CONTRACEPTIVE CHOICE OF WOMEN IN AKURE, WESTERN NIGERIA.

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ABSTRACT

Background: Contraceptive choice in Nigeria differs from one region to the other for various reasons. **Objective:** The aim of this study was to identify the choice of contraception among our women and the factors responsible for this.

Study design/Setting/Methods: It was a cross-sectional descriptive study involving 400 family planning clients who attended the State Specialist Hospital, Akure, Western Nigeria between July and December 2012 using self administered questionnaires. **Main Outcome measured:** Awareness of contraception, Source of information about contraception, Choice of contraception and the reasons for the preferred choice.

Results: All the 400 clients responded. Majority were in the age bracket of 30-39years (53.1%), many had post secondary education (50%). A significant number were aware of contraception with their health care providers being their major source of information (X^2=417.590, P=0.005). Among the respondents, 375(94.6%) have used one form of contraception or the other and the preferred choice of contraception was the intrauterine contraceptive device (Copper T) in 84% of the clients.

Conclusion: The intrauterine contraceptive device (Copper T) is the commonest choice of contraception among women in Akure, Western Nigeria, and the reasons for their choice include its cost effectiveness, less side effects, husband's wish and that it is easy to use.

Key words: *Contraceptive awareness, Source of information, Choice of contraception, reasons for preferred choice.*

INTRODUCTION

Family planning is a way towards achieving better reproductive health and the fourth pillar of the safe motherhood initiative [1]. A successful family planning programme prevents unwanted pregnancies and thus saves and improves the lives of women [2]. However, contraceptive uptake in Nigeria is estimated to be less than 15% out of a population of about 160 million people with a growth rate of 3.5% [3]. Factors reported to account for this low rate include poverty, ignorance, religious beliefs, community beliefs and inaccessibility of family planning services [4].

In developed countries the preferred choice of contraception among women is sterilization while in Nigeria the choice of contraception among women varies from one region to the other. Studies done in the country showed that intrauterine contraceptive device is preferable in

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some parts of the country while other studies have reported a shift towards the injectables.[5,6,7]

This study was embarked upon to determine the contraceptive choice of women attending the State Specialist hospital, Akure, Western Nigeria, and the factors responsible for their choice. This could assist in determining the type of contraceptive devices to be supplied to the family planning clinic and could also provide a strategy for improving contraceptive acceptance.

METHODOLOGY

It was a cross- sectional descriptive study involving 400 clients who attended the family planning clinic of the State Specialist hospital, Akure between July and December 2012. Data were collected using self completed semi-structured questionnaires after obtaining ethical clearance and their informed consents. The questionnaires were developed and pre-tested on a sample of women before administering them to the respondents. The respondents socio-demographic characteristics, awareness of contraception, source of information about contraception, choice of contraception and the reasons for their preferred choice were obtained. The data collected was analysed using the Statistical Package for Social Science (SPSS) for Windows version 16. The level of significance was tested using Chi-Square test (X^2) and the level of significance set at $P < 0.05$.

RESULTS

The age of the respondents ranged between 20-60years with the majority in the age bracket of 30-39 years (53.1%). Three hundred and eighty three(96.3%) were married, 11(2.3%) were single, 1(0.3%)was divorced and 5(1.1%)

widowed. About 200(50.0%) of the clients had post secondary education, 127(32.0%) had secondary education, 59(14.5%) had primary education and 14(3.5%) had no formal education. Two hundred and forty clients were Christians, one hundred and fifty six were muslims while four were of other religion. Two hundred and twenty clients had less than four children while one hundred and eighty had four or more children, as shown in *Table 1*. A significant number of them were aware of contraception with their health care providers being the major source of their information(X^2=417.590, P=0.005) as shown in *Table 2 and figure 1 below.*

About 40 (9.7%) were familiar with condom, 24 (5.8%) with injectables, 23 (5.6%) with pills, 7(1.7%) with implanon, 4 (1%) with bilateral tubal ligation/Vasectomy, 204 (49.6%) with intrauterine contraceptive device while 98(26.6%) were familiar with all of the above methods of contraception.

Among the respondents 375(94.6%) have used one form of contraception or the other while 25(5.4%) have not used any. About 336(84.0%) prefer intrauterine contraceptive device(Copper T), 28(7%) prefer injectables, 17(4.25%) pills, 9(2.25%) Condom, 8(2%) implanon/norplants and 2(0.5%) bilateral tubal ligation/vasectomy.

Various factors were found to have contributed to their preferred choice with 11(2.75%) of the respondents choosing a contraception which is not expensive, husband′s wish accounted for the reason for making such choice in 95(23.75%) of the respondents, less side effects in 108(27%), 173(43.25%) choose contraceptive which is easy to use but 13(3.25%) did not state their reason.

Table 1: Demographic Characteristics of the respondents

Characteristics		Frequency (%)
Age:	**20-29**	*38 (9.6)*
	30-39	*212 (53.1)*
	40-49	*126 (31.2)*
	50-59	*17 (4.3)*
	60 and above	*7 (1.8)*
Marital Status: Married		*383(96.3)*
	Single	*11(2.3)*
	Divorced	*1(0.3)*
	Widowed	*5(1.1)*
Parity: < 4		*220 (53.7)*
= 4		*180(46.3)*
Education : Nil formal education		*14 (3.5)*
		59 (14.5)
	Primary education	*127 (32.0)*
	Secondary education	*200 (50.0)*
PostSecondaryeducation		
Religion: Christianity		*240 (60.0)*
	Islam	*156 (39.0)*
	Other religion	*4 (1.0)*

Figure 1: **Respondents' Awareness about Contraception**
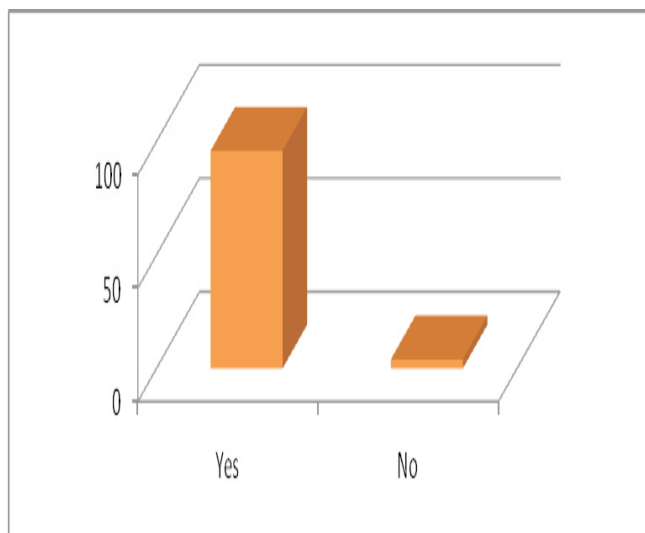
Table 2: Respondents' Source of Information about Contraception

Source of Information	Frequency	Percentage(%)
Health care Providers	208	52
Media	85	21.3
Magazines/Newspapers	18	4.5
Friends	19	4.8
Parents/Relations	14	3.5
Others	56	
		14
Total	**400**	**100%**

X^2 = 417.590, p = 0.005 (Significant)

Table 3: **Respondents' Preferred Choice of Contraception**

Contraception	Frequency	Percentage(%)
Intrauterine contraceptive device(Copper T)	336	84.0
Injectables	28	7.0
Pills	17	4.25
Condom	9	2.25
Implanon/ Norplants	8	2.0
Permanent Method (BTL/ Vasectomy)	2	0.5
Total	**400**	**100%**

X^2 = 822.165, p = 0.004 (Significant)

*Table 4: **Respondents' reasons for choice of Contraception***

Reason	Frequency	Percentage(%)
Not Expensive	11	2.75
Husband's Wish	95	23.75
Less Side Effects	108	27
Easy to Use	173	43.25
No reason	13	3.25
Total	**400**	**100%**

DISCUSSION:

The choice of contraception varies from one country to the other and even from one region to the other within the same country, various factors could contribute to this all in an attempt towards having an ideal contraception. This study was embarked upon to identify the commonest choice of contraception among our women and the factors that could contribute to this.

In this study majority of the respondents were in the age bracket of 31-39 years which is the peak reproductive age of the women in our environment and it is in keeping with the findings from other parts of Nigeria such as Orlu, Zaria and Warri [6,7,8]. Significant number of the women had post secondary education and were married, this is also in keeping with the studies done elsewhere in Nigeria and the National health Demographic Survey of 2003 [6,7,8,9]. It therefore shows that many women in our environment are well educated and can understand better topics which are discussed during counselling, this could also guide their choice of contraception.

Majority of the respondents were already aware of contraception which is similar to other findings in Nigeria [8,10], it therefore shows that many women are aware of the importance of child spacing in our environment. The health care providers were the major source of information about contraception which is also similar to the findings from Northern and Eastern Nigeria but differs from a study in south-western Nigeria where the mass media was found to be the major source of information [11]. This is not surprising in our environment because the importance of contraception is usually emphasized during antenatal visits by the health care providers and many of the women are also referred for contraception during their postnatal visits.

The commonest choice of contraception among the respondents is the intrauterine contraceptive device(Copper T) in 84% which is similar to the study of Otolorin in 1987 who discovered that it was the choice of 82% of new family planning users in Ibadan, western Nigeria [12], this however differs from the findings in the Northern part of the country where the injectables are the preferred choice [7]. This difference could be attributed to the educational level of the women since more women are well educated in the western part of the country.

Various reasons were identified to have contributed to their preferred choice such as cost effectiveness, husband's wish, less side effects while majority prefer a contraceptive method that is easy to use. This is also not surprising

since the intrauterine contraceptive device (Copper T) once inserted by the health care providers is worn over a period of 5-10years if there are no side effects, this is therefore cost effective.

CONCLUSION

This study showed that the commonest choice of contraception amongst women in Akure, western part of Nigeria is the intrauterine contraceptive device(Copper T) and various factors accounted for their preferred choice such as its cost effectiveness, less side effects and for the fact that it is easy to use. Progress still has to be made towards developing efficient, safe, accessible and affordable family planning services.

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