

CONTRACEPTIVE CHOICES AMONG WOMEN IN ZARIA, NIGERIA

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ABSTRACT

Aims/Objective: To study the choice of contraceptive usage and the factors responsible for such choices in northern Nigeria.

Design: A cross-sectional study.

Setting: Ahmadu Bello University Teaching Hospital, Zaria, Nigeria.

Subjects: New clients attending the reproductive health centre.

Main outcome measures: Choice of contraceptive, reason for choice, knowledge and source of knowledge about contraceptives.

Results: Four hundred and eighteen clients were interviewed. Three hundred and seventy two (89%) knew at least one method of contraception; 50.7% used injectable contraceptives, 22.5% intrauterine contraceptive devices, 13.9% Norplant and 10.3% oral contraceptive pills. One hundred and forty four (34.5%) were referred by midwives and 25.6% by other nurses.

Conclusions: The most commonly used contraceptive in our environment is the injectable method.

Key words: Contraceptive choice, source of knowledge, referral (Accepted 11 July 2006)

INTRODUCTION

In recent times, much progress has been made in the development of safer and more effective contraceptives and in the provision of affordable and accessible family planning services.¹ An estimated 123 million couples, mainly in developing countries do not use contraceptives despite wanting to space or limit their childbearing.²

Nigeria has a population of about 130 million but has a contraceptive prevalence of less than 15%.³ Various factors have been identified to be responsible for this low contraceptive prevalence including poverty, ignorance, low educational level and desire for large family size.⁴ Others include poor access to contraceptive services, community pressure, male or husband dominance and religious beliefs.^{5,6} Factors which influence choice of contraceptive vary from one part of the world to another and within the same country. Permanent methods of contraception

are more acceptable in the western world, while intrauterine contraceptive devices are more commonly used in the western part of Nigeria.^{5,7} These differences are probably due to social, economic, educational and religious factors.⁸ Previous studies from Zaria showed an increase in the number of clients switching from one method of contraception to another with a trend towards Norplant and injectables over the last 20 years.^{9,10} As we gradually enter the new millennium and face the HIV scourge there may be further changes in contraceptive choice in different parts of the world including Nigeria.¹¹ The aim of this report is to study the choice and use of contraceptives amongst new clients attending the reproductive health centre of the Ahmadu Bello University teaching Hospital Zaria.

MATERIALS AND METHODS

The study is cross sectional. A structured questionnaire was administered to 418 consecutive new clients who attended the Reproductive Health Centre of the Ahmadu Bello University Teaching Hospital, Zaria, Nigeria over a one- year period (September 2001- August 2002).

The socio-demographic characteristics, source of referral, final contraceptive choice and reasons for choice of contraceptives were obtained. The questionnaires were administered by trained nurses at the center. The data was analysed by SPSS statistical software.

RESULTS

The age range of the clients was 15 - 50 years. The 30 - 34 years age group was predominant (Table 1). Most of the patients (165, 39.5%) were Hausa/Fulani, while Yorubas were 71 (17.0%) and Ibos 30 (7.2%). Other ethnic groups accounted for 152 (36.4%).

Most of the clients (216, 51.6%) were housewives while others were civil servants, traders and students. One hundred and twenty five clients (29.9%) had attained higher education (Table 2).

Table 1: Age of clients

Age	No. (%)
15-19	23 (5.5)
20-24	67 (16)
25-29	86 (20.6)
30-34	103 (24.6)
35-39	70 (16.7)
40-44	51 (12.2)
45 - 50	18 (4.3)
Total	418 (100)

Table 2: Educational level of clients

Educational level	No. (%)
Illiterate	72 (17.2)
Quranic	8 (1.9)
Primary school	93 (22.2)
Secondary school	120 (28.7)
Tertiary school	125 (29.9)
Total	418 (100)

Two hundred and eight clients (49.9%) were Moslems while 199 (47.9%) were Christians. Majority of the clients (409, 97.8%) were married, 5 (1.2%) were widowed, 2 (0.5%) single, 1 (0.2%) divorced and 1 (0.2%) cohabiting. Three hundred and thirty clients (78.9%) were in a monogamous marriage and 88 (21.1%) polygamous. Two hundred and four clients (61.4%) were grand multipara, 124 (29.6%) had parity of 3 - 4 and 91 (21.8%) parity of 0 - 2. Three hundred and seventy two (89%) of the clients knew at least one method of contraception, while the others did not know any contraceptive method. The final choice of contraceptive Methods were injectables (50.7%), IUD (22.5%), Norplant

(13.9%), Oral contraceptive pills 10.3% (Table 3). Reasons for the choice included ease of use, not taken daily, being cheaper, and lack of partner involvement. The source of knowledge and referral to the reproductive health centre were mainly nurses and midwives 249 (60.9%) (Table 4).

Table 3: Contraceptive choice of clients

Method of choice	No. (%)
Oral Contraceptive Pills	43 (10.3)
IUCD	94 (22.5)
Condoms	2 (0.5)
Norplant	58 (13.9)
Injectables	212 (50.7)
Sterilization	2 (0.5)
Cervical Cap. Diaphragm	1 (0.2)
Others	6 (1.4)
Total	418 (100)

Table 4: Source of contraceptive knowledge and referral

Source of contraceptive Knowledge/referral	No. (%)
Nurses and Midwives	249 (60.9)
Relatives	42 (10.3)
Physician	37 (9.0)
Friends	35 (8.6)
Mass Media	5 (1.2)
Social Worker	4 (1)
Others	37 (9.0)
Total	409 (100)

DISCUSSION

Family planning benefits individuals and countries in many ways. Some of the more important way is the saving of women's lives by avoiding unintended pregnancies and so prevent about one fourth of all maternal deaths.¹² This is important to a country like Nigeria where the maternal mortality is high and complications of abortion account for 15%. If individuals utilize family planning, the rate of unwanted pregnancies should reduce.

The women in this study were aged 15 - 50 years, with most of them in the 30 - 34 years age group, similar to findings from Sokoto, Nigeria⁸ a town in the same region as Zaria. Most of the women were housewives and were educated up to secondary school level; majority weremarried, in monogamous marriages and multiparous. These are similar to findings from the 2003 National Health and demographic survey.¹³ The clients had a high level of awareness of contraception (89%), as in reports from Sokoto,

Nigeria and Tanzania.^{8,14} Most of the clients in this report obtained their information on family planning from the midwives and nurses; this is in contrast to findings in an urban community in southwestern Nigeria where the mass media was the predominant source of family planning information.¹⁵ This may be because that study centre is located in a less developed environment than Zaria.

The predominant method chosen by new clients was the injectable contraceptives (Depo-provera and Noristerat) as in the last National and Health Demographic survey, but contrasts with previous findings from the same centre, about 20 years earlier when intrauterine contraceptive devices (IUD) were the most used by clients. This may be due to the belief by some women that IUD are abortifacient and their dislike for the practice of inserting their fingers into their vagina to feel for the IUD strings on a monthly basis. Condom use from this study is also low, at 0.5% compared to other regions of the world where the usage is 5% - 33%.¹⁶ This may be because most of our clients were married women and most users of condoms are single men and women who need it for protection from HIV as well as for contraception.¹⁷

CONCLUSION

This study showed that the most commonly used contraceptive method in Zaria, Nigeria is the injectables. Nurses and midwives are the likely source of contraceptive knowledge and referral. The HIV scourge may likely change or affect this trend.

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