

Family Planning Utilization Pattern in Ekiti State University Teaching Hospital, Ado-Ekiti, Nigeria: a Six-Year Review

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Abstract

Background/Objectives: Family planning is a proven and effective intervention for preventing maternal and infant mortalities. The study was conducted to examine the socio-demographic characteristics and contraceptive choices among clients attending the family planning clinic of Ekiti State University Teaching Hospital, (EKSUTH) Ado-Ekiti, Nigeria.

Methods: The study carried out between September and October 2016, involved all the clients who attended the family planning clinic between January 2010 and December 2015. The records were reviewed and data about their socio-demographic characteristics, reasons for family planning and methods of choice were extracted and analysed.

Result: A total of 2038 clients were attended to; all were females and married, the ages ranged from 15-56 years with a mean of 34 ± 6.0 years; 91.2% had secondary education, 91.0% were Christians, 82.7% had 1-4 living children and 49.3% accessed services to limit their family size. Among the 1898 that accepted contraceptives, 797(42.0%) utilized implants, 568(29.9%) intrauterine contraceptive device (IUCD) and 469(24.7%) injectables.

Conclusion: There was a steady increase in patronage up to the fourth year, followed by a gradual decline. Implants were the most commonly utilized method. Public enlightenment about the clinic should be increased in order to sustain and enhance the patronage.

Keywords: family planning, utilization pattern, contraceptive choices, birth spacing, Nigeria

I. INTRODUCTION

Family planning is defined by World Health Organization as “a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individuals and couples, in order to promote the health and welfare of family groups and thus contribute effectively to the social development of a country [1]. Family planning basically refers to the practices that help individuals or couples to avoid unwanted births, bring about wanted births, regulate the intervals between pregnancies, control the time at which births occurs in relation to the age of parents and determines the number of children in the family [2].

There are various methods of family planning available. These can be grouped into three: natural, hormonal and non-hormonal family planning methods [3].

Knowledge of family planning is very high in Sub Saharan Africa generally; it ranges between 75% and 95% though it varies between countries and between different geographical locations in the same country [4]-[7]. Despite the high level of knowledge, the uptake of family planning is not corresponding. For example, the national contraceptive prevalence rates (CPR) in Ghana, Ethiopia, Rwanda and Malawi are 19.0, 27.3, 45.0 and 42.2% respectively [8], [9].

In Nigeria, the acceptance and utilization of family planning methods have been consistently low. The present national contraceptive prevalence rate is 15% with only 10% of women using modern contraceptive methods. This represents an improvement of only 2% compared to the reports of the 2003 and 2008 Nigeria Demographic and Health Survey [3], [4]. There are also regional and socio-cultural differences within the country [4]. A study conducted in Bayelsa, South-South Nigeria, among university undergraduate students and staff reported a CPR of 58.2% while another study conducted among female undergraduates in Benin, South-South Nigeria about a decade earlier, reported a CPR of 39% [5],

[10]. In Ekiti as at 2013, the contraceptive prevalence for any method was 34.5% while the modern contraceptive prevalence was 26.6% [4].

It is pertinent to note that even among women who accept and access family planning services there are many variations both in their socio-demographic characteristics and in the methods which they accept. In other to further promote the use of contraceptives, it is important to know the characteristics and the contraceptive preferences of these women. The purpose of this study therefore, is to investigate the socio-demographic characteristics of women who accessed services at the family planning clinic, Ekiti State University Teaching Hospital between 2010 and 2015 and the type of family planning methods utilized.

II. METHODOLOGY

The study took place at the Family Planning Clinic of Ekiti State University Teaching Hospital (EKSUTH), Ado-Ekiti. This clinic offers comprehensive family planning services with all the modern contraceptive commodities available. These range from male and female condoms to facilities for bilateral tubal ligation. Ado-Ekiti, the capital city of Ekiti State is in the South-Western geo-political zone of Nigeria.

This was a cross-sectional study which made use of secondary data from the family planning Clinic, EKSUTH, Ado-Ekiti. The study population consisted of women who attended the family planning clinic EKSUTH, between January 2010 and December 2015. All the records of clients seen between this period were reviewed for socio-demographic and reproductive characteristics as well as contraceptive preferences.

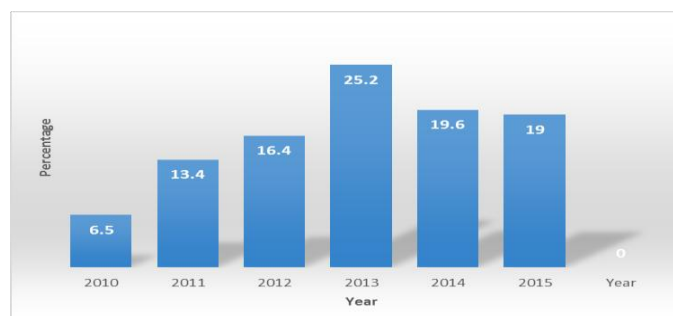
Data analysis was done using SPSS version 16. Univariate (frequencies and percentages) and bivariate (chi-square) analysis were done. Level of significance was set at $p < 0.05$.

Ethical clearance was obtained from the Ethics and Research Committee of the University of Ado-Ekiti Teaching Hospital. All records and relevant materials were handled in a confidential and careful manner.

III. RESULTS

Two thousand and thirty eight clients attended the family planning clinic during the period under review (2010-2015) out of which 1898 (93.1%) actually accepted contraception. The attendance at the clinic rose steadily from 132(6.5%) in 2010 to 513(25.2%) in 2013 and thereafter declined to 386(19.0%) in 2015. Fig 1.

Fig. 1: Consultation at the Family Planning Clinic EKSUTH, Ado-Ekiti (2010-2015)



Two thousand and six (98.4%) of the clients were aged between 20-49 years (mean age was 34.0 ± 6.0 years); the modal age group was 30-39 years, 1858(91.2 %) had at least secondary education while 1863(91.4%) were Christians. One thousand six hundred and forty three (82.7%) of the clients had 1-4 children alive. The mean number of children was 2.69 ± 1.5 (Table 1).

The most important sources of information about the family planning clinic were clinic personnel/health workers 1356(66.5%), friends and other clients 240(11.8%) and the media 228(11.2%).

In Table 2, all the clients had used contraception before and 1001(49.1%) sourced them from private facilities. The commonest types of contraception used were condom 916(44.7%), IUCD 351(17.2%) and injectables 316(15.5%)

One thousand and five (49.3%) of the clients accessed family planning because they did not want any more children (limiting of family size); 835(41.0%) wanted more children in the future (spacing) while 198(9.7%) were uncertain.

In Table 3, the most common contraceptive method used by the clients was implants; which was used by 797(42.0%), this was followed closely by IUCD, 568(29.9%), and injectables 469(24.7%). Oral pills were the least desired 64(3.4%).

In Table 4, the distributions of contraceptive choices of clients differ in different age groups and parity groups ($p < 0.05$). Clients below 40 years and those with two children or less were more likely to choose oral pills than those 40 years and older, and those with three or more children ($p < 0.05$)

Table I
Socio-Demographic Characteristics Of Clients Who Attended the Family Planning Clinic Eksuth, Ado-Ekiti, 2010-2015

Characteristic	Frequency(n=2038)	Percentage
Age in years		
15 - 19	8	0.4
20 - 29	456	22.4
30 - 39	1221	59.9
40 - 49	329	16.1
50 - 59	24	1.2
Educational level		
None	98	4.8
Primary	82	4.0
Secondary	685	33.6
Tertiary	1173	57.6
Religion		
Christianity	1863	91.4
Islam	158	7.8
Others	17	0.8
No of living children		
0	198	9.7
1	248	12.2
2	412	20.2
3	576	28.3
4	407	20.0
≥5	197	9.7

Table II
Sources and Types of Previous Contraception Utilized By Clients Before Attending the Clinic

Source of contraception	Frequency (n=2038)	Percentage
Private	1001	49.1
Public	854	41.9
Personal/Self	183	9.0
Total	2038	100.0
Type of contraception		
Condom	916	44.7
IUCD	296	17.2
Injectable	316	15.5
Oral pills	187	9.2
Natural	183	9.0
Emergency	85	4.2

Table III
Contraceptive Choices of Clients Who Attended the Family Planning Clinic (N=1898)

Contraceptive method	Frequency	Percentage
Implant	797	42.0
IUCD	568	29.9
Injectables	469	24.7
Oral Pills	64	3.4
Total	1898	100.0

Table IV
Relationship Between Some Socio-Demographic Characteristics and Contraceptive Choices of Clients

Variables	Contraceptive Implants %	Choice Oral Pills%	X ²	p-value
Age (years)				
<40	698 (87.6)	62 (96.9)	4.95	0.026
≥40	99 (12.4)	2 (3.1)		

Total	797 (100.0)	64 (100.0)		
Parity				
0-2	364 (45.7)	43 (67.2)	11.00	0.001
≥ 3	433 (54.3)	21 (32.8)		
Total	797 (100.0)	64 (100.0)		

IV. DISCUSSION

The study assessed the socio-demographic variables and methods of and family planning utilized by women attending the family planning clinic of Ekiti State University Teaching Hospital, Ado-Ekiti. The attendance rose steadily in the first four years and thereafter declined gradually from the fifth year. The decline in patronage in the last two years was due to industrial disputes which took place in the hospital during those periods and the establishment of another family planning clinic in a comprehensive health centre affiliated with and close to the Teaching Hospital.

Almost all the clients were aged between 20-49 years with a mean of 34.0 ± 6.0 years. This is greater than those reported by studies conducted in other parts of Nigeria and Pakistan [11]-[15]. It is understandable and expected that most of the clients fell within this age range since it is those women within the reproductive age group that actively seek to prevent pregnancy. However, since the possibility of pregnancy still exists for the pre-menopausal clients outside the age range, they also sought for family planning.

The modal age group among the clients who accessed family planning services at the clinic during the study period was 30-39 years. This is in keeping with the report of studies conducted in Osogbo and Ile-Ife [11], [13]. In South Western Nigeria where the literacy rate among women is very high, many women defer child bearing to their 30s in pursuit of education and career [4]. This age bracket therefore represents their peak reproductive period.

Almost all the clients were educated, with one out of ten of them having at least secondary education. This is higher than those reported by studies conducted in Osogbo, Port Harcourt, Ife, Kano, and Pakistan in which much lower percentages of clients who attended the family planning clinics had at least secondary education [11], [13]-[15], [16].

Nine out of ten clients were Christians which is a reflection of the type of religion embraced by most people in Ekiti. As noted in other studies, the religion of majority of the clients is a reflection of the major form of faith practiced where the studies were conducted [14], [17].

Most of the clients had between one and four children alive. Contraceptive uptake increased with parity up to three children and subsequently fell. This is similar to the trend in Osogbo and Ile-Ife [11], [13]. The mean number of children was 2.69 ± 1.5

The main sources of information about the clinic were clinic personnel, friends and the media. This is corroborated by reports of studies conducted in Osogbo, Sagamu and Kano in which the main sources of information about the family planning clinic were clinic personnel, the media or friends [11], [12], [17], [18]. Clinic or medical personnel are those categories of people who are best equipped to give information about family planning because they have been trained to do so. In order to access adequate and correct information about family planning without myths or misconceptions, they should be encouraged to provide more information not only at clinics but also in the media and all other places where the suitable audience is available.

In this study, all the clients had used contraception before about half of which sourced them from private facilities. The commonest types of contraception used were condom, IUCD and injectables. This contrast with reports of studies conducted in Sagamu and Pakistan where more than half of the clients were first-time users [12], [15]. This can be explained by the fact that the clients that visited the clinic were more educated and were more positively disposed to family planning than those in the other studies. It also reflects the type of clients that frequent the Teaching Hospital: those who perceive it as a referral centre and might have accessed care from other centres prior to their presentation at the hospital.

More clients accessed family planning for limiting of family size than child spacing. This contrasts with what was reported in Sagamu and North Western Nigeria where majority of the clients had family planning for child spacing rather than limiting of their family size [12], [17].

The most common contraceptive methods used by the clients were implants, IUCD and injectables while oral pills were the least desired. This contrasts with the reports of studies conducted within and outside Nigeria in which IUCD [11]-[13], injectables [15], [16], [18]-[20] and oral pills [14] were the commonest methods of contraception utilized by the family planning clients.

Implants are long acting progestin alone rods which are inserted into the inner aspect of the upper arm. They are effective and can be used by almost all categories of women with few side effects. The availability of implants; coupled with skilled personnel who can insert and remove them and who can equally convince clients about their effectiveness and safety across different age groups; were probably responsible for the popularity of implants among clients who accessed services at the study centre. Reduced costs (direct and indirect) as well as testimonies of friends/clients who were using implants

could equally have motivated these clients in opting for implants. Friends/relatives were the second most important source of information about family planning services in this study. However, further studies might be necessary to actually unravel why more clients in this centre preferred to use implants rather than IUCD or injectables as reported in other centres which are equally teaching hospitals.

The factors which were significantly associated with client's choice of contraception were age and parity. More clients below 40 years and those with two children or less chose oral pills than those who were 40 or more years and those with three or more children. This is corroborated by the study conducted in Ile Ife [13]. Oral pills are recommended for those below 35 years of age because of the complications associated with them at older ages. Those with two or fewer children also more likely fell within this age bracket; hence the findings.

V. CONCLUSION

This study concludes that most of the clients that attended the family planning clinic EKSUTH, Ado-Ekiti; between 2010 and 2015 were aged 20-49 years, were married and had secondary education. About half of them accessed services to limit their family size and the most common family planning methods utilized were implants, IUCDs and injectables. Age and parity are significantly associated with the contraceptive choices.

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