

MODERN CONTRACEPTIVE PREFERENCES AMONG WOMEN ACCESSING FAMILY PLANNING SERVICES AT A SPECIALIST HOSPITAL IN NORTH CENTRAL NIGERIA.

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ABSTRACT

Background: It is contended that no community can rise out of destitution to dignity in the absence of family planning. An awareness of the importance of family planning in reducing maternal and perinatal morbidity and mortality and the dearth of information on contraceptive use in this region prompted this study.

Methodology: It is a retrospective, descriptive study of the contraceptive preference of women attending family planning (FP) clinic at Dalhatu Araf Specialist Hospital (DASH), Lafia, Nasarawa state, Nigeria.

Results: Out of 937 women attending the FP Clinic, 908 were reviewed with 4 inconclusive data. Contraceptive usage rate was 32.6% of deliveries in the hospital. The women who were mostly married (99.9%), full time housewives (73.5%) and grandmultipara (48.7%) had a mean age of 29 ± 6.1 years. Contraceptive preferences were mainly for Implants (40.5%) and Injectables (40%) with only 0.5% using condoms. These preferences remain the same when the women were stratified into age groups.

Conclusion: Usage in this facility may seem relatively high but a lot more needs to be done to increase access to contraception. A well focused, organized statewide family planning policy is urgently needed to remedy the current situation in the state, a policy that can be extended nationwide.

Keywords Contraception, Implants, Injectables, Lafia, Nasarawa State

INTRODUCTION

The lifetime risk of a woman dying in pregnancy or childbirth in Sub-Saharan Africa is 1 in 39 compared with 1 in 3,800 for her counterpart in developed countries¹. This is in spite of the recognition that pregnancy is not a disease state and that the women who carry the burden of the responsibility of procreation need not die in the course of this noble endeavour². This life time risk no doubt takes into account the total fertility rate

which for Nigeria is 5.5%, yet contraceptive prevalence rate is 15% (with 10% modern methods and 5% traditional methods)³.

The feared consequence of low contraceptive use among any population of women is the resultant unplanned pregnancies^{4,5,6}. Many women with unintended and unplanned pregnancies go on to end them by abortion^{6,7}. In a country where the abortion

law is restrictive like in Nigeria, many abortions are carried out by persons lacking the requisite skill or in environments lacking the minimum medical standards or both and therefore unsafe^{6,7}. The immediate and remote consequences of these unsafe abortions have social, economic and health implications which could have been prevented by contraception⁸. In addition to the effect of unplanned pregnancies, low contraceptive use can lead to population explosion leading to a reduction in the ability of the ecosystem to cope, bringing overexploitation, depletion and pressure on natural resources, thus threatening public health⁹.

Contraception has been identified as one of the key measures to avoid maternal deaths, prevent unwanted pregnancies and generally improve women's health¹⁰. Though the contraceptive prevalence rate is generally low for Nigeria, when the different geopolitical zones are compared the northern zones have lower rates compared to the southern zones³. Nasarawa state is reported to have a contraceptive prevalence of 18.1% for all methods and 16.3% for modern contraceptive methods while Rivers state has 34.5% and 17.5% for equivalent measures³. Anecdotal evidence suggests that contraceptive use among women in Lafia, North-central Nigeria may be low. In addition, data on contraceptive preferences in women from this region is limited. This is why this study determined the contraceptive preferences among the women in Dalhatu Araf Specialist hospital in Lafia, Nasarawa state.

METHODOLOGY

This was a hospital-based retrospective descriptive study carried out on patients seen between 1st January and 31st December 2013 in the family planning unit of the Dalhatu Araf specialist hospital (DASH), Lafia, Nasarawa state. The hospital is the only tertiary hospital in the state capital, receiving patients from other parts of the state and parts of neighbouring Benue, Plateau, Kaduna, Abuja and Taraba states. The family planning unit has the mandate to offer contraceptive education and counseling to clients who come there and to postnatal women. In addition, a wide range of modern contraceptive

methods (Condoms, oral contraceptive pills (OCP), Injectable progestins (Noristerat and Depoprovera), intrauterine contraceptive device (IUCD; usually Copper-T), implants (Implanon and Jadelle) and bilateral tubal ligation) are offered to these women.

The information retrieved from the patients' folders from the family planning clinic and theatre records include sociodemographic characteristics and the contraceptive methods used. The data obtained was analyzed using Epi info version 3.5.4 from CDC Atlanta, Georgia.

RESULTS

A total of 937 patients accessed the family planning services within the study period. However, only 908 folders were retrieved out of which 4 had incomplete data. The total number of deliveries within this period was 2873, giving a contraceptive acceptance rate of 1 of every 3 delivery or 32.6%. The mean age of the subjects was 29.3 ± 6.1 years with a range of 15-50 years. Majority of the women (99.9%) were married and were of high parity (48.7% with parity of ≥ 5). Only one (0.1%) was nulliparous. Almost 70% of the women had formal education with 73.5% (666 women) of them being full time housewives. The characteristics of the women are as shown in *table 1* below.

Contraceptive preferences among these women were centered on long acting contraceptives with 367 (40.5%) women preferring the implant {238 (26.2%) Implanon and 129 (14.3%) Jadelle}. And a total of 363 (40.0%) choosing Progestin injectables [234 (25.8%) Depo-Provera and 129 (14.2%) Noristerat}. Only 5 (0.5%) women choose the condom (*Figure 1*).

Table 2 shows contraceptive preference in women of different age groups. In women aged less than 19 years, 38.1% of them used injectables and those between 20-29 years, 46.6% used injectables. While those between 30-39 years, 41.5% used implants, those between 40-49 years, 37.8% used implants and women above 50 years used injectables or implants each in 50% of cases.

Table 1: Characteristics of the women

Variable	Frequency (n)	Percentage %
Age (years) ≤19	21	2.3
20-29	426	46.9
30-39	394	43.4
40-49	65	7.2
50-59	2	0.2
Marital Status		
Divorced	1	0.1
Married	907	99.9
Parity		
Nullipara	1	0.1
1	77	8.5
2-4	387	42.7
5-9	391	43.2
≥10	50	5.5
Religion		
Christianity	353	38.9
Islam	553	61.0
Pagan	1	0.1
Ethnicity		
Alago	48	5.2
Eggon	181	20.0
Hausa	96	10.6
Others	582	64.2
Educational Level		
Arabic	12	1.3
No formal education	262	28.9
Primary	183	20.2
Secondary	249	27.5
Tertiary	200	22.1
Occupation		
Civil servant	121	13.4
Farming	3	0.3
House Wife	666	73.5
Seamstress	27	3.0
Student	18	2.0
Trading	31	3.4
Others	40	4.4

Figure 1: Contraceptive preferences among the women with percentages

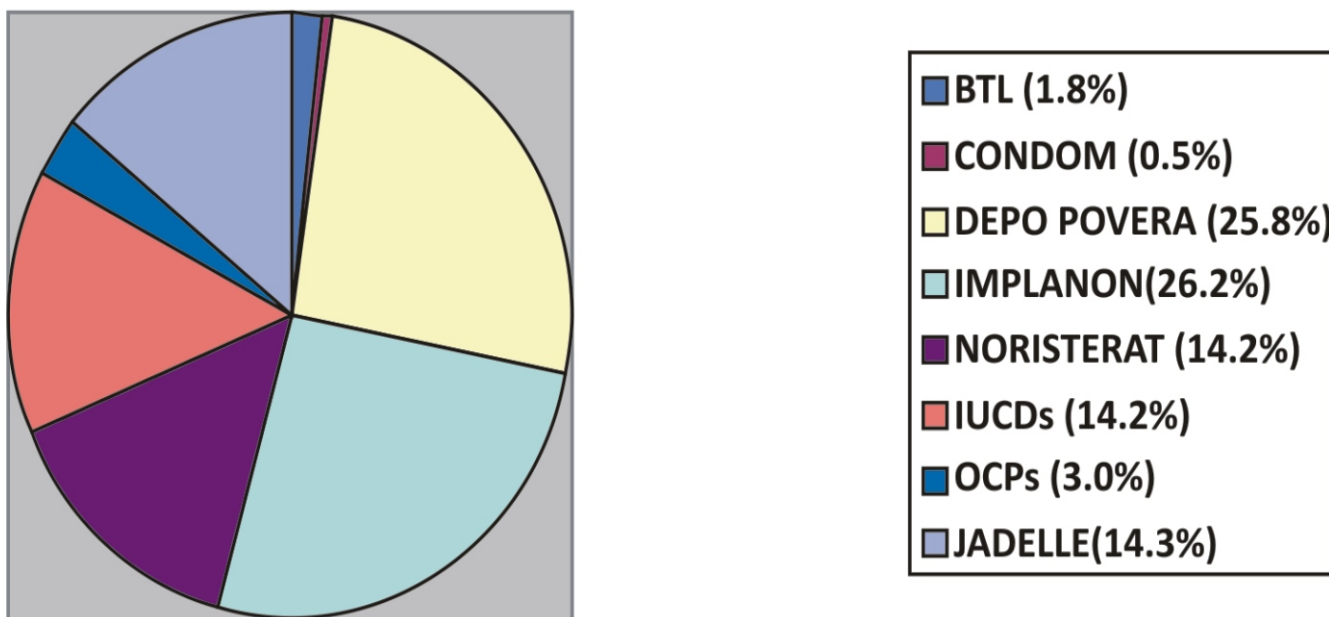


Table 2: Contraceptive Preferences in different age groups

Age group(years)	BTL	Condom	Injectable progestins	Implants	IUCD	OCP	Total
≤19 (n)	0	0	8	7	6	0	21
(%)	0.0	0	38.1	33.3	28.6	0.0	100
20-29 (n)	0	4	197	170	36	16	423
(%)	0.0	0.9	46.6	40.2	8.5	3.8	100
30-39 (n)	11	1	142	163	66	10	393
(%)	2.8	0.3	36.1	41.5	16.8	2.5	100
40-49 (n)	5	0	16	26	21	1	69
(%)	7.2	0.0	23.2	37.8	30.4	1.4	100
50-59 (n)	0	0	1	1	0	0	2
(%)	0.0	0.0	50.0	50.0	0.0	0.0	100

DISCUSSION

The study showed that of 32.6% of women achieving delivery in the hospital use modern methods of contraception. This is relatively higher than that of the national prevalence of 10%³ and even the reported 16.3% for Nasarawa state³. The higher figure recorded from our study is likely because the denominator used was total number of deliveries within the study period since it was difficult to get the total number of married women seen in our facility within this period as used in the

community-based data of the national prevalence. The higher figure could also be attributed to the health education given to these women during the antenatal and postnatal care in addition to the increase availability and accessibility of the different modern methods at a highly subsidized cost.

The prevalence is also higher than that among women interviewed in Oshogbo (13.6%)¹¹. The difference between our study and that of the

researchers from Oshogbo is still the denominator as they used all women of reproductive age group in their study. The researchers from Oshogbo pointed out that the fact that maternal services are free of charge in most states in Nigeria, even at both primary and secondary levels of health care can make desire for fertility higher in some populations but subsidized contraceptive control will curb unnecessary rises. This is a worthy policy that is already in place in Nasarawa state and other parts of the country, but more can be done. But the prevalence is lower than that reported by some researchers in Ethiopia (46.9%)¹² after a previous Ethiopian national recorded prevalence of 14%¹². The researchers observed that among other possible reasons for the increased usage was the state wide availability and accessibility of different family planning methods in that country¹².

Women less than 19 years contributed 2.3% of the study population. This is similar to the 2.8% reported from the study in Osogbo¹¹. This may be due to the fact that these groups of women are motivated by the desire to have more children as majority of the study population (99.9%) are married women. Majority of the contraceptive users (90.3%) were within 20-39 years similar to the finding (94%) from the University of Port Harcourt Teaching Hospital¹³. This obviously reflects the need of family planning during the active reproductive years.

Grandmultiparous women constituted the largest group among the contraceptive users in this study, a finding supported by a study that conclusively states that parity progression from parity 0 to 4 was consistently higher among never-users than women who ever used contraception¹⁴. Within the study period, there was only one nullipara who used a contraceptive method. Nonetheless, she is a married woman. No record of any unmarried woman accessing these services. This also brings to fore the obvious, that a lot of the unmarried adolescent and young people who are already sexually active, need to be reached, educated and served through more public awareness and campaigns.

The modern contraceptive preference among these women was in favor of long acting contraceptive methods. The preferred choice was the implants (either Jadelle or implanon) in 40.5% followed by the injectable progestins in 40% of cases. In a study conducted in Jos, north central Nigeria, the condom was found to be the preferred choice of

contraception followed by the combination of the condom and injectable progestins¹⁵. However, the study in Jos was among HIV positive women where the dual benefits of the condom (in protecting against HIV re-infection and prevention of unwanted pregnancy) were highlighted, which might have influenced the women's choice. Similarly, within other cohorts of women in Nigeria, the commonest methods were natural family planning and condoms¹⁶.

Several studies showed that most women's knowledge and use of contraception is associated with socio-demographic, socio-cultural, socio-economic, source of information and family planning factors^{11-13,17}. A study suggested that most of the study participants were using long acting type of contraceptive methods due to its convenience of not being taken on daily basis and having comfortable ways of administration in addition to the availability of this method than others¹¹. Also, it is logical to assume that where the users are offered a range of commodities that are effective and convenient, usage is likely to increase¹⁸. While our study did not ascertain the determinants of the contraceptive choices among our subjects because this information were not available, availability of the implants (which were provided free by the ministry of health), training of staff and ease of administration might have influenced the provider's counseling of their patients and the eventual uptake as reflected in the study.

Furthermore, perceived expectations of these women, that is, to delay conception for a period of time in a manner that is simple and convenient in addition to the other reasons advanced above could have influenced their choices towards long term contraception. It is advised that women have accurate, up to date, unbiased and complete information about the contraception they are about to access and use.

CONCLUSION

Modern contraceptive usage among women in Dalhatu Araf Specialist hospital, Lafia, Nasarawa State is relatively high but still way below expectations. The implants and the injectable progestins top the list of women's preferences in the hospital. An expanded family planning protocol with emphasis on catering for the specific needs of each accessor, distributed state-wide with existing, well stocked facilities and manpower, are needed to further meet the unmet needs of all the women in Nasarawa state and indeed the nation.

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