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Introduction

In most countries fertility and family planning surveys have found that the great majority of women know at least one family planning method, usually a modern one^{1,2}. However, the factors that influence women's practice of family planning vary from place to place and include: contraceptive awareness, maternal education and occupation, perinatal outcome and child survival, beliefs and cultural practices on reproductive matters, the available variety of methods and supply, and the attitude and commitment of the service providers^{2,8}. Consequently, a good family planning facility should be able to identify the factors operating in its environment with the aim of using such information to improve the quality of services.

Since the establishment of family planning services in the University of Nigeria Teaching Hospital many years ago, there has been no critical evaluation of the programme. There is need therefore to carry out a review of the characteristics of the acceptors and the factors, if any, that influence their choice of contraception. The result of the study is expected to be of value to family planning providers and others who are developing programme in an environment similar to ours.

Materials and Methods

The University of Nigeria Teaching Hospital, Enugu probably operates the largest single family planning service in the south-eastern zone of Nigeria with an average of over 1000 acceptors annually. The clinic started in the early eighties as a weekly clinic attached to the Obstetrics and Gynaecology Department. It has since grown into a separate unit of the department, offering daily service in family planning to couples, both married and unmarried, from Enugu State and beyond. Registration information from the case notes of clients who attended the family planning clinic between January and December 1992 were collected and analysed. Information collected include age, marital status, educational level attempted

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UTILIZATION OF FAMILY
PLANNING SERVICES AT THE
UNIVERSITY OF NIGERIA
TEACHING HOSPITAL
PROFILE
OF CONTRACEPTIVE
ACCEPTORS

A retrospective study of the sociodemographic characteristics of the contraceptive acceptors at the University of Nigeria Teaching Hospital from January to December 1992 is presented.

All the 1115 acceptors were married women aged 18 - 55 years. The highest acceptors were those aged 26 - 40 years (80%), while teenagers below the age of 20 years formed only 1 (2%) of all the clients. A greater proportion of the women 805 (72%) had formal education and 871 (78%), had 4 - 10 living children. Child spacing was given as the most important reason for attending the family planning clinic by 721 (65%) women. The IUD was the most popular method of contraception adopted by 861 (77%) women, followed by injectables 177 (16%) and then oral contraceptives 36 (3%).

It is recommended that the promotion of the child spacing benefits of contraception, the availability of the barrier and natural family planning methods be used to improve the patronage of family planning services especially among the men, young females, and illiterate women.

or completed and religion of contraceptive acceptors during the period. Other relevant data extracted were number of living children, reason for attending family planning clinic, previous and current family planning methods of the acceptors.

Of a total of 1125 clients who attended the family planning clinic in 1992, 1115 were studied as the case-notes of the rest either contained inadequate information or could not be traced. Data for 1992 was used as services in subsequent years up to 1996 were interrupted by industrial actions by the hospital workers.

Results

All of the 1115 clients who attended the family planning clinic were females, 1106 (99.2%) of whom were married and only 9 (0.8%) were single or widowed.

The ages of the clients ranged from 18 - 55 years. The modal age groups were 26 - 30 years and 31 - 36 years, where identical proportions of women 357 (32.0%) were found. The age groups 21 - 25 years had 118 (10.6%) of the clients while teenagers below the age of 20 years formed 21 (1.9%) of the clients (Table 1).

In all, 1038 (93.1%) of the women were christians, 68 (6.1%) practiced traditional religion and 9 (0.8%) were muslims. Four hundred and eighty four (43.4%) of the acceptors had primary education, 289 (25.9%)

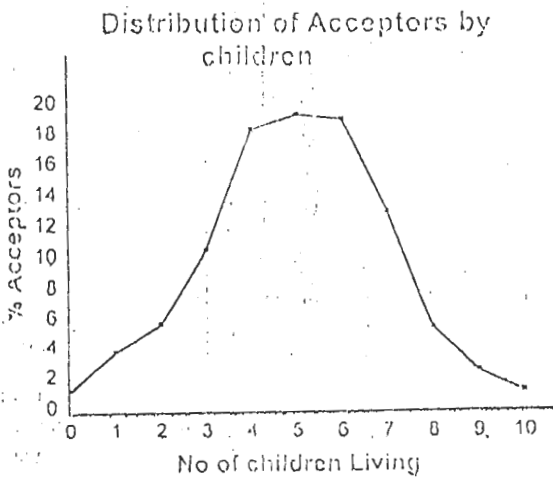
secondary education, 32 (2.9%) tertiary education while 304 (27.3%) had no formal education. The educational level of 6 (0.5%) were unspecified.

The greatest proportion of attenders, 705 (63.2%) were ever-users of family planning methods. Of this 463 (41.5%) were relying on modern contraceptive methods, 242 (21.7%) on traditional methods while 410 (36.8%) of the women had not practiced any form of contraception previously.

The clients most frequent reasons for attending the family planning clinic were as follows: 721 (64.7%) wanted contraception for child spacing while 370 (33.2%) have completed their families and wanted no more children. (Table 1).

The distribution of the clients by the number of living children is shown in Figure 1. Approximately 628 (56.3%) of the acceptors had 4 - 6 children. Nearly a quarter 243 (21.8%) had 7 - 10 living children and 11 (1.0%) had no child at all.

The most popular contraceptive method adopted by clients was the IUD 861 (77.2%), followed by injectables 177 (15.6%) and then oral contraceptive pills 36 (3.2%) (Table 2).



Discussion

The increase in the prevalence of contraceptive use in developing countries has been mainly in the number of married women. In this study, all the acceptors were females and 99% of them were married which is significantly high when compared to the population proportion figure of 37% - 43% for married women and 50 - 56% for never-married females⁹.

When compared with the same population age structure, the highest acceptors were those aged 26 - 40 years old while teenagers under the age of 20 years were the least acceptors followed by those in the 21 - 25 years age group. A majority of the women (78% have four or more offsprings and there appears to be a preference for a 4 - 6 child family. The use of contraceptives by older women with many children encountered here is widespread^{10,11}. These findings, reveal that the adolescents should ideally have been more than shown, considering the high prevalence of sexual activity among them, as evidenced by previous studies^{12,13}.

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The finding that most of the acceptors are christians is to be expected given the preponderance of christians in this part of Nigeria. The literacy rate of 72% for the study group is clearly higher than the 53% population figure⁹ recorded for females in the area. Many studies have also shown that better educated women are more likely to use contraception^{14,15}.

Sixty-three percent of the acceptors practiced one form of family planning method or another, suggesting the need for more education to encourage the majority of the population who are never-users to patronize the family planning programme. Twenty percent of them used natural methods, suggesting its importance in the overall control of fertility in our environment and the need to identify those factors which could serve to improve their efficacy.

Child spacing was the most popular motive for using the service and this is similar to finding by most researchers in Africa^{2,16,17}. This finding suggests that promoting child spacing with absolute emphasis on maternal and child health benefits might be more acceptable in our environment than promoting the commonly used concept of "responsible parenthood".

IUD was the most popular method among our clients while sterilization was very unpopular despite the fact that 78% of the acceptors have 4 - 10 children and this is similar to reports from previous studies carried out in many developing countries^{2,15,18}. The reason for this is not clear but may be due to the fact these women, because of high mortality and morbidity in all age groups, will like to keep their chances of conception open by using an easily reversible method until they become naturally unable to conceive. It can also be explained by the fact that due to cultural barriers many women will not accept sterilization¹⁹. And for similar reasons, the women will not like their spouses to know that they are using contraception, and because of the privacy involved, would prefer the use of IUDs. Finally the popular use of IUD in this study could be due to programme emphasis but further studies are needed to confirm these assumptions.

In conclusion the facts raised in this report that need to be addressed are the non or low-use of the family planning service by men, unmarried females including teenagers and married females of low parity.

It is recommended that the promotion of the child spacing benefits of contraception, the availability of the barrier and natural family planning method be used to improve their patronage.

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Table 1. Distribution of Clients' Characteristics

Characteristics	No	%
Age (years)		
20	21	1.9
21 - 25	118	10.6
26 - 30	357	32.0
31 - 35	357	32.0
36 - 40	117	15.9
41	64	5.7
Unspecified	21	1.9
Reason for Visit		
Spacing	721	64.7
Completed family	370	33.2
Counselling	15	1.4
IUD removal	5	0.7
Total	1115	100.0

Table 2. Contraception Adopted by Clients

Method	No	%
IUD	861	77.2
Injectable	174	15.6
OC	36	3.2
Implant	7	0.6
Sterilization (BTL)	6	0.5
Spermicide	4	0.4
Condom	4	0.4
Diaphragm	1	0.1
Natural	1	0.1
Unspecified	10	0.9
None	11	1.0
IUD removal	(8)	
Ill Health	(3)	
Total	1115	100.0

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