

## UTILIZATION OF FAMILY PLANNING SERVICES AMONG WOMEN OF CHILD BEARING AGE (15-45 YEARS) FROM 2011 TO 2013 IN CALABAR SOUTH LOCAL GOVERNMENT AREA OF CROSS RIVER STATE-NIGERIA

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**ABSTRACT:** *High fertility and lack of proper family planning had resulted in large population growth rate in the country. One of the most effective ways to address population growth and achieve larger sustainable development goals is to increase access to sustainable free voluntary family planning services (Disu, 2012). This study therefore seeks to assess utilization of family planning services among women of child bearing age in Calabar South Local Government Area of Cross River State-Nigeria. To achieve this purpose of the study, three research questions were raised to guide the study. Retrospective study design was used. Records of 398 women who were attending family planning clinics in selected four primary health facilities from 2011 to 2013 were used, and structured checklist was developed. Data collected were analysed using tables and simple percentage. The results of the study showed that about 145 (36.4%) number of women utilized family planning in 2013. Oral method of contraceptive was mostly used by the women, indicating 46 (35%), and that family planning is mostly used by women with about 3-4 children which accounted for 122 (31%) of the women. The result also showed that a large proportion of the women were influenced by friends to utilize family planning services which amounted to about 185 (46%). Non-acceptance of family planning by husbands showing 294 (73.9%) was the main factor hindering utilization. It was recommended that mass mobilization and creation of awareness should be carried out to sensitise the people on public acceptance of family planning to break taboos, myths and misconceptions about family planning services especially by husbands to control rapid population growth in the study area.*

**KEYWORDS:** Child Bearing, Family Planning, Services, Utilization.

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## INTRODUCTION

Fertility rates have significantly declined in many parts of the world especially in developed countries. In contrast, most developing countries, including Nigeria, still have high fertility rates (International Conference on Family Planning, 2013). International Conference on Family Planning (2013), reported that the total fertility rate (TFR) of Nigeria is 5.7% and the contraceptive prevalence rate (CPR) is 9.7% and that Nigeria experiences high maternal mortality rates (544/100,000 live births), largely due to short birth spacing and poor health delivery system.

However, family planning services seem not to be widely utilized in both urban and rural populations of developing countries (Disu, 2012). The goal of family planning is to assist families in achieving the number of children desired, with appropriate spacing and timing to ensure optimal growth and development of each family member. Failure to plan a pregnancy

and manage fertility can adversely affect the health of the mother, children and the entire family, then subsequently, the community. The risk of maternal morbidity and mortality also increases where women have birth spaced closely together, with insufficient time to regain their strength which will affect women's health and survival, as well as their infants (Oyedokun, 2007). It is estimated that 70,000 women die each year as a result of unsafe abortions and almost all of them occur in developing countries including Nigeria (Parks, 2011).

The World Conference of the International Women's year in 1975 also declared "the right of women to decide freely and responsibly on the number of their children and to have access to information and means to enable them to exercise that right". Thus, during the past few decades, family planning has emerged from whispers in private quarters to the focus of international concern as a basic human right, and a component of family health and social welfare (Parks, 2011).

Despite extensive research showing effectiveness and acceptability of long acting reversible methods of contraceptives (LARCs) such as implants and intra-uterine contraceptive device (IUCD) in population and other contraceptive method, there is still under-utilization of family planning services in Calabar South Local Government Area of Cross River State in particular and Nigeria in general (ICFP, 2013) This study therefore assess the utilization of family planning services among women of child-bearing age in Calabar South Local Government Area of Cross River State, Nigeria.

### **Specific objectives**

The following objectives were used for the study:

1. To determine the percentage of women of child bearing age who utilize family planning services in Calabar South Local Government Area.
2. To assess the methods of contraceptives mostly used by women of child-bearing age in Calabar South Local Government Area between 2011 and 2013.
3. To identify factors hindering the effective use of family planning services among women of child bearing age in Calabar South.

### **Research Questions**

1. What percentage of women of child bearing age use modern contraceptives in Calabar South Local Government Area?
2. What are the methods of contraceptives mostly used by women of child-bearing age in Calabar South?
3. What are the factors hindering effective utilization of family planning services by women of child-bearing age?

## METHODS

The design used for this study was retrospective study design. This design was adopted since it involved studying what had taken place in the past. The setting for this study is Calabar South Local Government Area, while the study sites are primary health care centres offering family planning services in the area. Records of 398 clients (women of child bearing age) who were attending family planning clinics in the four health centres from 2011 to 2013 were used. A simple random sampling technique was used to select the health facilities through balloting. The names of the ten major primary health care facilities in Calabar South Local Government Area were written on pieces of paper and folded. One person working in one of the centres was asked to pick four out of the ten. The four health centres picked through balloting was used for the study. Structured check-lists consisting of 10 items, subdivided into 4 sections were used.

The checklists were submitted to the supervisor for validation. The specific objectives and research questions also guided the development of the checklists. Test re-test method was used for the assessment of reliability of the instrument with the reliability estimate to be 0.78%. The researcher personally visited the four health centres and collected data from existing records adopted from case notes of clients (women of child bearing age 15-45 years), who attended family planning clinic from 2011 to 2013. The data collected were analysed using simple percentages.

## RESULTS

The data collected was interpreted and analyzed by the use of checklists from case notes of 398 women of child bearing age utilizing family planning services in selected health centres in Calabar South Local Government Area of Cross River State. The results are presented in tables using figures and simple percentages.

**TABLE 1” Showing the socio-demographic data of respondents. (Age of Respondents)**

Age	Health Centres			
	NYSC	Anantigha	Uwanse	Ewa Ekeng
	f (%)	f (%)	f (%)	f (%)
15-24 years	19 (32)	37 (34)	47 (48)	50 (38)
25-34 years	26 (43)	43 (39)	31 (32)	49 (38)
35-45 years	15 (25)	30 (29)	20 (20)	31 (24)
<b>Total</b>	<b>60 (100)</b>	<b>110 (100)</b>	<b>98 (100)</b>	<b>130 (100)</b>

Table 1 above shows that on the age limit, out of a total of 60 (100%) women attending family planning clinic at NYSC Clinic, 19 (32%) were within the age of 15-24 years, 26

(43%) were within 25-34 year while 15 (25%) were within 35-45 years. Also at Anantigha Health Centre, out of a total of 110 (100%) women attending clinic here, 37 (34%) were within 15-24 years, 43 (39%) within 25-34 years and 30 (29%) were within 35-45 years. At Uwanse Health Centre, out of a total of 98 (100%) women, 47 (48%) were within age limits of 15-24 years, 31 (32%) within 25-34 years, while 20 (20%) within 35-45 years. At Ewa-Ekeng Health Centre, out of a total of 130 (100%) women attending family planning clinic here, 50 (38%) were within 15-24 years, 49 (38%) within 25-34 years while 31 (24%) were within 35-45 years.

**TABLE 2: Showing marital status of women**

	<b>NYSC</b>	<b>Anantigha</b>	<b>Uwanse</b>	<b>Ewa Ekeng</b>
<b>Marital Status</b>	f (%)	f (%)	f (%)	f (%)
Single	31 (52)	55 (50)	55 (56)	71 (55)
Married	23 (38)	42 (38)	37 (38)	51 (39)
Separated	6 (10)	9 (8)	6 (6)	5 (4)
Widow	0 (0)	4 (4)	0 (0)	3 (2)
<b>Total</b>	<b>60 (100)</b>	<b>110 (100)</b>	<b>98 (100)</b>	<b>130 (100)</b>

On marital status (table 2), in NYSC Clinic, out of a total of 60 (100%) respondents, 31 (52%) were single, 23 (38%) were married, 6 (10%) were separated while none (0%) recorded for widow. At Anantigha Health Centre, out of a total of 110 (100%) respondents, 55 (50%) were single, 42 (38%) were married, 9 (8%) were separated while 4 (4%) were widow. At Uwanse Health Centre, out of a total of 98 (100%) women, 55 (50%) were single 37 (38%) were married, 6 (6%) were separated while none (0%) recorded for widow. At Ewa Ekeng Health Centre, out of a total of 130 (100%) women attending family planning clinic here, 71 (55%) were single, 51 (39%) were married, 5 (4%) were separated while 3 (2%) were widow.

**TABLE 3: Showing religion of respondents**

	<b>NYSC</b>	<b>Anantigha</b>	<b>Uwanse</b>	<b>Ewa Ekeng</b>
<b>Religion</b>	f (%)	f (%)	f (%)	f (%)
Christianity	60 (100)	110 (100)	98 (100)	130 (100)
Islam	0 (0)	0 (0)	0 (0)	0 (0)
Traditional religion	0 (0)	0 (0)	0 (0)	0 (0)
<b>Total</b>	<b>60 (100)</b>	<b>110 (100)</b>	<b>98 (100)</b>	<b>130 (100)</b>

On religion (table 3), in NYSC Clinic, out of a total of 60 (100%) women of child bearing age attending family planning clinic, 60 (100%) were Christians while none (0%) was recorded consecutively for both Islam and Traditional Religion. Also at Anantigha Health Centre, out of a total of 110 (100%), 110 (100%) were Christians while none (0%) was recorded for Moslem and Traditional Religion. At Uwanse Health Centre, out of a total of 98 (100%) women, 98 (100%) are Christians while none (0%) was a Moslem and Traditional Religion. At Ewa Ekeng Health Centre, out of a total of 130 (100%) women, 130 (100%) are Christians, while none (0%) was a Moslem and Traditional Religion.

**TABLE 4: Showing educational background of women**

	<b>NYSC</b>	<b>Anantigha</b>	<b>Uwanse</b>	<b>Ewa Ekeng</b>
<b>Educational Background:</b>	f (%)	f (%)	f (%)	F (%)
FSLC	13 (22)	12 (11)	11 (11)	16 (12)
SSCE	34 (57)	60 (55)	49 (50)	60 (46)
NCE/OND/HND	9 (15)	28 (25)	27 (28)	38 (30)
B.Sc.	4 (7)	8 (7)	11 (11)	16 (12)
M.Sc.	0 (0)	2 (2)	0 (0)	0 (0)
Ph.D.	0 (0)	0 (0)	0 (0)	0 (0)
<b>Total</b>	<b>60 (100)</b>	<b>110 (100)</b>	<b>98 (100)</b>	<b>130 (100)</b>

On educational qualification, (table 4), out of a total of 60 (100%) in NYSC Clinic, 13 (22%) of these women have FSLC, 34 (57%) SSCE, 9 (15%) NCE/OND/HND, 4 (7%) B.Sc. while

none has Masters degree or Ph.D. At Anantigha Health Centre, out of a total of 110 (100%), 12 (11%) have FSLC, 60 (55%) have SSCE, 28 (25%) of women have NCE/OND/HND, 8 (7%) have B.Sc. while 2 (2%) was recorded for Masters and none has Ph.D. At Uwanse Health Centre, out of a total of 98 (100%) women, 11 (11%) have FSLC, 49 (50%) have SSCE, 27 (28%) have OND/NCE/HND, 11 (11%) have B.Sc. while none 0(%) has Masters Degree or Ph.D. Also at Ewa Ekeng Health Centre, out of a total of 130 (100%) women attending Clinic here, 16 (12%) have FSLC, 60 (46%) have SSCE, 38 (30%) have NCE/OND/HND, 16 (12%) have B.Sc, while none (0%) has Masters Degree or Ph.D.

**TABLE 5: Showing occupation of respondents**

	<b>NYSC</b>	<b>Anantigha</b>	<b>Uwanse</b>	<b>Ewa Ekeng</b>
<b>Occupation:</b>	F (%)	f (%)	f (%)	F (%)
Civil Servant	14 (23)	32 (29)	20 (20)	24 (18)
Self employed	32 (54)	60 (55)	49 (50)	65 (50)
Unemployed	14 (23)	18 (16)	29 (30)	41 (32)
<b>Total</b>	<b>60 (100)</b>	<b>110 (100)</b>	<b>98 (100)</b>	<b>130 (100)</b>

On occupation of women (table 5), out of a total of 60 (100%) women of child bearing age attending family planning clinic at NYSC Clinic, 14 (23%) were civil servants, 32 (54%) were self-employed while 14(23%) were unemployed. At Anantigha Health Centre, out of a total of 110 (100%) women, 32 (29%) were civil servants, 60 (55%) were self employed while 18 (16%) were unemployed. At Uwanse health centre, out of a total of 98 (100%) women, 20 (20%) were civil servants, 49 (50%) were self employed while 29 (30%) were unemployed. Also at Ewa Ekeng Health Centre, out of a total of 130 (100%) respondents, 24 (18%) were civil servants, 65 (50%) were self-employed while 41 (32%) were unemployed.

### **Research Question 1**

What percentage of women of child bearing age use modern contraceptives in Calabar South Local Government Area?

**TABLE 6: Showing the percentage of women of child bearing age utilizing family planning services in selected health centres in Calabar South.**

Years	NYSC	Anantigha	Uwanse	Ewa Ekeng	Total
	f (%)	f (%)	f (%)	f (%)	f (%)
2011	20 (17)	32 (27)	30 (25)	38 (32)	<b>120 (100)</b>
2012	25 (19)	30 (23)	35 (26)	43 (32)	<b>133 (100)</b>
2013	15 (10)	48 (33)	33 (23)	49 (34)	<b>145 (100%)</b>

Table 6 above shows that in 2011, a total of 120(100%) utilized family planning services, 20 (17%) at NYSC, 32 (27%) at Anantigha Health Centre, 30 (25%) at Uwanse Health Centre while 38 (32%) at Ewa-Ekeng Health Centre. In 2012, out of a total of 133 (100%) women, 25 (19%) utilized family planning services at NYSC Health centre, 30 (23%) at Anantigha Health Centre, 35 (26%) at Uwanse Health Centre while 43 (32%) at Ewa Ekeng Health Centre. In 2013, out of a total of 145 (100%) women, 15 (10%) utilized family planning services in NYSC clinic, 48 (33%) at Anantigha Health Centre, 33 (23%) at Uwanse and 49 (34%) at Ewa Ekeng Health Centre.

### Research Question 2

What are the methods of contraceptives mostly used by women of child-bearing age in Calabar South?

**TABLE 7: Showing methods of contraceptives mostly used by the women.**

	NYSC	Anantigha	Uwanse	Ewa Ekeng
	f (%)	f (%)	f (%)	f (%)
Oral	23 (38)	45 (41)	34 (35)	46 (35)
Injectables	16 (27)	34 (31)	28 (29)	37 (29)
Insertion	14 (23)	23 (21)	25 (26)	32 (25)
Barrier	7 (12)	8 (7)	11 (11)	15 (12)
Inunctions	0 (0)	0 (0)	0 (0)	0 (0)
<b>Total</b>	<b>60 (100)</b>	<b>110 (100)</b>	<b>98 (100)</b>	<b>130 (100)</b>

Table 7 above shows that out of a total of 60 (15%) of all the methods used within 3 years in NYSC Clinic, 23 (38%) used oral methods, 16 (27%) for injectables, 14 (23%) for insertion, 7 (12%) for barrier method while none (0%) for inunctions. In Anantigha Health Centre, out of a total of 110 (28%) of all the methods used, within three years, 45 (41%) was for oral, 34 (31%) for injectables, 23 (21%) for insertion, 8 (7%) for barrier method while none (0%) for inunctions method. In Uwanse Health Centre, out of a total of 98 (25%) of women using the methods within three years, 34 (35%) used oral methods, 28 (29%) used injectables, 25 (26%) used insertion, 11 (11%) used barrier method while none (0%) was recorded for inunction. In Ewa Ekeng Health Centre, out of a total of 130 (33%) of all the methods used



within three years of study, 46 (35%) used oral, 37 (29%) used injectables, 32 (25%) used insertion, 15 (12%) used barrier method while none (0%) was recorded for injunction.

### Research Question 3

What are the factors hindering effective utilization of family planning services by women of child-bearing age?

Table 8a below shows that out of a total of 398 (100%) women utilizing family planning services within three (3) years, in the four health facilities, 94 (24%) have no children, 110 (27%) have 1 to 2 children, 122 (31%) have 3 – 4 children while 72 (18%) have children 5 and above.

**TABLE 8A: Number of children as influencing usage of family planning services.**

Number of children	Frequency	Percentage
None	94	24
1 – 2	110	27
3 – 4	122	31
5 and above	72	18
<b>Total</b>	<b>398</b>	<b>100</b>

**TABLE 8B: Husband's decision on the usage of family planning services**

Husband's decision	Frequency (f)	Percentage (%)
Yes	104	26.1
No	294	73.9
<b>Total</b>	<b>398</b>	<b>100</b>

The above table 8b shows that out of a total of 398 (100%) women utilizing family planning services across the four health facilities, 104 (26.1%) accepted husband's decision to influence their utilization of family planning services, while 294 (73.9%) indicated 'No' to husband's decisions influencing their usage of family planning services.

**TABLE 8C: Who influenced the acceptance of family planning services?**

Who influenced the acceptance of family planning services	Frequency (f)	Percentage (%)
Health workers	115	29
Family members	98	25
Friends	185	46
<b>Total</b>	<b>398</b>	<b>100</b>



Table 8c above shows that out of a total of 398 (100%) women utilizing family planning services in the four health centres, 115 (29%) were influenced by health workers to accept family planning services, 98 (25%) by family members while 185 (46%) were influenced by friends.

## DISCUSSION OF FINDINGS

The study was undertaken to determine the utilization of family planning services among women of child bearing age in Calabar South Local Government Area. Research question one is to find out the percentage of women of child bearing age using modern contraceptives in Calabar South. Results from the study showed that more women utilized family planning services in 2013 with a total of 145 women, indicating 36.4% of women utilizing family planning services within the three years in selected four primary health institutions. This indicates that the rate of utilization of family planning services in the primary health care setting is still very low. This may be attributed to cultural and religious factors which show that all the women were Christians and they believe that the Bible says they should go into the world and multiply. Culturally, Africans prefer large family sizes to cater for domestic work. This result is in support of other studies conducted by Tengia-Kessy & Rwabudongo (2006) in Shinyanga Rural District in Tanzania on utilization of modern family planning methods among women of child bearing age which recorded a low contraceptive use of 12.2%. Also in support of the result is the study conducted by Disu (2012) on utilization of family planning services among women of reproductive age group in Badagry Local Government Area of Lagos State, which showed that contraceptive use for all methods is low (22%) in Nigeria.

On methods of contraceptives mostly used by women of child bearing age between 2011 and 2013 in Calabar South Local Government Area in research question 2, the study showed that oral method (pills) is mostly used by women followed by the injectables. This may be due to the fact that oral method is easily available both in the clinics and over the counters outside the clinics. It can easily be provided and received from patent medicine shops instead of going to the family planning clinics thus making the pills readily available. This result is in line with the study carried out by Okorofua (1997), which stated that young adults find it easier to buy contraceptive supplies mostly pills and condoms from pharmacies and patent medicine stores instead of going to the clinic or family planning counsellors. This result also supports the study conducted by Cannon (2013), which indicated oral contraceptive (pills) as the most commonly used method of contraceptive.

On factors influencing effective utilization of family planning services in research question3, this study shows that majority of women having one to two children have not yet completed their family sizes and as such do not utilize family planning services. The study also showed that majority of the women got their information about family planning services from friends (46%) rather than from the health workers, as such women are given wrong information which also leads to low utilization. Also husbands' decision acted as a barrier from the study. Majority of the husbands did not give consent to their wives to use family planning methods (73.9%) which led to non-acceptance of contraceptives, which invariably led to low level of utilization.

This study supports Disu (2012), study on factors hindering effective utilization of family planning services among women of child bearing age, which indicated lack of adequate information, yet to complete family size/ideal family size and that men viewed modern contraceptives as belonging to a foreign culture it causes infertility. Also in support of this study, is that carried out by Monjok, Smesny, Ekabua & Essien (2010) which indicated opposition of husbands among other factors as one of the reasons for current low prevalence rate for contraceptive use of 11% to 13% in Nigeria. Mojoyinola (2012) also stated that some husbands do not give support to family planning because it is believed that family planning gives women opportunity to go into prostitution. This is also in support of this study with regards to unacceptability of family planning by husbands.

## CONCLUSION

This study has revealed low utilization of family planning services by women of child bearing age. According to the study, out of the four primary health care facilities, only 145 (36.4%) of women in 2013 utilized family planning services. The study also revealed that oral contraceptive is the main method of family planning utilized by the women. Non-acceptance of family planning services by husbands was the main factor that hindered utilization of family planning services, which invariably led to low level of utilization. The study revealed that information about family planning services from friends is another influencing factor on the usage of family planning.

## RECOMMENDATIONS

Based on the study, the following recommendations were made:

1. Enlightenment programme should be carried out to create awareness on the need to utilize family planning services for fertility management by women of child bearing age.
2. Training and re-training of health workers to help meet the demands and improve quality care.
3. Different media should be used to break taboos, myths and misconceptions to enable effective utilization of family planning services.
4. Family planning education should be introduced in the educational sector where they can obtain information in a formal way through the teacher or counsellor.
5. Men/husbands should be greatly involved in family planning services/education, and to take active part in maternal and child health care. This will give men a better understanding of what family planning is all about and hence give their support.
6. Involvement of government and non-governmental agencies in family planning programme.
7. Since barriers to effective utilization of family planning services among women of child bearing age in Calabar South Local Government Area is multi-factorial, hence intervention in promoting the usage of family planning should be multi-sectorial and participatory.

8. Health education on family planning should be intensified for women of child bearing age on what they stand to benefit from utilizing family planning services.

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