

## SOCIO-CLINICAL CHARACTERISTICS OF MODERN CONTRACEPTIVES USERS AT THE UNIVERSITY OF MAIDUGURI TEACHING HOSPITAL

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### ABSTRACT

**Objectives:** To determine the incidence and socio-clinical characteristics of modern contraceptive users. And the common methods clients received their first information on family planning.

**Design:** A retrospective observational review of clients between 1<sup>st</sup> of January 1996 and 31<sup>st</sup> of December 2001.

**Setting:** University of Maiduguri Teaching Hospital (UMTH) Maiduguri, Nigeria.

**Methods and methods:** Records of new family planning clients were reviewed to determine among other things, age of the patients, educational background, religion, number of living children and the methods chosen by the clients. The data extracted were analyzed by absolute values and percentages. Where necessary mean values and student t-test were calculated.

**Results:** There was a family planning consultation prevalence of 10% of total gynaecological consultations. All the clients were females, 79.7% were for child spacing and 17% for birth control. About 90% of those women who decided not to have any more children opted for temporary methods of contraception. Contraceptive use in teenagers was only 3.6% with peak age prevalence at 25 to 29 years. Almost half of the clients had 4 or more living children. Only 11.6% of clients first heard of family planning through the Radio or Television

**Conclusion:** For a family planning program to be effective in our community, strategic planning should target the males, teenagers and multiparous women. The electronic and print media should be involved more in the propagation of family planning programs. And women who have completed their family size should be encouraged to go for sterilization

**Keywords:** - Socio-clinical; modern contraceptives; Maiduguri *.(Accepted 27 September 2006)*

### INTRODUCTION

The principal effort in population control is family planning, which aim at communicating to a society the desirability of limiting family size for economic, social and maternal health reasons. The behavioral changes demanded of the target population depend on a good understanding of the socio-clinical characteristic of the individual in the given community. More than half a million women, nearly all of them in the developing world, die each year in pregnancy or childbirth. This amounts to one death every minute<sup>1</sup>. Millions more suffer serious, sometime permanent injuries. Much of this suffering and death could be prevented. Contraceptive use protects women from the health risk of unwanted pregnancies and gives women more control over their own lives<sup>2</sup>.

Most people and governments recognize family planning as basic human rights. And these facts necessitate the need for the family planning programs at all levels of health care services. However, in the early 1990s, family planning programs faced the challenge of finding better ways to deliver services to the millions of people who would use family planning

Research into fertility determinants during the last 3 decades has focused on economic and socio-cultural factors that affect the attitude of individuals or couples towards family size<sup>3</sup>. The policies and programs intended to bring about a change from a large to small family norms cannot succeed without a thorough understanding of these factors in various socio-economic contexts. Hence, the need for this study cannot be overemphasized, especially in an environment with high fertility and low contraceptive use like ours<sup>3</sup>.

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This study set out too to determine the incidence and socio-clinical characteristics of modern contraceptive users. And to determine the mode of information dissemination in the propagation of family planning concepts. This information will assist in strategic planning and managing family planning programs.

### MATERIALS AND METHOD

This retrospective observational study covered a period of 6 years, January 1996 to December 2001. Two thousand six hundred and fifty four (2,654) records of family planning clients were collected and analyzed. All new clients that attended the family-planning clinic of the University of Maiduguri Teaching Hospital, Maiduguri- Nigeria were supposed to be included. A total of 2, 846 new clients received prescriptive modern contraception. However, only 2,654 records of the clients could be traced a retrieval rate of 93.3%.

The family planning cards were retrieved and the following data were extracted: - Age of the patient, educational background, religion, number of living children and the methods chosen by the clients. Other data extracted included whether the client's intention was to space the childbirth or to stop childbirth completely, and where the client first heard about family planning services.

All the data extracted were analyzed by absolute values and percentages. Where necessary mean values were calculated. The student t-test was used to compare the mean values of those limiting and those spacing their childbirth in respect to the various methods selected. Comparison was made at 0.05 level of significance.

### RESULTS

During the study period, there were 27,972 total consultations in the department, of which 2,846 were for family planning, a family planning incidence of about 10%. All the clients were females. Majority of the clients, 2,116 (79.7%) were for child spacing and about 82 (3.1%) their intention was not certain, while 456 (17.2%) indicated that they did not desire further childbirth. Forty-two out of the 456 clients (10%) opted for bilateral tubal ligation (BTL) and the rest selected other temporary contraceptive methods.

The mean values of the methods selected for childbirth spacing and childbirth limitation were 423 and 91 cases respectively. There is a strong statistical difference between the two mean values ('t' test = 1.69; degree of freedom = 4; P value  $\geq$  0.05).

Table 1: Method selected and the intentions of family planning clients

Method Selected	Clients for Child spacing	Clients for childbirth limitation	Clients uncertain	Total
Injectables	884(33.3)	238 (9.0)	46 (1.7)	1,168(44.0)
Oral Pills	776(29.2)	48(1.8)	6(0.2)	830(31.3)
IUCD	418(15.8)	112(4.2)	30(1.1)	560(21.1)
Norplant	38(1.4)	16(0.6)	-	54(2.0)
BTL	-	42 (1.6)	-	42(1.6)
<b>Total</b>	<b>2,116(79.7)</b>	<b>456(17.2)</b>	<b>82(3.1)</b>	<b>2,654(100)</b>

Table 2: Age of family planning clients

Current Age of clients	Number of clients	Percentage
15-19	96	3.6
20-24	498	18.8
25-29	942	35.5
30-34	610	23.0
35-39	362	13.6
40-44	100	3.8
Not indicated	46	1.7
<b>TOTAL</b>	<b>2,654</b>	<b>100.0</b>

Table 3: Educational level of family planning clients

Educational level	Number of Clients	Percentage
No Education	622	23.4
Some primary	226	8.5
Primary completed	192	7.2
Some secondary	312	11.8
Secondary completed	1,226	46.2
No Indication	76	2.9
<b>Total</b>	<b>2,654</b>	<b>100.0</b>

About 1,548 (58.3%) of the clients were Muslims, 1,104 (41.6%) were Christians while two women indicated that they practiced traditional religion.

**Table 4: Family planning clients by the number of their living children**

Number of Living Children	Number Of Clients	Percentage
01	476	17.9
2-3	870	32.8
4-5	716	27.0
6-7	422	16.0
>8	166	6.25
Not indicated	4	0.15
<b>Total</b>	<b>2,654</b>	<b>100.0</b>

Table 4 shows that about 76% were Para 5 or below, perhaps reflecting the population dynamics being studied.

As indicated in table 5, over 80% of the clients received their first information of family planning services from clinic personnel, friends or relation. The mass media was the source of information to only 11.6% of the clients.

**Table 5: Source of information of family planning services to clients**

Source of information	Number of clients	%
Clinic personnel	1,520	57.3
Friends/relations	642	24.2
Radio/television	308	11.6
Print Media	46	1.7
Outreach personnel	46	1.7
Not indicated	92	3.5
<b>Total</b>	<b>2,654</b>	<b>100.0</b>

**DISCUSSION**

The family planning incidence of 10% in Maiduguri Metropolis had not changed from what obtained in 1985<sup>5</sup>. Excluding the use of condom, which is a non-prescriptive method, the family planning acceptance was exclusively among the female populace. Most family planning educational and services programs are located in maternal and child health units and thus geared only towards women. In a survey of high parity women being discharged from maternity wards at three major hospitals in Benin City, Nigeria, it was found that husbands' opposition was the primary reason respondents gave for declining contraceptive services<sup>6</sup>. However, until the male population, which in Africa invariably carries the responsibility of decision-making in political, social, economic, cultural and religious institutions, becomes genuinely involved in the overall

Responsibility and practice of fertility management, not only will the success of future family planning programs be curtailed, but also the development aspiration of our nation will continue to be diverted by unparalleled growth in population<sup>7</sup>.

Out of the 456 women who indicated that they needed no more children, only 42 (9.2%) accepted sterilization (almost all on medical grounds). The rest opted for temporary fertility control. Contraception failure among such group usually leads to procurement of abortion. And since abortion is restrictive in Nigeria such women mostly resort to unsafe abortion with all its complications.

Voluntary female sterilization is the most widely used method of family planning in the world as a whole<sup>8</sup>. But in contrast, sterilization is uncommon throughout Africa and Near East<sup>9</sup> as was seen in this study. The reasons behind the low acceptance rate of sterilization were those associated with regret following the procedure<sup>10</sup>. This study population would most likely be those who would experience regrets, which particularly is common in a developing countries where infant mortality is high and there is a high premium on child bearing. Also change of husband resulting from divorce or widowhood may necessitate the need for another child.

Contrary to an earlier work<sup>5</sup>, the injectable contraceptives were the most accepted in this study population. This method was found to be more popular than the oral contraceptive pills, which is in contrast to the findings in developing countries<sup>10</sup>. Injectable contraceptives were acceptable to our women probably because of their confidentially (perhaps including concealment from their husbands), easy compliance and effectiveness. The use of Norplant was low because of its non-availability and high-cost.

This study highlighted the universal fact that contraceptive prevalence was lowest among teenagers. This implies that the teenagers were still at risk of getting unwanted pregnancies and therefore unsafe abortions. Not surprising, about 60% of abortion deaths recorded in Benin city Nigeria, were of teenagers<sup>11</sup>. But unlike the findings of Nigerian Demographic and Health Survey of 1999, the peak age of contraceptives use was 25-29 years and not the thirties. This could mean more younger women were accepting the modern contraceptives in our environment. In most countries, the more educated a women is, the more likely she uses family planning methods. But this study found out that women with no education constituted over 23%, next only to women with completed secondary education or more. The economic situation in Nigeria might have contribute

in influencing the poorly educated women to accept and use modern contraceptives<sup>9,12</sup>.

The Muslim clients acceptance of 58.3% was low compared to that found in Sokoto Nigeria (78.0%)<sup>13</sup>, which is also a predominantly Islamic town. This could be due to more presence of other Nigerian tribes in Maiduguri such as Igbos and Yorubas, who are predominantly Christians. These tribes are generally more educated and more economically enabled to attend such tertiary health center like ours compared to the indigenous tribes, who are predominantly Muslims. Hence this would contribute to the lower percentage of contraceptive use among the Muslims patronizing our center.

About half of the study population had four or more children. The Nigerian Crude birth rate of 50/1000 and a total fertility rate of 6 children per woman could reflect this. These figures were far from the ideal of 2 children per woman necessary to curb the existing population growth rate of 3.4%<sup>14</sup>. This study also showed the under-utilization of mass media in disseminating the gospel of family planning with an unacceptable figure of 11.6%. This might be due to the high cost of advertisement, lack of political motivation for population control and perhaps ignorance of the role of mass media in community mobilization. The 1998 Ghana Demographic and Health Survey found that, women who had more exposure to advertisement were significantly more likely than other women to use family planning services.

### CONCLUSIONS

For a family planning program to be effective in our community, effort should be targeted toward the males, teenagers and the multiparous women. Women who have completed their family size are to be encouraged for sterilization. The electronic media should be more involved in the propagation of the family planning programs

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