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Contraceptive Pattern at a Comprehensive Health Center in a Sub-Urban Setting

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Abstract

Context: The Gindiri Comprehensive Health Center (CHC) is about 76 km from Jos and serves the local population. It provides health care services to patients in addition to providing contraceptive services to desiring clients.
Objective: To evaluate the pattern of contraceptive acceptability and the preferred methods of contraception accepted by the population.
Methodology: This was a descriptive review of the records of the family planning clinic of the Comprehensive Health Center, Gindiri, between January 1990 and December 2003.
Results: A total of 651 new clients accepted contraceptive methods within the period of study. There was a gradual decline in the new acceptors over the period from 238 in 1990-1991 to 56 in 2002-2003. The mean age and parity were 32.4 ± 3.6 and 5.0 ± 2.4 respectively. There was no record of males accepting any method of contraception. The commonest accepted method of contraception accepted most by the clients was the pill 295 (45.3%), followed by the Injectable 254 (39.0%). Bilateral tubal ligation (BTL) was the least acceptable by the clients in 8 (1.2%) clients.
Conclusion: **There was a gradual decline in new acceptors of contraceptive methods in the center over the years. The men were not accepting any form of contraception.** Men need more information in order to utilize the service or encourage their spouses to use the available methods.

Key Words: Contraception, Clients, the Pill, Comprehensive Health Center, Gindiri.

Introduction

The Gindiri Comprehensive Health Center (CHC) is an outpost of the Jos University Teaching Hospital. It is about 76 km from Jos and the local population who are mainly farmers and petty traders. It also refers patients to the teaching hospital in Jos. The objective of establishing the comprehensive health center as a branch of the teaching hospital was to provide basic medical care to the local communities and also to serve as practice area to train its students in the art of providing health care services to the grassroots[1]. The center also provides as many components of health care in a comprehensive and integrated manner under one roof, and as far as possible in one visit. These services include family planning, immunization, oral rehydration therapy, the treatment of common ailments, nutrition demonstration and growth monitoring.

Government has by this gesture demonstrates clear willingness to improve and ensure cost effective delivery of family planning services within the primary health care framework. Family planning was by policy clearly established within the national population policy, formulated in 1989[2], and is regarded in Nigeria as an important preventive health measure in view of the association of high fertility with maternal and infant morbidity and mortality. The vulnerability of women to maternal morbidities and mortalities is increased in developing countries partly because women tend to give birth to many children. The reduction in maternal, perinatal and child mortality cannot be achieved without squarely addressing the un-met need for family planning.

An estimated 113.6 million women in the developing world have an un-met need for contraception[3]. The main aim or objective of family planning is to improve the quality of life of the populace. The programme of action of the International Conference on Population and Development urged all countries to strive to make accessible through the primary reproductive health care system, reproductive health and family planning to all individuals of appropriate ages as soon as possible, and no later than 2015[4]. Many developing countries have responded to this by expanding their reproductive health and family planning programmes in accordance with recommendation issued by the 1994 International Conference on Population and development[5]. The pioneer medical and nursing staff to the health centre were trained in family planning service provision but over the years, the staff posted to the facility had had no such training. In addition, the existing family planning room for counseling and service provision room is the same as the examination room for antenatal patients, making it inaccessible to the male folk in an area with a significant number of Moslems. The objective of the study was to evaluate the pattern of contraceptive acceptability, and the preferred methods of contraception by the population and to advice on how to improve the acceptability of the services in the centre.

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Table 1: Biennial distribution of new acceptors of contraceptive methods

Years	No. (%)
1990-1991	238 (36.6)
1992-1993	127 (19.5)
1994-1995	72 (11.1)
1996-1997	32 (4.9)
1998-1999	47 (7.2)
2000-2001	79 (12.1)
2002-2003	56 (8.6)
Total	**651 (100.0)**

Table 2:
New Acceptors of Family Planning Methods

Method	No. (%)
Oral Pill	295 (45.3)
Injectable	254 (39.0)
Intrauterine Device	94 (14.5)
Bilateral Tubal Ligation	8 (1.2)
Total	**651(100.0)**

Materials and Methods:

This was a descriptive review of the records of the family planning clinic of the facility. These were new clients that accepted contraceptive methods in the family planning clinic of the facility from January 1990 to December 2003. The records were retrieved and analyzed for number of new cases accepting a method of contraception, age, parity, and gender. The records were collated and analyzed using the Epi-Info 2002 software.

Results:

A total of 651 new clients accepted contraceptive methods within the period of study in the center. There was a gradual decline in the number of new clients accepting a method of contraception over the period from 238 (36.6%) in 1990-1991 to 56 (8.6%) in 2002-2003, (table 1). The accepted methods of contraception were the oral pill, injectable, intrauterine contraceptive device and bilateral tubal ligation. Oral contraception was accepted by 295 (45.3%), injectables in 254 (39.0%), intrauterine device in 94 (14.5%) and female sterilization in only 8 (1.2%), (table 2). The age range was from 18 to 42 years with a mean of 32.4 (SD ± 3.6). Women of the age of 20-29 years constituted 44.9% of the new acceptors. The younger women preferred the pills, the older women female sterilization and the injectables and intrauterine devices accepted by all the age groups, (table 3). Their parity ranged from 112 with a mean of 5.0 (SD ± 2.4), and 98.5% of them were multiparous women. Grand multiparous women constituted 57.2% of clients, and used mainly the Injectables and the intrauterine contraceptive devices; while all the primipara used the pills and those of parity 2 to 4 used predominantly the pills, (table 4). There was no record of a male accepting any method of contraception.

Table 3:
Distribution of contraceptive methods according to age group of clients

Age-group (years)	The Pills	Injectables	IUD	BTL	Total (%)
15-19	90	19	7	-	116 (17.8)
20-24	81	45	23	-	149 (22.9)
25-30	74	48	21	-	143 (22.0)
31-34	28	71	22	-	121 (18.6)
35-39	17	45	14	-	76 (11.7)
40-44	5	26	7	8	46 (7.1)
Total	**295 (45.3)**	**254 (39.0)**	**94 (14.5)**	**8 (1.2)**	**651 (100.0)**

(BTL = Bilateral Tubal Ligation; IUD = Intrauterine Device)

Table 4:
Distribution of contraceptive methods by parity of the clients

Parity	Oral Pills	Injectables	IUD	BTL	No. (%)
1	10	-	-	-	10 (1.5)
2-4	248	21	-	-	269 (41.3)
=5	36	233	94	8	372 (57.2)
Total	295 (45.3)	254 (39.0)	94 (14.5)	8 (1.2)	651 (100.0)

(BTL = Bilateral Tubal Ligation; IUD = Intrauterine Device)

Discussion

The acceptance of modern contraceptive methods in the center by new clients showed a gradual decline over the years from about 37% in 1990-1991 to about 9% in the year 2002-2003. The reason for this may not be very clear, but it may be partly because returning clients were considered as old clients at the facility. The oral pills were the most favoured method of contraception and accepted by 45.3%, followed by the injectables in 39.0%. Only four (4) methods of contraception, out of the many methods available, were accepted by the new clients namely the oral contraceptive pills, the injectables, the intrauterine contraceptive device and bilateral tubal ligation (a permanent method for the female). Although a retrospective study, the study

considered all the new clients accepting contraceptive methods in the centre. The records were easily available as they were well kept by the clinic staff. The study however did not consider all the clients counseled for family planning as the records were not available for analysis.

The method of contraception mostly accepted by clients was the oral contraceptive pills, which was used by about 45% of all the new acceptors. This was closely followed by the injectables in 39% of the clients. Many women are resorting to the injectable worldwide[6]. A similar trend was seen in this study where the injectable competes with the oral contraceptives. The reason for the increased use of the injectable may be its long acting duration, which appeals to women living far from the facility. Women of all the reproductive age group accepted contraceptive methods at the center. Multiparous women constituted the majority (98.4%) of the new acceptors. There were no nulliparous women accepting any method of contraception in the review. All the women that accepted the permanent method of contraception were grandmultiparous women.

This study showed that younger women preferred the oral contraceptive pill, a temporary method of contraception, while the older women accepted the injectables and the permanent method of contraception. This may be because younger women probably wanted to space their births for a short period, and the older ones for a longer time. The younger women had not completed their family size and therefore did not take the permanent form of contraception. Contraceptive behavior, choice, outcome and continuation were influenced by age, educational level and the desire for more children in a Lagos study[7]. Only grandmultiparous women of the age above 40 years used the permanent method of contraception for completed family size. Reversible methods of contraception were taken by the majority (99%) of the clients in the study. Unlike the family planning clinic in the Jos University Teaching Hospital, the Gindiri Comprehensive Health Center does not provide Norplant insertion and removal services. This may be partly due to non-availability of trained service providers, or the cost of the capsules.

The contraceptive needs of the community are still un-met, as the rate of acceptance demonstrated a yearly decline. World wide, between 120-150 million women want to limit or space future pregnancies but are un-able to do so because family planning services are not available, inaccessible, unaffordable, of poor quality or their use is restricted[4]. Many contraceptive methods should be made available to women of all socioeconomic strata at affordable prices. Access to contraception must generally be improved upon. Women are willing to use contraceptives but accessibility to use depends on the degree of poverty and thus affordability. Improved access to a wide range of contraceptive methods (method mix) may lead to improved voluntary use of family planning. Male methods of contraception, the condoms and vasectomy, were not recorded at all at the facility. This may be due to inadequate information or male motivation about available methods in the center for their use. Outreach effort by the community healthcare workers, targeting men with family planning messages is likely to be effective in initiating male contraceptive use[6]. Male methods of contraception, which are cheaper, simpler and easily available, need to be introduced in the facility. Before then the men should be enlightened over the available news media about male methods of contraception and the fact that they are available at the facility. More health providers in the center need to be trained in counseling and service provision particularly in Norplant insertion and removal, minilaparotomy under local anaesthesia and vasectomy. The anticipated improved service delivery in the facility following the training will improve family planning and reproductive health knowledge and also lead to increased clients' patronage of the services.

The reason for the poor acceptance trend by the clients and the community is still largely speculative, and needs to be investigated and documented. This may be by way of an anonymous self-administered structured questionnaire about how they view the services and to identify any perceived hindrances at the centre. The medical staff posted to run the family planning services at the center should be trained to be able to offer effective services to intending clients including the men. A neutral site should also be identified in the facility with consideration for privacy and confidentiality, for family planning services in order to encourage the men folk.

References

1. WHO: Nigeria after Alma-Ata; Lagos. WHO 1988.
2. The National Health Policy and Strategy to achieve health for all Nigerians, Lagos. Federal Ministry of Health, 1988.
3. Ross JA, Winfrey WL Un-met need for contraception in the developing world and the former Soviet Union: An updated estimate. International Family Planning Perspective, 2002; 28 (3): 138-144.
4. Causes of maternal illness and death. In: Programming for Safe Motherhood, Guidelines for Maternal and Neonatal Survival, 1st edition; United Nations Children's Fund, UNICEF Headquarters, Health Section, Programme Division, 1999; 16-25
5. Ross J, Stover J. Family Planning Programme Effort Index: 1999 cycle. International Family Planning Perspective, 2001; 27 (3): 119-129.
6. Bertrand JT, Seiber E, Escudero G. Contraceptive dynamics in Guatemala: 1978-1998. International Family Planning Perspective, 2001; 27 (3): 112-118.
7. Emuveyan EE, Dixon RA. Family Planning Clinics in Lagos: Clients, methods accepted and continuation rates. Nig Med J, 1995; 28(1): 19-23.