Original Article

Contraceptive Choices and Practices among Urban Women in Southeastern Nigeria

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ABSTRACT

BACKGROUND: Determining the contraceptive choices among the women is the first step in scaling up family planning methods.

OBJECTIVE: To determine the contraceptive choices and practices as well as the underlining factors among market women in Nnewi, southeastern Nigeria.

SUBJECTS/METHOD: This is a cross sectional descriptive study of market women, that assessed their contraceptive choices and practices.

RESULT: Knowledge about family planning was 96.5%. One hundred and seventy five (44.0%) of the interviewed women were currently using a family planning method while 59.0% had ever used a method. The common methods in use were the natural method (24.1%), withdrawal method (7.5%) and the IUCDs (6.1%). The commonest ever used method was the natural method (26.7%) followed by withdrawal method (10.6%) and condom (7.8%). Fear of family planning commodities interfering with future fertility was the commonest reason for non use of family planning services (14.6), followed by the fear of the side effects (10.6%). Seventy one (17.8%) of the non-users had no reason.

The use of family planning services was significantly high among the women aged 35 and above (x2=9.98;P=0.04) and the (x2=23.8.;P=0.00).

Focus group discussions indicated that husband's refusal, fear of side effects, cancer and delayed fertility were the main barriers to the use of family planning methods.

CONCLUSION: The contraceptive prevalence rate among Nnewi market women is high and cuts across all religions and social classes. However, the methods in common use are associated with high failure rates. The use of the more reliable methods should be encouraged.

KEYWORDS: contraceptive choices, Nnewi women, southeastern Nigeria

INTRODUCTION

Contraceptive methods are those used to either delay child birth (spacers) or limit it (limiters). They are classified as modern or traditional methods. Modern methods include female sterilisation, male sterilisation, the pill, intra-uterine device (IUD), injectables, implants, male condom, female condom, diaphragm, foam/jelly, lactational amenorrhoea method (LAM), and emergency contraception. Methods such as rhythm (periodic abstinence) and withdrawal are grouped as traditional methods. Contraception and family planning are very important reproductive health issues.1 Effective contraception is very critical to reducing unwanted pregnancies and the associated problems as well as ensuring that men and women enjoy their sexual and reproductive lives without adverse outcomes.

The contraceptive needs of a population are gauged by the contraceptive prevalence rate and the unmet need for family planning. While the contraceptive prevalence rate is defined as the proportion of married women who are using any form of contraceptive, the unmet need for family planning refers to fecund women who have need for family planning either for spacing or limiting but are not currently on any form of family planning1.

Improving the contraceptive prevalence rate among the women in developing countries has remained a big challenge to family planning program managers. The reasons for poor uptake of contraceptive commodities include limited information, poor access to health facilities, financial constraints as well as cultural and religious factors.2-7 At the community level there is a lot of wrong perceptions concerning family planning methods including causing cancer, infertility and interfering with the natural cycle. 8 In addition, many women do not access reproductive health care in health facilities. In Africa, only about 33% of the women deliver in health facilities.8 Also in some populations, it is widely believed that contraception encourages promiscuity especially among the young people. In addition, some religion forbids their women from using the artificial methods, emphasizing the use of the natural methods, which are associated with a high failure rate8. It is apparent that provision of contraceptive counseling and services must go beyond the confines of the health facilities, and get closer to the communities to achieve

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the desired result. The existing cadres of health care providers such as nurse midwives, community health care providers can be trained to provide the simple methods.

The responsibility of providing family planning commodities rests with the government and its supporting agencies. Even with well trained staff and a willing populace, if the products are not on site, there will be frustration on the part of both the health care providers (HCP) and the women seeking for services discouraging the use of services.

In Nigeria, as in many parts of the developing countries, family planning programs are donor driven and as such depend on the preferences of the donor nations.9 This setup can be inimical to the scaling up of services as these services are meant to be culturally sensitive and specific to achieve the set objectives.

In Africa, the rate and pattern of use of family planning services differ. But generally, CPR is low across the continent. For instance, in Nigeria, the contraceptive prevalence rate is very low (14.6%)1 and has only appreciated a little over the years despite efforts at scaling up services9.

Factors that have been associated with the low CPR in Nigeria include ignorance, low education, male dominance and lack of access to the commodities10,11.Many studies have investigated the contraceptive choices among Nigerian women and the reasons for such choices, but almost all these studies were carried out among the women attending either family planning clinics or antenatal clinics 2-7,12,13. The findings from these studies may not be truly reflective of the choices of family planning methods among the women as the populations investigated in these studies were already motivated to use reproductive health services. There is no doubt that community based studies are better positioned to reveal the true contraceptive choices and practices of the people.
In Nnewi, there is a low contraceptive prevalence rate as well as high (21.4%) unmet need for family planning and an unintended pregnancy rate of 27.5%2. The main reason for these poor indices was low contraceptive use rate2,6,13. However, those studies were all hospital based studies and may have underestimated the problem in the community. A community based study is therefore, desirable to show the actual contraceptive practices of the people in the area. This study therefore, aims to bridge this gap by investigating the contraceptive knowledge and practices of market women derived equally from the four quarters of the town. The findings will be very useful in the ongoing efforts to scale up the use of family planning methods in the area.

STUDY AREA
Nnewi is a semi urban town located in Anambra state within the southeast region of Nigeria. It comprises of four quarters; Otolo, Nnewichi, Uruagu and Umudim. The town is known for business and technology and has been described as "Japan of Africa". It has the largest motorcycle and motor spare parts market in Africa. Therefore the inhabitants are predominantly traders and scores of indigenes who are peasant farmers and petty traders. Apart from the central market, each of the quarters has its own daily market that caters for the routine needs of its people. There is electricity and good road network, but no pipe borne water. The residents are mostly Christians with a few Muslims and traditionalists. Due to the presence of a federal university teaching hospital, there is a large number of healthcare workers as well as numerous specialists.

STUDY DESIGN
This is a cross sectional descriptive study of market women, that assessed their contraceptive choices and practices using semi structured questionnaires and focus group discussions.
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SAMPLE SIZE DETERMINATION
The minimum sampling size will be determined using the statistical formula of Fischer for calculating sample size in populations greater than 1000 people.14
$n = z2pq/d2$ Where
n = minimum sample size calculated.
z = normal standard deviate at 95% Confidence interval = 1.96
p = contraceptive prevalence rate in Nigeria=14.6%8
$q = 1 - p = 0.85$
d = margin of error acceptable or measure of precision = 0.05
n = 190 women.
A sample size of 400 was used in order to improve the power of the study.
Therefore, 400 questionnaires were distributed

STUDY POPULATION
The study population comprised women attending these markets who are within the reproductive age group who consented. Equal numbers (100) of women were selected from each of the four markets, representing the four quarters of the town.

DATA COLLECTION
Data will be collected from eligible women using pre tested semi-structured interviewer administered questionnaires. The information obtained included sociodemographic characteristics, knowledge about contraceptives, sources of information, choice of family planning and reason for the choice and the use of family planning services. Information on knowledge and use of family planning methods was obtained from the respondents by asking them to mention ways or methods

by which a couple can delay or avoid pregnancy. For each method known, respondents were asked if they had ever used the method. Respondents who reported ever use of family planning were asked whether they or their partners were using a method at the time of the survey. Provision was also made in the questionnaire to record any other methods mentioned by the respondent, including folk methods.

The data was augmented with information from focus group discussions (FGDs) involving women selected by syatematic sampling technique and who were not involved in the quantitative data collection. The FGDs each consisted of eight participants, a facilitator, tape recorder and a note- taker. The discussions took place in the evenings between 4.00pm and 6.00pm Nigerian time when the women had closed business for the day. Each session lasted 45minutes. The venues were conducted in a building within the market. The language was a mix of the local language (Igbo) and English language as determined by the convenience of the participants. In all a total of 8 focus group discussions sessions were held, two for each of the markets. The parameters used in choosing participants included sociodemographic characteristics likely to affect their contraceptive choices and practices.

DATA ANALYSIS

The collected data was analyzed using EPI INFO version 3.5.1(2008) software. Descriptive statistics such as means, median and mode were computed for continuous variables and proportions for nominal characteristics of the women. Chi-square test was used to assess significance of associations between nominal variables and a p-value of < 0.05 at 95% confidence interval was taken as significant. The results were presented in tables and charts.

ETHICAL CONSIDERATIONS

Ethical clearance was obtained from the ethical committee of the local government area. As much as possible, the rights of patients were protected in this research work and questionnaires were only administered to women who have given their consent, this was however done after due counseling. Also before the FGDs were recorded the consent of the respondents were sought and obtained.

RESULTS

Sociodemographic profile

Table I shows the sociodemographic characteristics of the respondents. The modal age group was 25-29(34.2%; n=136) while the modal parity group was 2-4(56.8%; n=226). Literacy level was very high (85.1%; n=339) and majority of the respondents were traders.(81.7%;n=325). Almost all of the women were Christians (99.7%; n=397) with a preponderance of the Roman Catholic denomination.

Knowledge and practice of family planning among the respondents

Table I: Sociodemographic profile of the respondents

Sociodemographic profile	Frequency	Percentage
Age		
<25	33	1.2
25-29	136	34.2
30-34	119	29.9
35 and above	110	27.7
Parity		
1	76	19.0
2-4	226	57.1
5 and above	95	23.9
Marital status		
Married	387	97.2
Widowed	10	2.5
Divorced /separated	1	0.3
Occupation		
Trader	325	81.7
Housewife	30	7.5
Artisan	23	5.8
Public servant	11	2.8
Student	9	2.3
Highest Educational Qualification		
No Formal Education	9	2.3
Primary	50	12.6
Secondary	262	65.8
Tertiary	77	19.3
Religion		
Anglican	102	25.6
Catholic	188	47.2
Islam	1	0.3
Others	5	1.3
Pentecostal	102	25.6

Table II showed that 384(96.5%) of the women knew about family planning and were able to mention at least one method. The commonest methods known were billings method (26.9%), condom(15.1%) and oral contraceptive pills(14.1%). The main sources of information were health workers (54.0%) and friends (18.3%).

PATTERN OF USE OF FAMILY PLANNING METHODS

While 44.0% of the women were currently using family planning methods, only 13.0% were using modern methods. Ever use rate was 59.0%. The common methods in use were the natural method (24.1%), withdrawal method (7.5%) and the IUCDs (6.1%). The commonest ever used method was the natural method (26.7%) followed by withdrawal method (10.6%) and condom (7.8%). Fear of family planning commodities

interfering with future fertility was the commonest reason for non use of family planning services (14.6), followed by the fear of the side effects (10.6%). Seventy one (17.8%) of the non-users had no reason.

Table II: Knowledge about family planning methods among the respondents

Commonly known family planning methods	Frequency	Percent
Billings method	107	26.9
Condom	60	15.1
Oral contraceptive pills	56	14.1
Withdrawal method	47	11.8
Injectables	46	11.6
IUCDs	45	11.3
Implants	23	5.3
Sources of information about family planning		
Health Workers	215	54.0
Friends	73	18.3
Church	36	9.0
Radio/TV	33	8.3
Husbands	13	3.3
Newspapers	6	1.5
Relations	5	1.3
Others	4	1.0

Table III: pattern of use of family planning methods among the respondents

Current use of family planning methods	Frequency	Percentage
Non use	223	56.0
natural method	96	24.1
withdrawal method	30	7.5
IUCDs	24	6.0
condom	11	2.8
Injectables	7	1.8
oral contraceptive pills	4	1.0
BTL	2	0.5
implants	1	0.3
Reasons for non use of FP methods		
No particular reason	71	17.8
May interfere with future fertility	58	14.6
Afraid of side effects	42	10.6
Not aware of where to get services	25	6.3
Husband's refusal	11	2.8
Cultural unacceptable	9	2.3
Causes cancer	8	2.0
Religious disapproval	8	2.0
Completed family size	1	0.3
Ever Used family Planning methods		
Natural Method	**110**	27.6
Withdrawal Method	42	10.6
Condom	31	7.8
IUCDs	21	5.3
Injectables	14	3.5
Oral Contraceptive Pills	9	2.3
BTL	5	1.3
Implants	3	0.8

*Some gave multiple reasons

Table VI: The influence of sociodemographic characteristics on the use of family planning methods among the respondents

Current use of family planning methods			X^2	p- value
Sociodemographic profile	**No (%)**	**Yes (%)**		
Age				
20-24	23(71.9)	9(28.1)		
24-29	0(0.0)	1(100.0)	9.98	0.04
25-29	81(59.6)	55(40.4)		
30-34	71(59.7)	48(40.3)		
35 and above	51**(46.4)**	59**(53.6)**		
Parity				
1	59(77.6)	17(22.4)		
2-4	127(56.20	99(43.8)	23.83	0.00
5 and above	39(41.1)	56(58.9)		
Marital status				
Married	**218(56.4)**	**169(43.7)**		
Widowed	**8(80.0)**	**2(20.0)**	**3.52**	**0.17**
Divorced /separated	**0(0.0)**	**1(100.0)**		
Occupation				
Trader	188(57.6)	137(42.2)		
Housewife	17(56.7)	13(43.3)		
Artisan	10(43.5)	13(56.5)	2.58	0.63
Public servant	7(63.6)	4(36.4)		
Student	4(44.4)	5(55.6)		
Highest Educational Qualification				
No Formal Education	**5(55.6)**	**4(44.4)**		
Primary	**29(58.0)**	**21(42.0)**		
Secondary	**156(59.5)**	**106(40.5)**	**4.00**	**0.26**
Tertiary	**36(46.8)**	**41(53.2)**		
Religion				
Anglican	**62(60.8)**	**40(39.2)**		
Catholic	**98(52.1)**	**90(47.9)**		
Islam	**1(100.0)**	**0(0.0)**	**3.77**	**0.44**
Others	**3(60.0)**	**2(40.0)**		
Pentecostal	**62(60.8)**	**40(39.2)**		

INFLUENCE OF SOCIODEMOGRAPHIC CHARACTERISTICS ON THE USE OF FAMILY PLANNING METHODS

Table IV shows that the use of family planning services was significantly low among the women aged 20-24(x2=9.98;P=0.04) and those who were primiparous (x2=23.8.;P=0.00). There was no significant association between educational level(x2=4.00;P=0.26), occupation(x2=2.58;P=0.63) and religion(x2=3.77;P=0.44) and the use of family planning services.

FOCUS GROUP DISCUSSIONS

Most focus group discussants indicated that husband's refusal, fear of side effects; cancer and delayed fertility were the main barriers to the use of family planning methods. Most of them agreed that family planning is important for the heath of the women and advocated for inclusion of men in reproductive health discussions.

DISCUSSION

Scaling up of family planning services has been a major challenge to reproductive health services providers in Nigeria. The country's contraceptive prevalence rate remains abysmally low at 14.0%1. Both providers and consumers factors have collaborated to keep the CPR low. The result is a huge unmet need for family planning and the attendant high unintended pregnancy rate2. The first step in ameliorating this situation is to find out the rate and pattern of use of the family planning commodities and the possible reasons why women shun family planning services. It is equally important to identify the influence of education, religion, parity and other sociodemographic variables on the rate and pattern of use.

The sociodemographic characteristics of the respondents show that many of them were traders with a high literacy level. This is expected as the study was carried out in the markets and more so the town-Nnewi is known for commerce.The knowledge of family planning was 96.5% among the respondents. Similar high rate of knowledge (95.5%) had been previously reported in Nnewi2, while 89.0% was reported in Zaria4. Therefore, poor contraceptive usage in the country may not necessarily be as a result of lack of information but maybe more related to misconceptions, cultural, social and religious issues. A survey of an in-depth knowledge of family planning methods among the women may generate more information and reveal some of these misconceptions that interfere with access to family planning services delivery in the country.

The contraceptive prevalence rate (CPR) as found in this study is 44.0%. But only 13.0% of the women were using the modern methods of contraception. The level of current use of contraceptives is a measure of actual contraceptive practice at the time of the survey. It is also the most widely used and valuable measure of the success of family planning Programmes. Furthermore, it can be used to estimate the reduction in fertility attributable to contraception1.

According to the Nigerian demographic and Health survey (NDHS 2008)1, the current contraceptive use rate for all women in Nigeria is 15% while for married women (CPR) it is 14.6%.1 However, only 9.7% of Nigerian married women use modern forms of contraceptives. 1 Therefore, the rates found in this study are higher than the national figures and may represent a fall off of the presence of a Teaching hospital and the attendant large number of healthcare providers in the town. The methods mostly used-natural and withdrawal methods are traditional methods associated with high failure rates as only 13.0% of the interviewed women were using effective, modern methods of contraception. Therefore, a lot of sensitization is needed by family planning programs in the area to encourage the women to use the more effective, modern contraceptive methods. It also possible that the wide preference for the natural methods may be because majority of the women (47.2%) belong to the catholic church known to propagate the use of the natural family planning methods among its members.

The current contraceptive use was highest among the women aged 35 years and above and lowest among those within the 20-24 age bracket. There were no teenagers involved in the study. A similar finding was documented in the NDHS, 20081. It is possible that age influences the use of contraceptives through the influence of parity as this study also documented a significantly higher usage among the grandmultiparous women, most likely for limiting birth. The CPR was lowest among the widows and may not necessarily mean a higher unmet need for family planning but a reduced fertility wish.. Also, CPR was highest among women who have tertiary education. This was also noted in the NDHS 2008. Improving female education at all levels should be considered a long term strategy towards improving the reproductive health indices in the region. This should start very early in life by ensuring quality education for the girl child.

From the study, the ever use rate is 59.0% while the ever use rate for the modern methods is 21.0%. Ever use of contraception provides a measure of the cumulative experience of a population with family planning. The ever use of family planning methods in this study thus refers to the use of a method at any time, with no distinction between past and current use.

As documented in Nigerian demographic and Health survey (NDHS 2008)1, 28.6% of all married women had ever used a method of contraception while 24.0% had ever used a modern method. Therefore, the rate from this work is higher than the national rate and parallels the

CPR. Measures to improve the CPR will also improve the ever use rate. The major reasons for non-use of family planning methods were fear of interference with fertility and also fear of the side effects.

CONCLUSION

The contraceptive prevalence rate in Nnewi is high. However, the methods mostly in use are those associated with high failure rates. The use of the more reliable methods should be encouraged through sensitization campaigns.

REFERENCES

1. Nigeria Demographic and Health Survey. National Population Commission and ICF Macro. Calverton (Maryland).2008.
2. Igwegbe AO, Ugboaja JO, Monago EN. Prevalence and determinants of unmet need for family planning in Nnewi, south-east Nigeria. Int. J. Med.Med. Sci.2009; 1(8): 325-329.
3. Adeyemi AS, Adekanle DA, Komolafe JO. Pattern of contraceptives choice among the married women attending the family planning clinic of a tertiary health institution. Niger J Med. 2008;17(1):67-70.
4. Ameh N, Sule ST. Contraceptive choices among women in Zaria, Nigeria. Niger J Clin Pract. 2007;10(3):205-7.
5. Konje JC, Oladini F, Otolorin EO, Ladipo OO. Factors determining the choice of contraceptive methods at the Family Planning Clinic, University College Hospital, Ibadan, Nigeria. Br J Fam Plann. 1998;24(3):107-10.
6. Adinma JI, Agbai AO, Nwosu BO. Contraceptive choices among Nigerian women attending an antenatal clinic. Adv Contracept. 1998;14(2):131-45.
7. Onah HE Contraceptive choice at the University of Nigeria Teaching Hospital, Enugu, Nigeria. Global Journal of Medical Science, 2004; 3(1&2): 29-31
8. Charlotte W. "Postnatal Care," in Opportunities for Africa's Newborns, ed. Joy Lawn and Kate Kerber (Cape Town, South Africa: Partnership for Maternal, Newborn, and Child Health, Save the Children, UNFPA, UNICEF, USAID,WHO, and partners, 2006).
9. National Population Commission Federal Republic of Nigeria. Nigeria Demographic and Health Survey 2003. Calverton (Maryland):Macro International; 2003.
10. Emuveyan EE, Dixon RA. Family planning clinics in Lagos, Niger: Clients, methods acceptance and continuation rates. Niger. Med.J.1995;19-23
11. Odimegwu CO. Family planning attitudes and use in Nigeria: factor analysis. International family planning perspectives. 1999;3:27-38
12. Ozumba BC, Ibekwe PC. Contraceptive use at the family planning clinic of the University of Nigeria Teaching Hospital, Enugu, Nigeria. Public Health.2001; 115 (1): 51 53
13. Udigwe GO, Udigwe BI, Ikechebelu JI. Contraception practice in a teaching hospital in southeast Nigeria. J. Obstet Gynaecol .2002; 22(3): 308-311.
14. Hassan T. Inferential statistics. In Bankole, M A (ed), Handbook of research methods in medicine. Lagos, Nigeria: Nigerian Educational Research and Development Council, 1991; 167-211.