



LEVEL OF ACCEPTANCE OF FAMILY PLANNING BY CLIENTS OF THE UNIVERSITY OF BENIN TEACHING HOSPITAL (UBTH) BENIN-CITY

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ABSTRACT

This work focused on the level of acceptance of family planning by clients at the University of Benin-City Teaching Hospital in Benin-City. The major assumption tested were to find out if there was no significant difference in the level of acceptance of family planning services by the female clients of the University of Benin Teaching Hospital despite adequate Health Education, adequate publicity, nearness of family planning clinics, availability of human and non-human resources, high level of education and cultural/religious factors. The age bracket of the subjects for this study is 20-35 years old females. The population of study comprises of 200 ante-natal mothers and 200 non-ante-natal females. The sample of study consisted of 200 respondents, 100 of ante natal mothers and 100 from the non-ante natal mothers. A questionnaire of 35 questions was developed to elicit the necessary information. The data was manually analyzed in percentages. The findings showed that majority of the female clients receiving the services of the University of Benin Teaching Hospital did not utilize the family planning services available there. One can therefore conclude that the level of acceptance of family planning services is quite low. From this study one is forced to strongly recommend that the family planning unit institutes programmes that can cover a wide range of family health education to create more awareness and in turn increase the level of acceptance of family planning services in Benin-City.

Keywords: Level of Acceptance, Family Planning, Clients and University of Benin Teaching Hospital..

INTRODUCTION

The concept of family planning has been seen in different ways by different people. Apart from being a way of controlling fertility, thereby controlling the number of children that a woman bears, it is also a good way of allowing couples to have children by choice and not by chance, and a way of helping childless couples to bear children. WHO (1971) defines Family Planning 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 a family, group and contribute effectively to social development of a country. The historic international conference held in ALMA_ATA, USSR in 1978 States that Primary Health Care is essential health care, based on practical, scientifically sound and socially accepted methods and technology made universally accessible to individuals and families in the community through their full participation, and at a cost that the community and country can afford to maintain, at every stage of their development in the spirit of self-reliance and self determination. Reports from WHO and UNICEF (1978) have stated that “people have the rights and duty to participate individually and collectively in the planning and implementation of their care. Family Planning is an essential component of any broad-based development strategy that seeks to improve the quality of life for both individuals and communities. “It should be seen as basic human rights for which government should be encouraged to translate the right to realistic policies and programmes to meet the needs of their people”.

“Family Planning as an integral part of Primary Health Care presents one of the major health problem of the country.

Statement of the Problem

The main problem of the study is to find out the level of acceptance of family planning services as a means for reduction or control of the population explosion in Benin-City, Nigeria. The major question this study is out to answer is whether there will be any difference in the level of acceptance of family planning services as a means of population control despite adequate health education, adequate publicity, and nearness of family planning clinics to clients, availability of human and non-human resources, high level of literacy, culture and religious inclinations.

Aims and Significance of the Study

It is quite pertinent to find out the level of acceptance of family planning services at this stage of the programme in Benin-City. This study is set to investigate if people are responding to the programme and if family planning helps to reduce or control the population growth. It is important to find out the problems associated with the family planning programme and make useful suggestions where need be. It will help to determine the attitudes of couples as regards family planning in the community and the problems associated with the various devices used by people with a view to finding solutions to them. This study will help to determine if certain social, cultural, religious practices and even the level of literacy militates against the level of acceptance of family planning services in the community.

LITERATURE REVIEW

Pre-Historic Methods of family Planning

All over the world, great thinkers have been concerned at man’s uncontrolled fertility. From available records, it is known that family planning has been practiced down the ages. It is as old as humanity. Some of the methods used then may now be considered crude, dangerous and ineffective, but some of the methods form the basis for modern methods of family planning. An example of a method developed from the old one is the intra uterine contraceptive device (IUCD). It is known that the Arabs introduced stones into the uteri of Carmel during long journeys through the deserts if they do not wish the Carmel to get pregnant.

The Egyptian Petri Papyrus knowledge of family planning was written about 1850 B. C. and the Ebers Papyrus dated about 1550 B. C.

Great philosophers knew about family planning for at least 2,400 years. In the 4th century B.C., they stated that “the states interest would be served by keeping the population of the city-states stable” and they recommended laws to limit number of children by each family. Some Greek philosophers held the opinion of one child per family, while Soranus of Ephaus a gynecologist distinguished between contraceptives and abortifacients, in 2nd century A.D.

History has it that men’s ability to control their fertility dates back to the Stone Age where various practices of limiting the growth of the population were used. In Greece and Rome, women wear magic talisman made from lioness womb, children’s tooth or a bit of cat’s liver.

In pre-historic times, the main form of restricting the number of children was infanticide and abortion. The main abortive measure was tight legation of the abdomen in the advanced stage of pregnancy. In some parts of Africa, primitive methods of child spacing were practiced by abandoning unwanted babies in the mountains to die. Some babies were thrown into the pit latrine while others threw their babies in street gutters. A tribe in South Africa practiced coitus interruptus, while the East Africa girls abstained from sexual intercourse for several days after menstruation, and the North Africans sold their children at a secret market to reduce the weight of the burden of children.

From middle ages, Salamander rings made of precious stones or myrtles were used as devices, roots, weeds, tea leaves were used. Infusion of silver and gun-powder were also used.

In their deep desire to space children, women in Japan ate dead bees; women of North Africa took from Carmel's mouth and drank water that has been used to wash the dead, while the Egyptian women used seeds of castor oil plant to prevent pregnancy. The most sophisticated method mentioned 4,000 years ago is the practice by the Egyptian Papyrus which recommend plug made from crocodile dropping and used as barrier method in the womb to prevent sperm from entering. Others used grass, sea weed, dried figs and mustard seeds as plugs.

The Dhamonians also adopted barrier method as a means of birth control by stuffing their vagina with sea weeds while the Eskimos used chronic lactation as contraceptives. The Aborigines of Australia performed surgery on women by destroying their ovaries while the men had their ureters sewn to the base of the penis above the testicles to prevent the escape of seminal fluid into the vagina.

Nigeria was not left out of the practice of fertility control. Traditional methods used by our fore-fathers are still in practice today. Such practices include-Abstinence from sexual intercourse which could be culturally or religiously enforced. Charms are worn round the fingers, neck, arm and waist. Other methods are scarification, with blade and applying concoction made from herbs or weeds into it. Exercises that involve convulsive movement of the body after or during sexual intercourse were made.

The pre-historic and traditional methods of birth control made it evident that people either past or present believe in the ability to regulate their fertility and have actually seen the benefit in doing so for some time.

In Nigeria as in many developing countries, no official national policy of population control was made until in 1988 when the idea of four children per woman was proposed on the front page of the National Concord, April 1989. Recently, it was modified by having four children by one man. This new policy was launched by the President on Friday 14th April, 1989. This however, cannot effectively control population as an average Nigerian man is polygamous in nature and woman sees or uses children or pregnancy to hook or track down her man.

In 1974, after much debate in Bucharest, family planning was accepted as a human right of individuals and couples. Article 14 (F) of the World population plan of Action States: "All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so: The responsibility of couple and individuals in the exercise of this right takes into account the needs of their living and future children, and their responsibilities towards the community".

In Nigeria, family planning programmes now operate in so many states. Mahler (1984) stated that there are as many as 200,000 women dying as a result of illegal abortions done every year in the world. With the development of family planning programmes, fertility rates have clearly lowered in many developing countries. Fertility has declined in most countries where family planning programmes operate with government support in social and economic settings. At present most of the countries throughout the world have launched family planning programmes.

According to the International Planned Parenthood Federation, three children is suggested as a satisfactory number, and be spaced at an interval of about two years. In Nigeria, it is the desire of most married couples to establish a family; however with the poor socio-economic condition especially parents as well as government have become aware of the need for family planning. The U.S. Supreme Court declared that "If the right of privacy means anything, it is the right of the individual, married or single, to be free from unwarranted governmental intrusion into matters.

RESEARCH METHODS

In other to assess the level of acceptance of family planning services by clients of the University of Benin Teaching Hospital the researcher decided to undertake several visits to the family planning clinic of the hospital to observe the turn out of clients. The observational method combined with data was particularly suitable for this type of study because it afforded the researcher on the spot assessment of the level of acceptance of family planning services.

Setting of the Study

The study was carried out at the University of Benin Teaching Hospital which is situated in Ugbowo, Benin-City, Nigeria. This is a tertiary hospital that caters for majority of the clients both sick and well in the metropolis of Benin-City. This hospital was chosen because it carries out referral activities and type of facilities available there such as equipment and personnel.

Population of Study

The Researcher dealt with a total population of 400 clients. Two hundred of these clients were ante-natal mothers, while the remaining 200 were other female clients of the hospital.

Sample and Sampling Procedure

The sampling technique employed was the simple random sampling. Out of the 200 ante-natal clients, one hundred was picked and out of the rest female clients of 200, another 100 was picked bringing the sample to 200 subjects.

Instrument for Data Collection

The use of 35 items questionnaire was employed by the researcher covering the area of level of acceptance of family planning services. The questionnaire was aimed at eliciting personal data of the respondents. The second section was aimed at eliciting data on the level of acceptance of family planning. A 'Yes' or 'NO' was the required response to some of the questions.

Validity/Reliability of the Instrument

The Instrument was scrutinized by experts in the area of Health Education of the University of Benin. Corrections, suggests and recommendations made by them were implemented in the final draft. In order to ascertain the reliability of the questionnaire, a pilot study was conducted on similar clients of the Central Hospital Benin-city. The questionnaire was administered to fifty randomly selected women but different from the originally selected group for the study.

Administration of Instrument

The Researcher who had earlier observed the turn out of clients at the family planning clinics of the hospital finally administered the questionnaire with the assistance of some nurses who were there. All the 200 questionnaires were collected back from the respondents with the help of the nursing staff. They equally did the translation into languages that the clients understood.

Method of Data Analysis

The responses to the statements in the questionnaire formed the basis for coding. The data was manually analyzed with the help of a hand calculator and was presented in percentages.

RESULTS

The Demographic data of respondents as shown in the area of sex shows that both ante-natal mothers and non-ante natal mothers were all females. Therefore sex is 100% females as shown in Table 1 which also include other aspects of Demographic data.

Table 1 show subjects were all females which were 50% of ante natal mothers and 50% of the female that were non ante natal mothers. Majority of the subjects 27.75% fell under age bracket 20 to 35 years of age. 75% of respondents were married women which was 150 of them, while the Educational status had 37.5% having West African School Certificate or belong to one profession or the other. A minute number were primary school leavers. In the area of Religion we had more of Christians with a score of 50% while Africa traditional religion and Islam had 25% each. The earning power or Income bracket of the respondents stood at 75% for level 07-09 having the majority. Levels 01-06 had a score of 12.5% and levels 10-14 had 12.5% while none of the women fell under the Income bracket of level 15 and above.

The result of test items as indicated in Table 2 shows that

1. In the area of awareness/health education 87.5% of the clients claimed to be aware via adequate health education of family planning as against 12.5% who were not aware.

2. The source of publicity showed that 30% got the information via the mobile clinics while 25% got their information via the television. Radio as a media attracted 15%, posters 20% and while none of the above was 10%
3. As for the Nearness of Clinic to clients 87.5% stayed in a radio of 1-5 kilo's while 12.5% stayed 5-10 kilo away from a health center.
4. In the area of availability of Human Resources, 50% claimed that there was enough health personnel while staff was not enough and underutilized also attracted 25% .
5. As regards availability of Material Resources,75% were of the opinion that there was inadequate supply of materials while 25% claimed it was just adequate
6. In the area of Standard of Literacy 87.5% felt high standard of education matters with the acceptance of family planning services while 12.5% also claimed that the message was quite clear
7. The area of Cultural Practices, 75% felt very strongly against family paining ,12.5% prefers it too abortion, another 12.5% just do not border
8. Religious Beliefs stood at 50% preferring family planning to abortion, 37.5% will not border but 12.5% was very strongly against family planning in their religious belief.

Table 1. Demographic characteristics of family planning clients (respondents)

Characteristics	Number	Percentage
Sex Distribution		
Ante natal clients	100	50%
Non ante natal clients	100	50%
TOTAL	200	100
Age		
15 – 20	25	2.5
20 – 25	49	24.25
25 – 30	55	27.75
30 – 40	50	25.00
Marital Status		
Married	150	75%
Single	25	12.5
Divorced	25	12.5
Widowed	-	-
TOTAL	200	100
Educational Distribution		
Primary six	25	2.5%
WASSCE	75	37%
Degree	25	12.5
Professional	75	37.5
TOTAL	200	100
Religion		
Christianity	100	50%
Islam	50	25%
African Traditional Religion	50	25%
Free thinkers	-	-
TOTAL	200	100
Income Bracket		
Level 01-06	25	12.5%
Level 07-09	150	75%
Level 10-14	25	12.5%
Level 15 and above	-	-
TOTAL	200	100

Table 2. Responses of family planning clients to various item statements

Test items	Number	Percentage
Awareness/Health education		
Yes	175	87.5%
No	25	12.5%
TOTAL	200	100
Source of Publicity		
Radio	30	15%
Television	50	25
Mobile clinic	60	30
Posters	40	20
None of the above	20	10
TOTAL	200	100
Nearness of Clinic		
1-5 Km	175	87.5
5-10 Km	25	12.5
10-15 Km	-	-
15-20 Km	-	-
TOTAL	200	100
Availability of Human Resources		
Enough staff	100	50%
More than enough	-	-
Not enough	50	25%
Under utilized	50	25%
TOTAL	200	100
Availability of Material Resources		
More than adequate	-	-
Just adequate	50	25%
Grossly inadequate	-	-
Inadequate	150	75%
TOTAL	200	100
Standard of Literacy		
Level of Education matters	175	87.5%
Level of Education does not matter	-	-
Message is not clear	-	-
Message is clear	25	12.5%
TOTAL	200	100
Cultural Practices		
Not against family planning	-	-
Very strongly against FP	150	75%
Prefers it to abortion	25	12.5%
Does not border	25	12.5%
TOTAL	200	100
Religious Beliefs		
Not against family planning	-	-
Very strongly against FP	25	12.5%
Prefers it to abortion	100	50%
Does not border	75	37.5%
TOTAL	200	100

DISCUSSION

According to Osula (1989) "Our African women do not employ contraception as a must as their European and American counterparts". Ignorance, high cost, poor availability and poor knowledge about the mechanisms of action of contraception according to him are possible factors militating against its wide spread usage. In England for example, it is supplied free of charge and education in family planning is a common place happening. But in our society where such education is rudimentary, many uniform women assert that the pill can destroy the womb, others hold that subsequent fertility after stopping the pill is in serious jeopardy. Hence the items on adequate publicity of family planning programme show that only 12.5% are not well informed. It shows that there is a bit of awareness, however not good enough that majority of those interrogated are not well informed. It's pertinent to note that some clients still believe strongly in their culture which forbids them from adopting family planning. The reason given is that if for instance a woman has IUCD in situ and she happens to die and buried without removing the coil, when she reincarnates she will remain barren for life. This goes to prove that culture/religion militates against the acceptance of family planning. In the area of availability of material to carry out the programme, 75% of respondents confessed that there were not enough equipment and materials and those commodities which are supposed to be given out freely are being sold to the clients. People learn only what they perceive as relevant to their needs and interest. It is possible that Nigerians have not perceived the need for family planning. Thus Health Educationists, Nurse practitioners and Health Visitors generally should build on the prior experiences and groups to help with the adoption of family planning in relation to the achievement of the goals they value most, family planning education implies education for family life in its broadest sense, and it encompasses much more than instruction in contraceptive methods. While most family planning methods involve women more directly than men, contraceptive effectiveness depends on both partners. Men frequently express reluctance to the use of condoms, for instance, and some do not want their partners to use contraceptive either. Availability of Human Resources item shows that the staff is available but yet client do not accept family planning services leading to acceptance of this Hypothesis. Whereas the item is rejected because 75% of the respondent believes that acceptance of family planning service has a lot to do with level of educational standard. This means that one of the factors militating against the implementation of the programme is illiteracy.

SUMMARY

This research was carried out to determine the level of acceptance of family planning programme, by clients of the University of Benin Teaching Hospital, Benin-City, Nigeria. Contraception is not yet accepted as basic to human life as shelter, food, work and sex but it is rapidly becoming so. Family planning is the prevention or spacing of births so that all pregnancies are wanted and are as healthy as possible, has been made realistic by modern contraception. On the whole, a total of two hundred respondents participated in the research which consisted of only females. They were selected on a convenient random sampling approach, that is clients who were available at various clinics were chosen and given the questionnaire which was the instrument used for data collection. The main findings include: That the fact that people are aware of the concept of family planning is not bringing about increase in acceptance by clients.

On the area of publicity it was discovered that a good percentage got the message from the mass media and mainly the Television.

- Nearness to the family planning clinic played an important part because of the distance and transportation difficulties.
- Availability of human resources which showed that adequate manpower did not make any difference in the level of acceptance.
- The study also revealed that the supply of material resources was grossly inadequate; commodities which should be given free to clients were sold.

- Level of Education or Literacy played a role in the acceptance of family planning and while it was found that culture and religion equally belong to the importance as standard of literacy.
- The only contrast between culture and religion is that contraception is preferred to abortion in the religious view.

RECOMMENDATION

To improve the level of acceptance of family planning programme by clients of the University of Benin Teaching Hospital, Benin-City, the following recommendations are made:-

- 1). Serious campaign should be mounted geared at changing peoples attitudes.
- 2). The campaign should disseminate mass education about the values and advantages of family limitation. Not only is it important to select the right personnel or health team for the campaign, it is abundantly important to ensure the availability of means of communication for securing the ultimate goal of the campaign.
- 3). Family planning considered in this contest will no longer be translated to mean birth control alone but include also the investigation of fertile couples, family welfare, provision of education in Nutrition, Home Economics and Infant Welfare.
- 4). Many hands must be on deck so that more emphasis is placed on training paramedical personnel, nurses, health educators and social workers.
- 5). Family planning advertisers must therefore endeavour to convince the masses that an escalating population growth may retard attempts to achieve the following:-
 - a. To raise the living standard, to further educate the masses.
 - b. To improve health and sanitation
 - c. To provide better housing and transportation.
 - d. To foster cultural and recreational value.
 - e. To ensure sufficient food for the people.
 - f. National leaders should be won over to be able to promote educational programmes in family planning population dynamics and sexuality.
- 6). Family planning equipment should be made readily available and accessible to health care providers and thus to clients; vehicles should be provided to enable those at the interior to be reached.
- 7). More family planning clinics should be built at strategic positions for easy accessibility most especially to the rural populace.

CONCLUSION

The study has succeeded in throwing some light into the level of acceptance of family planning services by the clients of University of Benin Teaching Hospital. It was evidenced that a lot of client in this hospital go without bordering about family planning because of their cultural/ religious beliefs and the fact that the commodities are not free for them. In view of these facts I suggest that the Federal Government should step into it and make the commodities free of charge for the clients. Government should equally appeal to other organizations like WHO, the Headquarters of Planned Parenthood Federation, UNICEF, to come to the assistance of Nigeria in other to make the programme of family planning a reality.

REFERENCES

- Planned Parenthood Federation of Nigeria.(1985)Aims and objectives of Planned Parenthood Newsletter of the Planned Parenthood Federation of Nigeria.
- Dickey R. (1987), *Managing Contraceptive Pills in Patients*: Published by Creative Information Inc. Durant, U.S.A. 5th ed.
- Diejomaoh. F. (1987), *Intra Uterine Device, Advantages and Disadvantages* A lecture given on Family Planning at the School of Nursing, UBTH, Benin-city.

- Ezemokhai O. (1987), Natural Methods of Family Planning: A lecture given at Family Planning, School of Nursing, UBTH, Benin-City.
- Hatcher R.,(1989), Contraceptive Technology: Published by Creative Information Atlanta,U.S..4th Ed.
- Manisoff M., (1973). Family Planning; Teaching Guide For Nurses: Published by Planned Parenthood World Population, New York, U.S.A. 4th Ed.
- Okpere E.,(1987), Norplant, A lecture given at Family Planning, School of Nursing, UBTH, Benin-City.
- Osula, C., (1988), Your Personal Gynaecological Sexual and Medical Problem, know Your Health:- Ilupeju Press Ltd. Benin-City, 2nd Ed, pg.128
- Primary Health Care (1978) World Health Organization, Geneva.pg.49
- World Health Forum (1981) World Health Organization , Geneva, pg200