

CONTRACEPTIVE CHOICE AT THE UNIVERSITY OF NIGERIA TEACHING HOSPITAL, ENUGU, NIGERIA.

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ABSTRACT

A retrospective study of the contraceptive choices amongst 787 consecutive clients seen at the University of Nigeria Teaching Hospital, Enugu, Nigeria between 1st January 1998 and 31st December 1999 showed that the two most popular contraceptive methods amongst the clients were intrauterine contraceptive device and injectables. Eleven (1.4%) of them were aged 20 years and below. Although the mean number of living children the clients had was 5.4 and 46.6% of them had completed their families, only 17 (2.2%) of the clients chose surgical contraception. There was no correlation between the clients' educational levels and the contraceptive choices. The findings have implications for resource planning and research in Nigerian family planning clinics.

KEY WORDS: Choice, contraception, Enugu, Nigeria.

INTRODUCTION

Nigeria has one of the highest maternal mortality ratios in the world (Harrison 1988, Adetoro et al 1988, Okaro et al 2001). With an estimated population of 120 million, a population growth rate of 3% and a crude birth rate of 47 per 1000 (Nigerian Federal Office of Statistics 1996), the magnitude of maternal deaths is really enormous. Contraception, when accepted and used by the majority of women in a given community, has the potential to reduce population growth, high parity and maternal mortality (Harrison 1988). Because of this, many teaching, specialist and general hospitals as well as donor agencies have been advocating its wider use.

In the family planning clinic of the University of Nigeria Teaching Hospital (UNTH), Enugu, Nigeria, the methods of contraception offered clients include oral contraception, the injectables, intrauterine contraceptive devices, the barrier methods, Norplant and voluntary surgical contraception. Clients are counselled on all the available methods, their advantages and side effects and are then allowed to make informed choices. This study reviewed the choices of 787 consecutive clients seen over a two year period. This study was undertaken not only because it was thought important for resource planning, it was also felt that it might highlight areas for further research.

MATERIALS AND METHODS

This was a retrospective study of all clients seen in the family planning clinic of the UNTH Enugu, between 1st January 1998 and 31st December 1999. The clinical notes of these clients were obtained from the Medical Records Department of the hospital. Information

abstracted from the records included age, parity, educational level, contraceptive choice and the desire for more children. Data were analyzed in groups and percentages.

RESULTS

Seven hundred and eighty-seven female only clients were seen in the family planning clinic of the hospital within the study period. The age distribution of the clients is shown in Table 1. Although the modal age group was 31-35 years, 644 (81.4%) of the clients were aged 26-40 years. Eleven (1.4%) of the clients were aged 20 years or less. Table 2 shows the number of living children the clients had. The modal and mean numbers of children were 6 and 5.4 ± 3.4 respectively. Five hundred and thirty-four (67.6%) of the clients had five or more living children while 3 (0.4%) of them were nulliparous.

With respect to the desire for more children by the clients, three hundred and sixty-seven (46.6%) of the clients had completed their families, 400 (50.9%) wanted more children, while the remaining 19 (2.4%) clients were uncertain.

Table 3 shows the contraceptive choices amongst the clients. Five hundred and forty-one (67.7%) of the clients chose intrauterine contraceptive device (IUCD), 155 (19.7%) chose injectables, while the remaining 91 (11.6%) chose a variety of other methods including oral contraception, implants, bilateral tubal ligation etc.

No case of vasectomy was recorded as no male client was seen.

There was no significant correlation between educational level and the number of women choosing a particular method ($p > 0.05$ for all the methods)

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Table 1: Age distribution of 787 consecutive family planning clients at the UNTH, Enugu

Age (years)	No.	%
< 16	0	0.0
16 - 20	11	1.4
21 - 25	63	8.0
26 - 30	201	25.5
31 - 35	233	29.6
36 - 40	210	26.3
> 40	65	8.3
Unrecorded	4	0.03
Total	787	100.0

Table 2: Number of living children owned by 787 consecutive family planning clients at the UNTH, Enugu

No. of children	No	%
0	3	0.4
1	37	4.7
2	38	4.8
3	72	9.1
4	103	13.1
5	129	16.4
6	169	21.5
7	108	13.7
8	68	8.6
9	34	4.3
10	15	1.9
11	5	0.6
12	4	0.5
13	2	0.3
Total	787	100.0

DISCUSSION

The greater popularity of the IUCDs compared to other methods is similar to the findings in other studies

Table 3: Desire for more children by 787 consecutive family planning clients at the UNTH, Enugu

Category	No	%
No more children	367	46.6
More children now	9	1.1
More children later	392	49.8
Uncertain	19	2.4

Table 4: Contraceptive choices at the University of Nigeria Teaching Hospital, Enugu

Types of contraceptives	No	%
Intrauterine contraceptive device	541	68.7
Injectables	155	19.7
Oral contraceptives	19	2.4
Norplant	19	2.4
Bilateral tubal ligation	17	2.2
Barrier method	7	0.9
Abstinence/Withdrawal	1	0.1
Unrecorded choices	28	3.6
Total	787	100.0

(Ogedengbe et al, Speroff et al 1994). The implication is that Nigerian clinics offering family planning services need to maintain a good supply of the commodity. Because of the retrospective nature of the study, it was not possible to establish the reasons for the clients' greater preferences for the IUCDs. This aspect deserves further study.

An area of concern about IUCD use relates to the issue of increased risk of pelvic inflammatory disease associated with its use especially at the time of insertion (Speroff et al 1994). This increased risk of PID is important considering the high incidence of tubal infertility in Nigeria (Sagay et al 1998). Although the discontinuation rate of IUCD due to clinically evident pelvic inflammatory disease is low (Ogedengbe et al 1987), the risk of sub-clinical pelvic inflammatory disease has not been assessed. While this may not matter for the high parity patients, the risk should be highlighted to the low parity ones.

The fact that only 1.4% of the family planning clients were aged 20 years or under is a cause for concern. Available evidence indicates a high sexual activity

coupled with low contraceptive usage amongst this age group in Nigeria (Amazigo et al 1997). The consequences of this include unwanted pregnancies and unsafe abortions (Okonofua et al 1996), which may lead to maternal mortality (Emuveyan et al 1997) and tubal infertility (Okonofua 1994). The issue of contraception amongst this age group has remained controversial but the above evidence shows that the benefits far outweigh the risks. The author recommends a greater promotion of contraceptive use amongst the adolescents and, that family planning clinics be made youth friendly.

The small number of women choosing barrier methods including condoms in the present study contrasts with the findings in a previous population-based study of contraceptive use among males in Enugu, Nigeria in which condom was used by approximately 70% of the respondents (Obionu 1998). The difference might be because of the differing characteristics of the study subjects. Thus whereas the majority of the women in the present study were married and so were in stable relationships, the subjects in the other study included both married and single males within the age range 20-60 years. Many of the males in the latter study therefore were most likely in unstable relationships. And condoms are more likely to be used in unstable and casual sexual relationships, hence its choice by a few of the women in the present study and the majority of the males in the study by Obionu (1998).

Although approximately half of the women studied had completed their families, their very low rate of acceptance of bilateral tubal ligation was rather surprising. However the finding is in agreement with a previous study of males by Obionu (1998). It means that the permanent methods of contraception are unpopular in the population studied.

It was surprising that no male client was seen during the study period. The reason for this requires further investigation.

In conclusion, this study shows that the two major contraceptive choices in the Nigerian population studied were intrauterine contraceptive devices and injectables. This information will help family planning clinic managers to know the right quantity of contraceptive commodities to stock for their clients. Areas for further research are highlighted.

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