

Pattern of Contraceptives Choice among the Married Women Attending the Family Planning Clinic of a Tertiary Health Institution

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ABSTRACT

Background: Rampart population growth is the most fundamental problem of our times. It affects adversely the advancement of nations and the wellbeing of all peoples. The fertility rate in Nigeria remains high at a national average of about 5.2 children per woman. When a woman effectively uses a modern method of contraceptive she is less likely to be exposed to the hazards of grand multiparity, and also unlikely to resort to dangerous illegal abortion.

Method: This is a retrospective study, a review of the records of the family planning clinic of Ladoke Akintola University of Technology Teaching Hospital, Osogbo was undertaken. These were new clients coming for the first time to the family planning clinic of the institution from January, 2001 to December 2006.

Result: A total of 1355 married women were coming for the first time to the family planning clinic within the study period, and their age range between 18 and 51 years with a mean of 33.5±6.1 years. 170 (12.5%) were Para 1, Para 2-4 were 855 (63.1%), while Para 5 and above were 330 (24.4%).

The clients source of information about family planning was: family planning clinic personnel 1039 (76.7%), media (print and electronic) 152 (11.2%), friends and relatives 127 (9.4%), and community health workers 37 (2.7%).

Intrauterine contraceptive device was the most chosen method by the clients 1011 (74.6%), while condom was the least chosen 3 (0.2%); 264 (19.5%), and 77 (5.7%) clients chose injectables and pills, respectively.

Conclusion: An increase in the level of knowledge on modern contraceptive methods through mass and interpersonal communications could be one of the key strategies to increase the utilization rate of modern contraceptive methods.

KEYWORDS: Contraceptive choice, married women, information

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INTRODUCTION

Rampart population growth is the most fundamental problem of our times. It affects adversely the advancement of nations and the wellbeing of all peoples.¹ In developing countries such as Nigeria, even though remarkable scientific and technological breakthrough have occurred resulting in relative reduction of both maternal and infant death rates, the birth rate still remain high.^{1,2} Even though Nigeria's population constitutes 2% of the world's population, it accounts for 10% of the world maternal deaths; about 60,000 Nigeria women die each year.³ The fertility rate in Nigeria remains high at a national average of about 5.2 children per woman.⁴ When a woman effectively uses a modern method of contraceptive she is less likely to be exposed to the hazards of grand multiparity, and also unlikely to resort to dangerous illegal abortion.⁵ However, while the role of child spacing and that of contraceptive in the health of the mother and child cannot be over stated, contraceptive prevalence remains low in most developing countries.⁶ Use of contraceptive in Nigeria is low, with only 6% of eligible women using any contraceptive in 1991,⁷ and 9% in 1994.⁴ In 1988 family planning was established within the national population policy,⁸ and is regarded in Nigeria as an important preventive health measure in view of the association of high fertility with maternal and infant mortality. Over the years, the contraceptive need of women in the developing world had been un-met.^{7,9} The programme of action of the International Conference on Population and Development encouraged all countries to ensure accessible through the primary reproductive health care system, reproductive health and family planning to all individuals of appropriate ages as soon as possible, and not later than 2015.¹⁰ In response to the recommendation issued by the 1994 International Conference on Population and Development,¹¹ many developing countries are expanding their reproductive and family planning programmes.

The objective of this descriptive study is to evaluate the pattern of contraceptive acceptability and the preferred

methods of contraception by the married women population patronizing the family planning clinic of Ladoke Akintola University of Technology Teaching Hospital between January, 2001 and December, 2006.

MATERIALS AND METHODS

This was a retrospective review of the records of the family planning clinic of Ladoke Akintola University of Technology Teaching Hospital, Osogbo. These were new clients coming for the first time to the family planning clinic of the institution from January, 2001 to December, 2006. The records were retrieved and entered into SPSS work sheet; variables collected included age, parity, religion, and educational status, source of information about family planning, last confinement, and method of contraceptive chosen. Data was analyzed using SPSS version 11

RESULTS

A total of 1355 married women were coming for the first time to the family planning clinic within the study period, and their age range between 18 and 51 years with a mean of 33.5±6.1 years. 170 (12.5%) were Para 1, Para 2-4 were 855 (63.1%), while Para 5 and above were 330 (24.4%). Eight hundred and seventy-two (64.4%) were Christians, while 473 (34.9%) were Moslems, and others (mostly African traditional religion) were 10 (0.7%). Eighty (5.9%) had no formal education, 188 (13.9%) had primary education, while secondary and above educational status constituted 1087 (80.2%).

Table I

Variables	Numbers	Percentages
Age(in years)		
19 and below	5	0.4
20-24	64	4.7
25-29	292	21.5
30-34	405	29.9
35-39	325	24.0
40 and above	264	19.5
Religion		
Christians	872	64.4
Moslems	473	34.9
Others	10	0.7
Educational Status		
None	80	5.9
Primary	188	13.9
Secondary and above	1087	80.2
Parity		
Para 1	170	12.5
Para 2-4	855	63.1
Para 5 and above	330	24.4

Table II: Contraceptive Choice Among Age Groups

Contraceptive selected at first visit	19yrs and below	20-24yrs	25-29yrs	30-34yrs	35-39yrs	40yrs and below
Male condom	-	-	-	1(33.3%)	1(33.3%)	1(33.3%)
Pills	1(1.3%)	7(9.1%)	34(44.2%)	23(29.9%)	10(13.0%)	2(2.6%)
Injectables	-	10(3.8%)	50(18.9%)	90(34.1%)	74(28.0%)	40(15.2%)
IUCD	4(0.4%)	47(4.6%)	208(20.6%)	291(28.8%)	240(21.9%)	221(21.9%)

As at the time of consultation, 628 (46.3%) were currently breast feeding, while 727 (53.7%) were not. Five hundred and twelve (37.8%) of the study population were seeking contraception because they had completed their family, whereas 771 (56.9%) came for child spacing, while 72 (5.3%) were not sure if they wanted more children or not. The clients source of information about family planning were: family planning clinic personnel 1039 (76.7%), media (print and electronic) 152 (11.2%), friends and relatives 127 (9.4%), and community health workers 37 (2.7%). Fig 1 Eight hundred and eighty-four (65.2%) of the clients had been using a method of family planning before presentation at the family planning clinic, while 471 (34.8%) were not on any form of contraception. Intrauterine contraceptive device was the most chosen method by the clients 1011 (74.6%), while condom was the least chosen 3 (0.2%); 264 (19.5%), and 77 (5.7%) clients chose injectables and pills, respectively. Fig 2

SOURCE OF INFORMATION

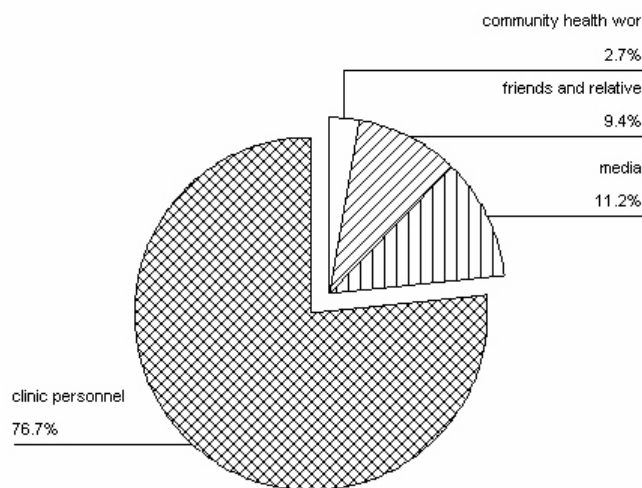


Fig 1

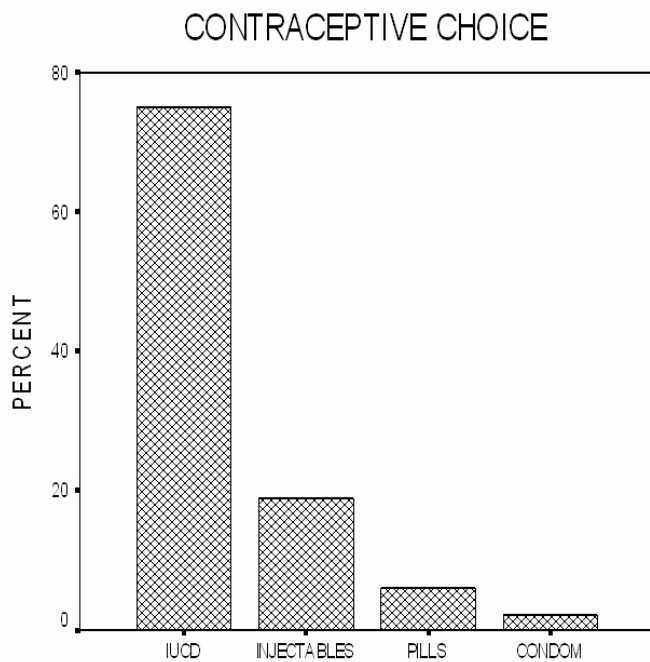


Fig 2

DISCUSSION

The age range of the clients in this study was 18-51 years; although the reproductive age range is 15-49 years, the clients were still seeking contraceptives beyond the upper age limit of the reproductive age to prevent conception that might occur from erratic ovulation. The fact that there were no new acceptors of contraceptive beyond the age of 51 years shows that the population was aware of when to discontinue contraceptive use, and this is not surprising since most of the clients had secondary and above level of education; this is a contrast to a study among the Turkish women in which a great majority of the women (80.2%) did not have any idea of when they should bring contraception to an end.¹¹ A greater proportion of the clients (29.2%) were within the age group 30-34 years which is the peak age of reproductive activity, and this demonstrated that the clients in this study had a good awareness of the uses of contraception both to limit the family size and for child spacing; majority of the clients (94.7%) were sure why they wanted contraception, while only a small proportion (5.3%) were not sure, as at the time of consultation, if they wanted family planning method for child spacing or to limit the family size. Over all, there is good knowledge of the need for contraceptive use by the clients, and this may be accounted for by the fact that most of the clients (94.1%) had formal education, and formal education had been shown to positively influence the use of contraceptives.^{12,13}

A good awareness of contraceptive use was also demonstrated by the fact that many of the clients in this study (64.9%) coming to our family planning clinic for the first time had been on a form of contraceptive method

while 60.5% of them were using a modern method of contraceptive.

Many of the clients in this study were Christians (64.4%), while Moslems constituted 34.9%); a survey in Sokoto, Northern Nigeria actually showed that Christians were more aware of family planning, and do practice contraception more than the Moslems,¹⁴ and contraceptive use is determined by the individual's perception of their religious' standpoint.¹³

Intrauterine device (IUD) was the most chosen contraceptive method (74.6%) by the clients coming to the family planning for the first time. Data from the family planning clinic of the Lagos University Teaching Hospital (LUTH) showed that the most popular contraceptive was the intrauterine device.¹⁵ In our study, intrauterine device was the method of choice by all age groups, both primiparous and multiparous women, and also for all purpose- be it for child spacing and limitation of family size. This popularity of IUD among the clients may be because it requires less motivation, being long acting, and being easily reversible, that is, there is no delay in conception after removal.¹⁵⁻¹⁷ IUD had been said to be the main stay of family planning measures in developing countries, hence its low use prevalence of 2.1% in developed countries where oral contraceptive pills is said to be the commonest method of contraceptive choice.¹⁸⁻²¹ Paradoxically, oral contraceptive pills was found to be the most chosen contraceptive method among the clients at a Comprehensive Health Centre at Gindiri- an outpost of the Jos University Teaching Hospital, Nigeria, and the study showed that younger women that made up most of the clients preferred oral contraceptive method, while the older women accepted the injectables and the permanent method of contraceptives.²² The present study also showed that in 44.2% of cases in which oral contraceptive pills was chosen as the method of contraception, it was by the younger women in the age group 25-29 years (Table II).

Despite its dual function as a contraceptive, and also as a protection against the human immunodeficiency virus and sexually transmitted infections (HIV/STIs), the male condom was the method of choice by only 0.2% of the clients; this very small percentage of condom use may be due to the fact that male condom could be bought from the Chemists shop, and most users may not need come to the family planning clinic, or it may be due to the fact that most married men are not favourably disposed to using condom. Condom use is most popular among

sexually active young men of higher institution of learning, as it was found in a questionnaire-based cross-sectional descriptive study by Arowojolu et al in which 72.7% of age group 16-25 years were using condom as method of contraception.²³

Female sterilization by tubal ligation is the most commonly used method of fertility regulation.²⁴ However, in developing countries like Nigeria, it has not been accepted as a popular method of contraception, and most tubal ligations were done in conjunction with another surgical procedure,²⁴ hence it is not surprising that none of the clients in this study made tubal ligation their choice of contraceptive method. This aversion to tubal ligation

may not be unconnected with the client regrets that had been found in association with post-sterilization by tubal ligation.²⁵

The clients' source of information about family planning in this study was: family planning clinic personnel, the media (print and electronic), friends and relatives, and community health workers. Therefore, we join Kayembe et al in concluding that an increase in the level of knowledge on modern contraceptive methods through mass and interpersonal communications could be one of the key strategies to increase the utilization rate of modern contraceptive methods.²⁶

REFERENCES

- Farah A.M., Ghouayel B.E. Too many births, too many deaths. *World Health Forum* 1994; 15(1): 78-81.
- Buchann R. Effects of child bearing on maternal health. *Pop. Report Series J.* 8:16.
- Nigerian National Reproductive Health Strategic Framework and Plan 2002-2006. Federal Ministry of Health, Abuja. 2002; 4-6.
- Nigeria Demographic and Health Survey. National Population Commission, Abuja. 1999; 35-72.
- Centre for Disease Control. *Family Planning Methods and Practice: Africa*, Atlanta, Georgia, USA, 1983.
- UNICEF. *The State of the World Children*. Oxford University Press, 1995: 78-79.
- Nigeria Demographic and Health Survey. Preliminary Report, Federal Office of Statistics, Lagos, 1991.
- The National Health Policy and Strategy to Achieve Health for all Nigerians. Federal Ministry of Health, Lagos, 1988.
- Ross J A, Winfrey W L. Un-met need for contraception in the developing world and the former Soviet Union: An update estimate. *International Family Planning Perspective*. 2002; 28(3): 138-144.
- Causes of maternal illness and death. In: *Programming for Safe Motherhood, Guidelines for Maternal and Neonatal Survival*. 1st Edition; United Nations Children's Fund, UNICEF Headquarters, Health Section, Programme Division, 1999; 16-25.
- Sahin N H, Kharbouch S B. Perimenopausal contraception in Turkish women: A cross-sectional study. *BMC Nurs*. 2007; 8:1.
- Oye-Adeniran B A, Adewole I F, Umoh A V et al. Community-based study of contraceptive behaviour in Nigeria. *Afri J Reprod Health*. 2006; 10(2): 90-104.
- Ibrahim M T, Okolo R U. Profile of contraceptive acceptors in UDUTH, Sokoto, Nigeria. *The Nigerian Medical Practitioner* 1997; 33(1-3): 9-13.
- Ibrahim M T, Sadiq A U. Knowledge, Attitude, Practices and beliefs about Family planning among Women Attending Primary Health Care Clinic in Sokoto, Nigeria. *Niger J Med*. 1999; 8(4): 154-158.
- Ogedengbe O K, Giwa-Osagie O F, Ola R, Fasan M O. Contraceptive Choice in an Urban Clinic in Nigeria. *J. Biosoc. Sci.* 1989; 19: 89-95.
- Mutihir J T, Ujah I A, Uduagbaman P F, Iranloye T. Indications for removal of intrauterine devices in Jos, north-central Nigeria. *Niger J Clin Pract*. 2006; 9(2): 105-108.
- Hov G G, Skjeldestad F E, Hilstad T. Use of IUD and subsequent fertility: follow-up after participation in a randomized clinical trial. *Contraception*. 2007; 75(2): 88-92.
- Tinelli F G, Tinelli R, Malvasi A, Cavallotti C, Tinelli F G. The intrauterine device in modern contraception: Still an actuality? *Eur J Contracept Reprod Health Care*. 2006; 11(3): 197-201.
- Stanwood N L, Bradley K A. Young pregnant women's knowledge of modern intrauterine devices. *Obstet Gynecol*. 2006; 108(6): 1417-1422.
- Fisher W A, Boroditsky R, Moris B. 2002 Canadian Contraception: Part 1 *J Obstet Gynaecol Can*. 2004; 26: 580-90.
- Fisher W A, Boroditsky R, Moris B. 2002 Canadian Contraception: Part 2. *J Obstet Gynaecol Can*. 2004; 26: 646-645.
- Mutihir J T, Dashala H L, Madaki K A. Contraceptive Pattern at a Comprehensive Health Centre in a Sub-Urban Setting. *Trop J Obstet Gynaecol*. 2005; 22(2): 144-146.
- Arowojulu A O, Ilesanmi A O, Roberts O A, Okunola M A. Sexuality, Contraceptive Choice and AIDS Awareness among Nigerian Undergraduates. *Afri J Reprod Health*. 2002; 6(2): 60-70.
- Adesiyun A G. Female sterilization by tubal ligation: a reappraisal of factors influencing decision making in a tropical setting. *Arch Gynaecol Obstet*. 2007; 275(2): 241-4.
- Malhotra N, Ghanana C, Garg P. Post-sterilization regrets in Indian women. *Indian J Med Sci*. 2007; 61(4): 186-91.
- Kayembe P K, Fatuma A B, Mapatano M A, Mambu T. Prevalence and determinants of the use of modern contraceptive methods in Kinshasa, Democratic Republic of Congo. *Contraception*. 2006; 74 (5): 400-6.