

Utilization of Family Planning Services by Female Teachers in Public Secondary Schools in Enugu State, Nigeria.

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ABSTRACT

The study ascertained the utilization of family planning services by female teachers in public secondary schools in Enugu State, Nigeria. The study specifically sought to ascertain the extent of utilization of family planning services by female teachers in secondary schools in Enugu state based on parity/. Descriptive survey research design was adopted. The population for the study consisted of all the 7419 female teachers in the 291 public secondary schools in Enugu State. A sample of 440 female secondary school teachers were selected using Taro Yamen formula. A self-structured instrument developed by the researcher which was validated by three experts -one in Measurement and Evaluation and two from Health and Physical Education was used to collect data for the study. The instruments reliability coefficient was ascertained using Cronbach Alpha reliability estimate. 440 copies of the instrument were administered to the respondents and collected on the spot. The data collected were analyzed using mean and standard deviation to answer the research question. The hypothesis was tested using t-test statistic. The result obtained showed that family planning services are utilized by female teachers in public secondary schools in Enugu state based on parity to a great extent. Hence, the study, by implication, revealed also that parity influence the health status of the respondents. Based on the findings, the researcher recommends among others, that government should ensure the availability of skilled midwives at health centres within the health work force development plan in Enugu State to ensure that knowledge of family planning are spread across to humanity.

Keywords: Family Planning, Services, Safe motherhood and Initiative

INTRODUCTION

Family planning is one of the major components of SMI that mothers need for positive family health. It is sometimes used as synonym for access to and the use of contraception. According to [1], family planning is birth control, contraception, fertility reduction and population control. [2], described the term family planning as a way of thinking and living that is adopted voluntarily, upon the basis of attitude towards safe motherhood initiative and responsible decisions by individuals and couples in choosing their family size and the sex of their children. Family planning is related to sexuality and reproduction. [3] viewed family planning as the practice of controlling the number of children in a family and the intervals between their

births, particularly by means of artificial contraception or voluntary sterilization.

Contemporary notion about family planning however, tend to place a woman and her childbearing decisions at the centre of the discussion. According to [4] family planning may involve consideration of the number of children a woman wishes to have including the choice to have no children as well as the age at which she wishes to have them. Similarly, considerations by childbearing mothers in Enugu Government hospitals regarding the number of children to have, as the choice to have no children, including the preferred age to have their children are strong indicatives of the practice of safe motherhood.

All pregnant women are at the risk and can develop complications at any time during pregnancy, delivery and after delivering. To this end [5] suggested that women and families can learn how to avoid unplanned pregnancies and if pregnant, they can learn the importance of receiving antenatal care; how to identify danger signs, plan for emergency referrals and choose safe birthing options. When problems arise and referral is timely, complications can be treated in health facilities that are adequately equipped, and fully staffed with competent health workers. It has not been established if childbearing female secondary school teachers possess the knowledge and practice of avoidance of unplanned pregnancies, referral options when complications occur and insists on receiving medical attention from health facilities that are adequately equipped with competent staffing.

Raising a child requires significant amount of resources: time social, financial and environmental. Planning can help assure that resources are available. [6], family planning services refer to educational, comprehensive medical or social activities which enable individuals, including minors determine freely the number and spacing of their children and to select the means by which this may be achieved. The purpose of family planning is to make sure that any couple, man or woman who has the desire to have a child has the resources that are needed to complete this goal [7]. Family planning in this study means childbearing mothers making well informed options based on resources available such as the options of natural birth, surrogacy, artificial insemination or adoption. This possibly suggest that if they do not want to have a child at a specific period of time, they can investigate the resources that are needed to parent pregnancy such as birth control, contraceptives or physical protection and prevention.

A warning report by [8], stated that when planning a family woman should be aware that reproductive risks associated with the act for example older woman could have a higher chance of having a child

with autism or Down Syndrome, the chances of having multiple births, increased chance of developing gestational diabetes, the needs for a Caesarian section is greater and prolonged labor. The child bearing mothers in Enugu State government hospitals could develop certain health conditions resulting from family planning such as autism or Down Syndrome, multiple births, births, gestational diabetes, be delivery by Caesarian section and may also experience prolonged labour.

Family planning may often involve motherhoods and practices in additions to contraception. There are many who might wish to use contraception but are not necessarily planning a family for example unmarried adolescents, young married couples delaying childbearing while building a career [9]. For sexually active family, family planning may involve the use of contraception and other techniques to control the tuning of reproduction, sexuality education prevention and management of sexually transmitted infections, pre-conception, counselling and management of infertility [4]. [10], posited that antenatal service is the provision of advice and medical services to a pregnant woman by a health professional from the time of conception to delivery.

Family planning in this study means strategies that teaching mothers adopt in order to limit, the number of children they want to have and/or control the timing of pregnancies through SMI utilization. According to[11], family planning is a way of living that is adopted by individuals and couples in order to promote the health and welfare practices that help to avoid unwanted pregnancy, bring about family group wanted pregnancy, regulate intervals between pregnancies, control to parent ages. The scope of family planning has been adduced by expert reports. [12], reported that family planning services encompasses sterilization as well as abortion. The report explained the main goal of Primary Health Care (PHC) is to ensure safe motherhood. According to

[13], the programme initiative is focused on four (4) pillars namely family planning attended care, safe delivery and obstetric care. However, in the present study only family planning utilization by teachers teaching in secondary schools in Enugu State will be investigated to ascertain the extent of utilization of them. The utilization of family planning services has been described as an essential strategy for sustenance of optimal health of mother and child. However, available literatures have revealed that the practice of family planning has some implications for health and financial resources. The existing literature on the subject makes it clear that contraceptive prevalence is the single most important proximate determinant of total fertility, a fact that can be demonstrated using empirical evidences [14]. For example a report [15], demonstrated a causal link between lower fertility and overall poverty rates at the micro level and as such it is not unreasonable to hypothesize that increases in contraception prevalence will contribute to poverty reduction in the long term. Another report agreed that poverty reduction effects may occur because some forms of contraception also prevent HIV/AIDS and other sexually transmitted disease that contribute to poverty incidence in developing countries [16]. If the mothers or female teachers teaching in secondary schools in Enugu State should adopt family planning services, it may lead to poverty reduction in their families. Writing on the health benefits of family planning to mothers and their families, [17], posited that contraception could lead to avoidance of unwanted pregnancies and space births, protected against Sexually Transmitted diseases (STDs) including HW/AIDs. The report further stated that it could also provide other health benefits like reduction in the number of abortions, and lower the incidence of death and disability related to complications of pregnancy and childbirth. A study by [18], on public family planning service usage found that the use from the wealthiest quantile is higher than those from the poorest quantile in thirteen (13) out of

the twenty (20) developing countries examined. Finding, of the report also showed that the contraceptive prevalence rate is significantly higher amongst the wealthiest quantile in all 20 countries. According to the report, countries with higher contraceptive ratio (C.PR), had less disparity than those in which a smaller percentage used contraceptives, indicating that increasing the C.PR could contribute to reducing inequality [18].

The purpose of family planning is to make sure that any couple, man or woman who has the desire to have a child has the resources that are needed in order to complete this goal [7]. Family planning in this study means childbearing mothers making well informed options based on resources available such as the options of natural birth, surrogacy, artificial insemination or adoption. This possibly suggest that if they do not want to have a child at a specific period of time, they can investigate the resources that are needed to prevent pregnancy such as birth control, contraceptives or physical protection and prevention. A warning report by [8], stated that when planning a family woman should be aware that reproductive risks associated with the act for example older woman could have a higher chance of having a child with autism or Down Syndrome, the chances of having multiple births, increased chance of developing gestational diabetes, the needs for a Caesarian section is greater and prolonged labour. The teaching mothers in secondary schools in Enugu State could develop certain health conditions resulting from family planning such as autism or Down syndrome, multiple births, gestational diabetes, delivery by Caesarian section and may also experience prolonged labour. This could be as a result of low utilization of family planning services of which can be averted through immunization services. Mothers attending family planning services are expected to be educated and well informed about family planning. Literature evidence has proved that family planning is an important component of safe motherhood practices and the bedrock of nation building. This

is because, it bridges the gap between desired and achieved family size with the aim of improving the physical, emotional and economic health of the family with resultant national development [19]. Yet, in Enugu State, family planning services seems to be elusive among female

teachers in public secondary schools. It is against this background that the researcher is poised to ascertain the extent family planning services are utilized by female teachers in public secondary schools in Enugu State.

Statement of the Problem

The failure to control fertility rates and population growth rates points to incapability to extend family planning services to the most vulnerable women. This rapid population growth put extra pressure on service delivery, infrastructure and resources needed to ensure the functionality of the existing infrastructure like drugs in the hospitals, scholastic materials in schools and social welfare programme.

family planning services are neglected by female teachers teaching in public secondary schools in Enugu State as such increases mortality rate. However, it has not been established whether women are differentiated in attendance to these facilities by any recognizable criteria. It is therefore likely that such criteria may be based on attitudinal inclinations. For instance, could the preference to use any health facility of choice be based on location or parity or could it be that the more the inclination to utilize it, the more family planning services are prevalent? Recent report indicates that Nigeria is one of the six countries of the world that account for 50% of global maternal deaths [20]. These observations are indeed the motivation or problem and crux of this study. The problem of this study, posed as a question, is: what is the extent of utilization of family planning service by female teachers in public secondary schools in Enugu State?

Other obstacles to family planning use among female teachers in Secondary schools in Enugu State are fear of side property, fear of cost of managing side effects, fear of children dying less than 5 years of age, lack of men's and community leaders' participation in family planning programme, the desire for many children which decreased with education level, inability of some female teachers to seek expert advice in Maternal Care Hospital (MCH); maternities and hospitals. This invariably means that

Purpose of the Study

The study sought to examine the utilization of family planning services by female teachers in public secondary schools in Enugu State.

- i. ascertain the extent of utilization of family planning services by female teachers in public secondary schools in Enugu State.

Specifically, the study sought to;

Research Question

The following research question were raised to guide this study.

school family planning services in Enugu State?

- i. To what extent do female teachers in public secondary

Research Hypothesis

The following null hypothesis was formulated and tested at .05 level of significance

female teachers in public secondary schools in Enugu State regarding their extent of utilization of family planning services.

H₀₁ There is no significant difference between the mean ratings of primiparous and multiparous

METHODOLOGY

The study adopted a descriptive survey design. The area of the study was Enugu State, Nigeria. The population for the

study consisted of 7419 female teachers in the 291 public secondary schools in Enugu State. In all, we have 4491 female

teachers are in urban public secondary schools and 2928 serve in rural public secondary schools. In accordance with parity, 1307 female secondary school teachers are primiparous (those that have given birth only once) while 2112 are multiparous (those that have given birth more than once). A total of 440 female teachers in public secondary schools in Enugu state were used for the study. The sample size was determined using Taro Yamane formula. The sample size consisted of 264 urban and 176 rural female teachers in public secondary schools in Enugu State. In accordance with parity, the sample size was 153 for primiparous (ie those that have given birth only once) and 287 for multiparous (ie those that have given birth more than once) female secondary school teachers in public secondary schools in Enugu State. The instrument used for data collection was a 9 items questionnaire called Family Planning Services of Female Teachers (FACS-FT). The instrument had a 4-point response scale with response category of very great extent (VGE 4Points), great extent (GE-3 points), little extent (LE-2) and very little extent (VLE-1 Point). The instrument was validated by three experts; two from Health Education Department and one from measurement and evaluation, all from Faculty of

Very great extent (VGE)----4 points
 Great extent (GE)-----3 points
 Low Extent (LE)-----2 points
 Very little extent (VLE)---1 point

The decision rule for the null hypothesis is that if t-calculated is equal to or greater than t-critical at the chosen confidence level (.05) and degree of freedom ($n_1 + n_2 - 2$) the null hypothesis is rejected; if on

Presentation of Results

This section presents the results of the study according to the research question that guided the study.

Analysis of Data: The data analyzed was presented in Tables 1

Education Foundation, Enugu State university of Science and Technology (ESUT), Enugu. The internal consistency of the instrument was determined using Cronbach Alpha reliability estimate and it yielded a reliability coefficient of .71. The study was carried out among the female secondary school teachers in all the secondary schools in the six education zones of Enugu state. The researcher and the research assistants administered the questionnaire to the female secondary school teachers. The administered copies of the questionnaire were collected on the spot. This helped to minimize interference which may substantially influence the outcome of the study. Through this a 100% return rate was recorded. Data collected were analyzed using mean, standard deviation and grand mean. The mean rating numerical value was added up and divided by the number of response items. This is referred to as the cut-off point which the researcher used to make inferences for the study. For the research question, any item below 2.50 signifies low extent while items equal to or above 2.50 signifies high extent. The hypothesis was analyzed using the t-test. Nominal values were assigned to different scaling options as follows;

the other hand, the calculated t-value is less than the value of the t-critical from the table value, then the null hypothesis is accepted.

Research Question 1: To what extent do female teachers in public secondary schools utilize family planning services in Enugu State?

Table1: Mean (X̄) Ratings of the Extent to which Female Teachers in Public Secondary Schools Utilize family planning Services in Enugu State

		N= 440							
S/N	Items	VGE	GE	LE	VLE	X	SD ₃	Decision	
1.	I meet with the staff of family planned parenthood.	173	119	77	71	2.89	1.09	GE	
2.	I tell the staff of family planned parenthood my plan and family situation .	203	107	67	63	3.02	1.09	GE	
3.	I examine the suitable method of family planning to use.	163	151	67	59	2.95	1.02	GE	
4.	I examine whether to use diaphragm each time am having sex.	43	91	101	205	1.93	1.03	LE	
5.	I examine if oral pills is the best to guard against Pregnancy.	177	93	89	81	2.83	1.14	GE	
6.	I utilize intra-uterine device (IUD)	123	111	105	101	2.58	1.12	GE	
7.	I utilize Norplant contraceptive.	33	57	103	247	1.71	0.95	LE	
8.	I utilize tubal-ligation for preventing pregnancy	17	61	133	229	1.99	1.05	LE	
9.	I utilize withdrawal method	141	123	101	75	2.75	1.08	GE	
Grand Mean						2.51	1.06	GE	

Table 1 revealed that of the 9 items on the extent to which female teachers in public secondary schools utilize family planning services in Enugu State. The respondents agreed to a great extent with 6 items 1, 2, 3, 5, 6 and 9 as they recorded mean scores of (2.89, 3.02, 2.95, 2.83, 2.58 and 2.75) which are above the cut-off point of 2.50. They however disagreed to a low extent with 3 of the items (4, 7 and 8) with mean scores of (1.93, 1.71 and 1.99). The standard deviation for all the items are small showing variability of

the respondents score. This is indicative that there is homogeneity in their responses items raised. The table also shows that the respondents grand mean score on the extent to which female teachers in public secondary schools utilize family planning services in Enugu State is 2.51. Based on the decision rule for the interpretation of the respondents data, the answer to research question 1 is that female teachers in public secondary schools utilize family planning services in Enugu State to a great extent.

Hypothesis 1

There is no significant difference between the mean ratings of primiparous and multiparous female teachers in public

secondary schools in Enugu State regarding their extent of utilization of family planning services.

Table 2: t-test Analysis of the Difference Between the (\bar{x}) Mean Scores of Primiparous and Multiparous Female Teachers in Public Secondary Schools in Enugu State regarding their Extent of Utilization of Family Planning Services.

Parity	N	\bar{x}	SD	df	t-cal	t-crit	Decision
Primiparous	153	2.51	0.99				NS
				338	0.41	± 1.96	Do not reject H_{01}
Multiparous	287	2.55	0.96				

Significant at $P < .05$, $df = 338$, critical t-value = ± 1.96

The t-test analysis in table 9 above indicates that the calculated t-value is 0.41 while the critical t-value is ± 1.96 at .05 level of significance. This implies that the calculated t-value is less than the critical t-value. Thus, going by the

DISCUSSION OF FINDINGS

For the discussion of the findings inherent in this study, this research question and hypothesis was treated together. The research question sought to ascertain the extent to which female teachers in public secondary schools utilize family planning services in Enugu State. The result in Table 2 showed that female teachers in public secondary schools utilize family planning services (FPS) in Enugu State to a great extent. The hypothesis tried to ascertain if there is a significant difference in the family planning services (FPS) services utilization by female teachers in public

decision rule, there is no significant difference in the mean scores of primiparous and multiparous female teachers in public secondary schools in Enugu State regarding their extent of utilization of Family Planning services.

secondary schools in Enugu State based on parity. Thus, going by the decision rule, there is no significant difference in the family planning services (FPS) utilization by female teachers in public secondary schools in Enugu State based on parity. The findings is consistent with [21], who found that family planning is a way of living that is adopted by individuals and couples in order to promote the health and welfare practices that help to avoid unwanted pregnancy, bring about family group wanted pregnancy, regulate intervals between pregnancies, control to parent ages.

CONCLUSION

Conclusively from the above analysis and interpretations done and the information from related literature, it implies that

female teachers in Enugu State secondary schools utilize family planning services to a great extent.

Educational Implication of the Finding

This study has revealed that Ministry of Health is to be commended for the outstanding accomplishments made to date in the establishment of relevant, appropriate, and forward-

looking policy in relation to the health of mothers and children, in general, and to family planning services

RECOMMENDATIONS

At the end of the study, the study recommended that:

- State government should ensure the availability of skilled midwives at health

centers within the health work force development plan in Enugu State to ensure that knowledge of family planning are spread across to humanity.

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