



## Original Research Article

# Geographical perspectives of utilization of family planning methods in Enugu urban area of Enugu State, Nigeria

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## ABSTRACT

### Keywords

Family planning, Geography, Occupation, Fertility, Birth control

This study examined the geographical perspectives to the utilization of the family planning methods in Enugu urban area of Enugu State, Nigeria. It is based on survey and used questionnaire which elicited information from one hundred and fifty respondents on their knowledge, attitude and behavior towards the utilization of family methods. Analysis of data was using analysis and variance (ANOVA) and Chi-square statistical techniques including tables. It was observed that the standard of education, cultural background, beliefs system affected the respondent's choice of the effective family planning techniques. These also affected the acceptance and rejections of birth control measures. Similarly, a good number of respondents prefer large family size; this is due to the belief system and the use of children as a measure of value.

## Introduction

The issue of family planning all over the world has attracted attention due to its importance in decision making about population growth and development issues. In this wise, Geographers have become increasingly alarmed by the precipitous rise in its effect on population, not only in Nigeria, but throughout the world (Okediji, 1995). The World Health Organization (1971) defined family planning as the practice that helps individuals or couples to attain certain objectives such as avoiding unwanted pregnancies, bringing about unwanted babies, regulating between pregnancies, controlling the time at which birth occurs in relation to the ages of the

parents and determining the number of children in the family.

The current social and economic conditions of Africa and Nigeria in particular call for the need for the introduction of family planning techniques (Gana, 1978). This is to prevent unwanted pregnancy, space and limit the numbers of children per couple (Cadwell, 1983). Child-spacing or timing of every birth including the first and the last, can improve the likelihood of survival and of physical and emotional health of the entire family (Elaine, 1975). Traditionally, child spacing is practiced in Nigeria and therefore, constitutes an aspect of family

planning. The general tendency to associate or confuse family planning programmes with population control has often resulted in suspicion and open hostility against family planning by some religious groups (Alfred, 1974; Abdulahi, 1975; Hornondez, 1985). The truth however, is that the family planning movement began as a social and humanitarian effort which was directed not at reducing fertility as such but at improving health, nutrition and economic well being (Gana, 1978). Indeed, many observers argue that family planning cannot by itself bring about a decline in births and a decrease in population. Rather modernization is thought to hold the key to declining birth rates and declining population Jain, 1981; Jain and Anurudh, 1989). Therefore, this research work is aimed at studying the geographical perspectives of utilization of family planning methods in Enugu urban areas.

Prior to the establishment of modern family planning clinics in Enugu urban areas, the people were using such traditional methods as withdrawal, long period of lactation, total abstinence, the use of charms and herbs to delay or prevent pregnancies. These methods however, had high failure rate.

Modern family planning was started in Enugu by the former Anambra state ministry of health collaboration with Enugu L.G.A. ministry of health in 1985, this was before the recreation of state with the first sited in UNTH Enugu. During his period, a considerable number of people had knowledge of modern only that there was no such clinic in their area. Some of the people in the local government patronize family planning clinics at Uwani (Uwani Health Centre), Chiekebe Memorial Hospital Owerri Road, etc. with an increase in knowledge of various contraceptives; there has been an increase in number of clinics and personnel promoting the use of the techniques.

The control and funding of the modern family planning in Enugu urban were handled by the local government. Presently, groups and individuals are involved. In addition to the clinics, several chemists in the town sell contraceptive and other devices to people. The number of adopters has been on the increase since the inception of these clinics.

## **Materials and Methods**

**Study area:** Enugu is located at latitude 6.30°N and longitude 7.37°N. It is situated in a mountainous terrain. It has a vegetation type of derived savanna or guinea savanna. It is an ancient city surrounded mainly by hills, the Udi escarpment drains the rivers that serve the city, and it is the primary source of all the rivers in area.

### **Method of data collection and analysis**

This study focused mainly on women residing in Enugu urban. The technique used for data collection was survey questionnaire. The study area was zoned into three districts; the views and opinion of 150 women were randomly sampled and carefully analyzed. Systematic random sampling technique was used in administering the questionnaire among women in the districts. The questionnaire was distributed among the different streets in each district, 60 questionnaires to Uwani Street, 50 questionnaires to Ogui new Layout district and 40 questionnaires to New Haven different. Differences in the number of questionnaire were meant to (reflect variations in the size of the population in each district.

Information collected from secondary source was from four family planning clinics and this information was on socio-economic and demographic characteristics of the clients

that adopted contraceptives. Four clinics chosen were university of Nigeria Teaching Hospital (U.N.T.H) Uwani Health Centre (U.H.C) park lane Hospital, (P.L.H) and Chiekebe maternity home (C.M.H). Differences in number of clinics were also meant to reflect variations in the size of the population in each district. This secondary data forms the bulk of the analysis on family planning utilization.

Other materials were also collected from census Planned Parenthood Federation of Nigeria (PPFN), textbook, periodicals and journals.

### **Use of contraceptives by respondents**

The results show that most of the respondents have at one time or the other utilized some types of contraceptives. Out of the 150 respondents, 139 (92.07%) currently use various types of contraceptive available in the study area. Out of these 66 (47.5%) respondents were using injectables, 31 (22.3%) were using intra uterine device (IUD), 22 (15.8%) were using pills 14 (10.1%) were using condom and 6 (4.3%) were using foam. The injectables ranked the highest type of contraceptive utilized by the respondents. This can be attributed to the belief that injections were more reliable.

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### **Pattern of contraceptive utilization**

In relative term injectables are the most prevalent method used among other contraceptives. Out of 941 clients that adopted family planning more than a third (36.8%) adopted injectables; IUD was next to injectables which constituted 20.4% of the clients. The third in place was condom, which is 20.2% of the 941 clients, 12.5% out of the 941 clients, used pills and the least is 10.1% clients that utilized foam. No phenomenon on earth is static. The pattern of contraceptives utilization in Enugu urban area shows variation over time there are generally two peaks of contraceptives utilization in the study area. It was observed that more clients patronize the clinics, during dry season as compared with the patronage received in the clinics during wet season because most people are less busy during the dry season and therefore, engage more in coitus or sexual activity.

### **Area differential of use of contraceptives**

The pattern displayed in area utilization of contraceptives is quite similar to the pattern displayed by the use of contraceptives. There are wide variations in the use of contraceptives in each of the family planning center in 2007. All the clinics are mostly patronized in the month of April and December. This might be attributed to increased population numbers resulting from returnees for such religious festivals as Easter and Christmas.

In Uwani Health Centre (UHC), out of 287 clients, more than a third (39.4%) utilized injectables. This is followed by use of IUD (21.3%). The least contraceptives utilized in this center is condom (10.5%). In university of Nigeria teaching hospital (UNTH) Enugu,

the same pattern of the use of contraceptives with (UHC) is noted. In Park Lane Hospital (PLH), out of 179 clients, 38.0% utilized condom, it is the most prevalent methods used in the area followed by use of injectable. IUD being the least method utilized in the area. A possible reason for this digression from the use pattern of contraceptives in UHC and PLH maybe as a result of few personnel in this center. In Chiekebe Maternity Home (CMH), injectable is also the most popular method utilized, foam being the least.

Furthermore, contraceptives utilization in relative term among the clinic differs. Injectables are the most popular method utilized by clients and they are mostly utilized in Uwani health centre followed by CMH, UNTH, and PLH respectively. The reason for its popularity is the traditional belief that injections have a greater effect than oral medicines. IUD is next in use to injectable and it is mostly utilized in UNTH followed by UHC, CMH and PLH respectively. Condom took third place in utilization and mostly used in CMH next by PLH, UHC and UNTH respectively. The use of pills ranked fourth and mostly used in UHC and least in UNTH,

#### **Areal Differential in Enugu Urban (Jan-Dec. 2007).**

The use of contraceptives varies from one area to another. In order to establish this fact, analysis of variance techniques were used to test whether there is areas differential in type of family planning adopted.

The null hypothesis therefore was that there was no difference in types of family planning adopted across the study area. The analysis of variance was calculated using F-test. The calculated F-value (FC) was 4.36

and the tabulated F-value (F-) with 4.15 degree of freedom at 5% level of significance was 3.06 since the F-at 5% level of significance is less than the corresponding FC value, the null hypothesis was rejected for its alternative. Thus, there is a significant difference in area utilization of family planning methods in the study area.

#### **Socio-economic factors of contraceptive utilization in the study area**

The analysis of contraceptive utilization was considered through various socio-economic and demographic characteristics of clients, which includes age, marital status, religion, educational level and occupation.

#### **Age structure of clients and use of contraceptives**

The age of the clients range from 15 to 45, with a concentration within the ages of 25-34. These are the child bearing ages and as such are three expected period for seeking means of spacing children. Among the contraceptives in use within this age group, injectables are the most popular method, 64.2% of 346 clients that used injectables are within the age group.

The least method used within the age group is oral pills. Clients within the age group 35-44 is next to age group 25-34 in contraceptives utilization and they are mostly use congestible which is 27.1% of clients that use contraceptives in the study areas within this age group, foam table are the least method utilized. Clients within the age group 15-24 rank third in place in pills utilization. Clients in age group 45 and above were observed to be the least age group that utilized contraceptives in the study areas. The use of contraceptives within different age group is shown in the table 4 above.

**Table.1** Adopters of contraceptives in the study area

Months	Pills	IUD	Injectibles	Condom	Foam
J	4	10	18	9	5
F	6	11	8	6	2
M	3	6	9	12	6
A	25	25	46	32	24
M	10	14	28	7	4
J	2	15	14	11	1
J	1	19	21	4	1
A	16	15	34	8	5
S	9	16	18	14	7
O	8	23	47	10	8
N	4	12	51	18	5
D	30	26	52	49	27
<b>Total</b>	<b>118</b>	<b>192</b>	<b>346</b>	<b>190</b>	<b>95</b>

SOURCE: Compiled from clinic registers 2007

**Table.2** Adopters of contraceptives in family planning clinics between January and December, 2007 in the study area

Months	UHC	UNTH	PLH	CMH
J	15	7	14	10
F	11	9	4	9
M	9	7	6	4
A	49	26	43	34
M	20	14	11	18
J	10	12	4	17
J	20	3	12	21
A	22	18	11	27
S	19	20	11	14
O	29	28	8	31
N	21	31	8	30
D	62	31	47	37
<b>Total</b>	<b>287</b>	<b>213</b>	<b>179</b>	<b>262</b>

Source: compiled from clinic registers 2007

**Table.3** Uses of contraceptive methods by clients in the study area

	UHC	UNTH	PLH	CMH	TOTAL
Pills	42 (35.6%)	24 (11.3%)	19 (10.6%)	33 (12.6%)	118 (100%)
IUD	61 (21.3%)	78 (36.6%)	15 (8.4%)	38 (14.5%)	192 (100%)
Injectables	1113 (39.4%)	85 (39.9%)	51 (28.5%)	97 (37.0%)	346 (100%)
Condom	30 (10.5%)	11 (5.2%)	68 (38.0%)	81 (30.9)	1904 (100%)
Foam	41 (14.2%)	15 (7.0%)	26 (14.5%)	13 (5.0%)	95 (100%)

Source: compiled from clinic registers (2007)

**Table.4** Age structure of clients and use of contraceptives

AGE GROUP	PILLS	IUD	TABLE	CONDOM	FOAM	TOTAL
15-24	67 (56.8%)	9 (4.7%)	11 (3.2%)	26 (27.4%)	26 (27.4%)	117 (12.4%)
25-34	34 (28.8%)	112 (63.5%)	222 (64.2%)	117 (61.6%)	57 (60.0%)	552 (58.6%)
35-44	17 (14.4%)	33 (17.2%)	94 (27.1%)	69 (36.3%)	3 (3.1%)	216 *23.0%
45+	0 (14.4%)	28 (14.4%)	19 (5.5%)	0 (0.0%)	9 (9.5%)	56 (6.0%)
Total	118 (100%)	192 (100%)	346 (100%)	190 (100%)	95 (100%)	941 (100%)

Source: compiled from clinic registers (2007)

**Table.5** Marital status of clients and use of contraceptives

Marital Status	Pills	IUD	Injectable	Condom	Foam	Total
Single	51 (43.2%)	0 (0.0%)	19 (5.3%)	61 (32.1%)	11 (11.6%)	142 (15.2%)
Married	46 (39.0%)	127 (66.1%)	291 (84.1%)	91 (47.9%)	64 (64.4%)	619 (65.8%)
Divorced	8 (6.8%)	47 (24.5%)	28 (8.1%)	14 *7.4%	2 (2.1%)	99 (10.5%)
Separated	13 (11.0%)	18 (9.4%)	8 (2.3%)	24 (12.6%)	18 (18.9%)	81 (8.6%)
Total	118 (100%)	192 (100%)	346 (100%)	190 (100%)	95 (100%)	941 (100%)

Source: compiled from the clinic register (2007)

**Marital status of clients and use of contraceptives**

Most of the clients, 65.4% were married; other clients 15.1% were single, 10.5 were divorced and 8.6% were either separated or widowed. Among the married women, injectables are the most preventive method utilized, 84.1% out of 346 clients that used injectables were married women. IUD is the next used contraceptives by clients that are married and these clients have the highest percentage (66.1%) of the clients that used IUD. The least method used is oral pills. Clients that are yet to marry were next to married women in contraceptives utilization and they use mostly condom and pills. Clients categorized as others separated, divorced etc used IUD and condom mostly. Table 5 clearly depict the use of these contraceptives by marital status of clients. The pattern of contraceptives use shows that there is wide variation in use in time and space. Generally, there are two peaks (April and December) of contraceptive utilization in Enugu urban. Contraceptives utilization among clients in relative terms

show injectable to be the most prevalent method utilized, the least being foam.

Furthermore, the use of contraceptives differs through socio-economic and demographic characteristics of clients. The analyses of data collected from secondary source reveals that women in age group 25-34, married women, Christians, women with higher educational level, civil servants are those that mostly used contraceptives in the study area.

It is evident that modern family planning techniques are utilized in Enugu urban but there are some factors influencing patronage of the programme. These factors include: distance, awareness, and attitude, side effect of contraceptives, implementation attitudes and ignorance of some men. The implications of this work show that education can play a dominant role in enhancing family planning and natural development and this will create interests and motivate individual to embrace the positive findings towards family planning.

Furthermore, this work shows that a good number of people still value large family size; this is based on the perception of societal norms obtainable in Enugu urban area.

Religious affiliation also have impact on the use of family planning, take for instance, the Catholics are more subjective on the issue hence they superceded others in the number of respondents and percentages who objected to family planning.

### **Recommendations**

Family planning programme need to be expanded and more field workers to enlighten the people on the benefits in the use of contraceptives. This strategy will help to increase number of adopters in the study area. Also attempts should be made to further educate adopters on the side effects of contraceptives to increase their confidence.

In addition, private clinics should be encouraged to include family planning in their services as this will make family planning methods easily accessible to the people because quite a number of women patronize private maternity centers. Men should be educated on the benefits that may accrue to them if their spouses are allowed to adopt family planning.

Finally, prior to the method used by the adopters, medical screening should be carried out so that there can be method switching rather than discontinuation.

Use of contraceptives varies over time and space. The study confirms that there is area differential in the use of contraceptive and that there is wide variation in the use of each of the contraceptives over time. In addition, there are various factors that influence the use of contraceptive such as

age, marital status, religion and education level.

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