	86	7.63	104	9.23
2002	July	18	1.60	80	7.10	98	8.70
2002	August	19	1.69	84	7.45	103	9.14
2002	September	21	1.86	94	8.70	119	10.56
2002	October	11	0.98	83	7.36	94	8.34
2002	November	8	0.71	55	4.88	63	5.59
2002	December	3	0.26	9	0.80	12	1.06
	Total	235	20.85	892	79.15	1127	100.00

Table 1 refers to the utilization of the family planning services in the centre by women from January 2002 to December 2002.

The foregoing data shows a monthly fluctuation in the utilization of family planning services by women in Calabar

Municipality, new clients numbered 235 representing 20.9% while old clients numbered 892 representing 79.15%. The highest number of clients was in the month of January (13.0%) and the lowest in December (1.1%).

TABLE 2: Showing Utilization of Type of Devices Available

	J	F	M	A	M	J	J	A	S	O	N	D	Grand total	%
Intra Uterine device (IUD)	110	95	57	67	56	86	76	73	80	68	48	2	820	72.8
Cervical Cap	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Injectable (Depovera)	18	19	-	-	-	-	-	-	14	7	7	8	73	6.5
Pills (Oral)	13	15	27	19	15	13	17	15	26	19	8	2	199	17.6
Diaphragm	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Foaming Tabs (Barrier method)	3	4	4	2	4	4	3	1	7	1	2	-	35	3.1

Table 2 reveals that some of the devices/methods were not always available in the clinic as such. The number of clients was low during this period as most of them refused substitutes, claiming they were used to the particular devices/methods while some claimed that other methods are problematic to them. Throughout the period under study, cervical cap and diaphragm were not available. While injectables (depovera) was only available for six months (half of the period under

study), only 73 clients benefited from it, representing 6.5%. Pills and Intra Uterine Device were 199 representing 17.6% and 820 representing 72.8% respectively. Throughout the period under study, Intra Uterine Device was the most available device. This goes on to prove that lack of devices influences the utilization of family planning among women in Calabar thus availability affects utilization.

TABLE 3: Showing utilization of modern family planning by social factors (n=1127)

FACTORS	NO	PERCENTAGE
1. Age in Years		
20-30	676	54.98
31-40	130	11.54
41-50	321	28.48
2. Schooling		
No Schooling	100	8.87
Primary	276	24.49
G.C.E and above	751	66.64

Table 3 shows utilization of modern family planning based on social factors. 54.98% of the attendants fall within the age of 20-30 years indicating high level of utilization among this age group. The next age groups that accepted family planning poorly is 31-40 years. The next group was 41-50 years who numbered 321 representing 28.48%. On the level of education, it can be seen that clients with General Certificate of education and above utilized family planning services in the clinic more than other sub-groups and numbered 751 representing 66.64%. Next to those with General Certificate of education and above were those with primary six who numbered 276 representing 24.49% while those who have no education plus those below primary six numbered 100 representing 8.87%.

Table 4: Factors influencing non-utilization of modern family planning methods (n= 160)

Reasons	No of Respondents	Percentage
Wrong advice	98	61.25
Ignorance	20	12.50
Culture/religion	19	11.88
Finance	10	6.25
Shame	6	3.75
Non-agreement by Husbands	5	3.12
Distance to clinic	2	1.25
Total	160	100.00

Factors influencing non-utilization of modern family planning as identified from the prospective aspect of the study are presented on Table IV above. Results showed that of all the factors influencing non-utilization of modern family planning methods, wrong advice represented the highest factor. Some were wrongly advised not to accept modern family planning to avoid infertility, abortion, bareness in the

next generation if tubal ligation is practiced. Ignorance was cited as a factor by 20 subjects representing 12.50%. This percentage did not even know how much it takes to get modern family planning services, nor did they know the success rate, the risk of repeated pregnancies and so on. 11.88% represented religion/culture, most culture associated health with large family size while some religious beliefs hold that children are gift from God. 6.25% finance, 3.75% shame, 3.12% represented non-agreement by husbands which shows that most husbands have not seen the need for child spacing. A negligible percentage of 1.25% was due to distance to the Clinic which means that the health centres are not located in central place. This shows that wrong advises followed by ignorance are the major causes of poor utilization of modern family planning methods.

Table 5: Effectiveness of modern family planning

Answer	No of Respondents	Percentage
Yes	155	96.88
No	5	3.12
TOTAL	160	100.00

Out of the 160 respondents who filled the questionnaires, 155 (96.88%) stated that modern family planning is effective for them while 5 (3.12%) stated that it is not.

DISCUSSION

Family health clinic recorded a total of 1127 attendance for the period of twelve months. It is seen that the old attendance (clients) are more with 79% than the new attendance that accept or utilize modern FP (family planning) and this is attributed to low level of enlightenment (See table 1). Most of the vehicles used enlightenment campaign are no road worthy. This corresponds with the result of a study conducted by Ukaegbu (2002). The study revealed lack of awareness as one of the factors that influence utilization of modern FP and that modern FP programme needs educational enlightenment that would emphasize the safety of modern contraceptives, their uses and effectiveness for spacing as well as terminating child bearing.

The study also revealed that the centre is understaffed as some clients have to waste a lot of time before being attended to, and a few staff overworked themselves which is stressful and influences the quality of job output. These are enough to discourage new acceptors, thus corresponding with the findings that Oarkley (1999) had in her study. According to her the quality of interpersonal communication between clients and health care providers influence attendance at FP clinic, initiation and continuation of all contraceptive methods.

The study revealed that the commonest method of modern FP and the most available is the intra-uterine device, which represent 73%, this was followed by pills 8%, injectable (depovera) 7%, foaming 3%, cervical cap and diaphragm constituted 0% none was available throughout the period under study. This really influence the acceptance of modern FP as most of the clients could not accept substitute claiming that other devices/methods are problematic to them. This confirms the researchers observation that availability of methods/devices has some influences on acceptance of modern FP.

There was also evidence that education has some influence on level of acceptance as a high percentage of 67 was seen among those with GCE and above. Education has made women to understand the need for child spacing. This is because through education, women now realize that their place is not only in the kitchen nor are they baby factories but can also engage in other vital programme such as politics, business etc if large family size could not allow them to cope with. This also confirms the researcher's observation that education is one of the factors that influence utilization of modern FP.

It was also seen that the attendance was common between the ages of 20-30 years being about 60%. This is attributed to the fact that most women are still in school between these ages, as such there is need to adopt modern FP to prevent unwanted pregnancies.

There was also evidence that wrong advice from non-medical personnel was a contributory factor to the non-utilization of modern FP. Some were wrongly advised not to adopt modern FP method to avoid infertility. Some of the respondents were of the view that modern FP causes abortion, barrenness in the next generation if tubal ligation is practiced. Some were told modern FP reduces libido and may cause stroke among others. These constitute 60% of the 160 respondents. This corresponds with the findings that Nyong (1992) had in his study.

It is noted that there is FP awareness in Calabar, but the actual knowledge of its mechanism of action is lacking, this is shown by the 13% the 160 respondents. These percentages did not know what it takes to get FP services. The mechanism of action of modern FP methods, the importance of having small family size, the risk of frequent repeated pregnancies such as anemia. Post partum haemorrhage as well as poor socio-economic condition such as unemployment, malnutrition's, social-ills such as arm robbery, prostitution etc. which are associated with large family size. As such ignorance has a lot of influence on the utilization of FP in Calabar (Nyong 1992).

Other information gathered from the respondents identified culture religious beliefs as some of the factors that influence utilization of modern FP. This is about 11.9% of the 160 respondents. This corresponds with the report from a study conducted by Dorfinger (1999). He revealed that preference of male children and that children are gifts from God as some of the cultural/religious beliefs that influence the utilization of modern family planning. It is important to point out in a situation where couples do not have the number of the children they preferred. This would influence their fertility behaviours and attitude towards family planning. This shows that most husbands have realized the need for child spacing, their wife can now engage in other vital programmes than making babies every year, thus reducing the financial responsibility of the husband. Distance constituted a negligible percent of 1.3% which shows that health center is accessible and 3.8% were shy as they do not associated with FP.

The 97% success of the programme on the users reveals effectiveness of orthodox family planning methods. The 3% failures is attributed to non-compliance by the clients. Some of the clients do not comply with the instructions and directives from health personnel. This is common among those using foaming tablet, cream (all the barrier methods) and pills because these methods requires a lot of motivation, patience and understanding from both partners. This failure was also attributed to the defaulters who do not turn up for routine check up in which device may be dislodged or even expire.

CONCLUSION

From the purpose of this research which is to study

the factors that affect the utilization of modern family planning methods among women in Calabar Municipality. It is observed that the level is low as a result of low educational level, ill-advice, ignorance and cultural/religious beliefs. It is important to state that this level will not change if nothing is done to break most of the socio-cultural influences and low percentage of literate populace in the state.

The result of this research would be compared with that obtained from different local government area in the state. This would motivate particularly planner of health programmes, health workers and the government to educate and encourage people to utilize modern family planning services.

When high level of knowledge and use of modern family planning methods are achieved, fertility level in our society will come down, hence the problem of population explosion could be avoided.

RECOMMENDATIONS

The government should show more commitment to improve the literacy status of the citizenry by making education free and compulsory especially for the girl child and more adult education centre should be established.

The government should extend the mass literacy campaign to everyone in the Government areas and state in general so as to improve the literacy rate of the people. There is need for more enlightenment on modern family planning, postcards, mass media, advert and jingles should be use to teach both men and women the benefit of modern family planning methods, their education, side effects and actions.

The family Health clinic should have a functional family planning unit with trained personnels to provide the services. Devices of all types should be made available at all times so that the women will have a wide range of choice and also keep to their chosen method without having to change because of lack of the devices.

Good care should be taken and adequate advice given to the women using any form of modern family planning methods to reduce side effects and ensure effectiveness, so as to encourage others to participate. For the government to succeed in the policy of four children per couple, frequent organization of refresher courses, seminars, workshops and symposia should be taking place, using local dialects for easy understanding.

Mobile clinics should be established to carry the campaign and services to the hinterlands and the existing health centres should be well equipped for effective services. With this awareness, knowledge and use of modern family planning methods would be cultivated among the people and a step towards population control would be achieved.

REFERENCES

- Dorfinger, D., 1999. Handbook of Family Planning. London: Heinemann
- Essien, E., 1993. Factors Influencing Acceptance of Family Planning. Calabar: Rehoboth.
- Morrison, R., 1991. Obstetric and Gynecology in the Tropic and Developing Center. London. Hazel Watson and Viney.
- Nyong, A., 1992. God's Gift as a Problem. Hazel Watson and Viney.
- Oarkley, V., 1983. A Gynecological Guide for Women. London: Faber & Faber.

Ukaegbu, F., 2002. One Woman Four Kids. *Newswatch*, 8 (2): 24 – 26.

Sabin, Y. W., 1995. *The Manual of Human Reproduction*. Ibadan: African University Press.

William, H., 1980. *Fertility Control for the Developing Country*. Edingburgh: English Language Book Society: Church Hill.

