



CONTRACEPTIVE CHOICE AMONGST WOMEN IN WARRI, NIGERIA

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ABSTRACT

Background: Contraceptive choice could assist family planning clinics in determining the type of contraceptive devices to be supplied as well as in devising a strategy for improving contraceptive acceptance.

Aim: To determine the choice of contraceptive usage and the factors predictive of such choices in Warri, southern Nigeria. **Design:** A cross-sectional study. **Setting:** Delta State University Teaching Hospital, Warri (temporary site), Nigeria. **Subjects:** Clients attending the family planning clinic. Main outcome measures: contraceptive choice, reason for choice, awareness and source of awareness about contraceptives.

Result: Five hundred respondents were interviewed. Ninety-six percent knew at least one method of contraception. Their ages ranged between 17 and 50 years. Majority were in the age group 31–35 years(44.2%), housewives(38.4%), attained secondary school education or more (76.4%), were married (87.4%), in monogamous marriages(78.6%) and grand multiparous (47.8%). The commonest contraceptive choice was the injectables(51.0%); and nurses/midwives formed the commonest source of knowledge about contraception and referral. **Conclusion:** The injectable was the most preferred contraceptive method by the women in Warri, Nigeria. The HIV/AIDS pandemic may change this trend.

Keywords : Contraceptive, Choice, Information, Source, Warri, Nigeria

INTRODUCTION

Significant progress has been made at the turn of the century towards the development of more efficient, safe, accessible and affordable family planning services¹. It is estimated that about 124million couples, mainly in the third world countries, do not use effective contraceptives, despite desiring to limit or space their births². Contraceptive uptake in Nigeria is estimated to be less than 15%³, out of a population of about 160 million people and a growth rate of about 3.5% . Factors reported to account for this low contraceptive upake include the desire for large family size, illiteracy, poverty, ignorance, religious beliefs, husband dominance, community

beliefs, affordability and inaccessibility of family planning services⁴. Factors which determine contraceptive choices are variable, varying from one region to another. Social, economic, educational, care-seeking behaviour and religious factors have been reported to account for these differences⁵.

The intra-uterine contraceptive devices (IUCD) are more commonly accepted in the western part of the country; whereas sterilization is more preferred in the developed countrie of America and Britain⁶. It has been reported⁷ in Nigeria that there is an increase in the percentage of Clients changing from one contraceptive method to another with a shift

towards the injectables and norplant over the last 30years. With the advent of the HIV/AIDS pandemic at the turn of the millennium, there may be a further shift in the choices of contraceptives in different part of the world, including Nigeria⁸.

This study investigates the choice of contraceptives among women attending the family planning clinic of the Delta State University Teaching Hospital, Warri (temporary site) and the factors influencing these choices which could assist in determining the type of contraceptive devices supplied to a family planning clinic as well as in devising a strategy for improving contraceptive acceptance.

METHODOLOGY

This is a cross-sectional study. A self-completed, anonymous, optional, semi-structured questionnaires were administered to 500 clients who attended the

family planning clinic of the Delta State University Teaching Hospital, from February 2009 to August 31st 2010, after ethical clearance and informed consent have been obtained. The questionnaires were developed and pre-tested on a sample of women before administering them to the respondents. The socio-demographic characteristics, source of referral, contraceptive choice and reasons for choice of contraceptives were obtained. Respondents were also asked to express an opinion about any concern not directly sought.

The results were analysed using the WHO Epi-Info Version 6 statistical software.

RESULTS

The age of the respondents range between 17 and 51years with the 31 – 35 years (44.2%) age bracket being predominant.

Table 1 –Highest educational status of Respondents

Educational status	N(%)
No formal education	39(7.8)
Primary	79(15.8)
Secondary	194(38.8)
Post-secondary	188 (37.6)
Total	500(100.0)

Table 1 depicts the highest educational status of the respondents. Majority(38.8%) attained secondary school education; followed by post-secondary(37.6%) , primary (15.8%) and no formal(7.8%) education. Significant number of the respondents attained secondary school education and more ($X^2 = 276.68$; $p=0.001$).

Table 2 – Occupational status of Respondents

Occupational status	N(%)
Unemployed(Full time house wives+Students)	214(42.8)
Civil Servants	182(36.4)
Private business	104 (20.8)
Total	500 (100.0)

Most of the respondents were house-wives/students(42.8%)($X^2=20.16$; $p=0.007$) ; followed by civil servants(36.4%) and those in private business(20.8%) (table 2).

Table 3 – Marital status of Respondents

Status	N (%)
Married	437(87.4)
Single	28(5.6)
Divorced	12(2.4)
Widowed	23(4.6)
Total	500(100.0)

Table 3 shows that significant number 437(87.4%) of the clients were married($X^2= 556.52$; $p=0.001$); 5.6% (single), 4.6%(widowed) and 2.4% divorced. Among those who were married, 78.6% were in a monogamous marriage and 21.4% in a polygamous family. Most of the clients were grand multipara (47.8%); 32.5%(parity 3 – 4) and 19.7%(parity 0 – 2). Ninety-six percent of the respondents were Christians and 2.6% Moslems.

Table 4 – Contraceptive choice of Respondents

Method of choice	N (%)
Codoms/cervical cap/diaphragm	18(3.6)
Oral contraceptive pills	47(9.4)
Injectables	255(51.0)
IUCD	120(24.0)
Norplant	40(8.0)
Sterilization	8(1.6)
Others	12(2.4)
Total	500(100.0)

Ninety-six percent of the respondents were aware of at least one contraceptive. The commonest contraceptive choice of the respondents was injectables(51.0%) ($X^2=9.60$; $p=0.002$) (table 4); followed by intra-uterine contraceptive device-IUCD(24.0%), oral contraceptives(9.4%), norplant(8.0%), barrier methods, e.g. condom(3.6%), and others, e.g emergency pills(2.4%). Only 1.6% of the respondents preferred a permanent method of contraception.

Table 5 – Source of information about contraception and referral

Source	N(%)
Social worker	18(3.6)
Mass media	29(5.8)
Friends	53(10.6)
Doctors	68(13.6)
Relatives	74(14.8)
Nurses/midwives	275(55.0)
Others	32(6.4)

Table 5 shows the source of information about contraception and referral. Nurses/Midwives constituted the major source of information about contraception and referral(55.0%)($X^2 =9.60$; $p=0.002$). Other sources of information were Relatives(14.8%), Doctors(13.6%), Friends(10.6%), mass media(5.8%) and Social workers(3.6%).

DISCUSSION

Effective contraception prevents unwanted and unintended pregnancies and it is estimated to reduce maternal mortality by 25%⁹. This is of immense significance in a country, such as Nigeria, with a high maternal mortality rate resulting from unsafe abortion which has been reported to cause about 20,000 deaths a year in Nigeria¹⁰. In this study, majority of the respondents are in the age bracket of 31 – 35 years which is comparable to the findings from Orlu, South-East Nigeria(33 –37years)¹¹ and Zaria, North-West Nigeria(33 – 38years)¹².

Majority of the women were housewives and significant number had secondary school education and above; majority were married, in monogamous marriages and were multiparous. These findings are similar to those from Orlu, Imo state¹¹, Zaria, Kaduna state¹² and from the National Health and Demographic Survey 2003¹³. Majority of the women, in this study, were aware of contraceptive methods which is similar to the studies from Nigeria^{5, 11, 12}, and that of Jato et al¹⁴ in Tanzania, East Africa which reported that majority of their respondents were aware of contraceptive methods.

The commonest source of knowledge about contraception and subsequent referral, in this study, were nurses/midwives which is similar to the findings from Orlu, Eastern Nigeria¹¹ and Zaria, Northern Nigeria¹²; but differs from the study from Western Nigeria¹⁵ where the mass media was reported as the main source of contraceptive information.

The predominant choice of injectable contraceptive by the studied population is similar to the findings from Orlu¹¹, Zaria¹² and the National and Health Demography Survey¹³; but differs from those from a much earlier studies in Lagos¹⁶ and

Zaria¹⁷ where the intra-uterine contraceptive device was the most preferred contraceptive method used by the studied Clients. This change in trend might be attributed to the belief held among women that IUCDs can cause endometrial and cervical damage⁹, fear that their husbands might be feeling the string during coitus which might reduce sexual pleasure and the distaste of the practice of having to insert their fingers into their vagina once every month to feel for the IUCD threads. Other reasons cited for the choice of injectables include easy availability, cost-effectiveness, does not require surgical procedure to be inserted and is not user dependent. Some women even take the injections without the knowledge and consent of their Spouses¹².

At 3.6% usage rate, condom use, in this study, is low which is comparable to the finding in Orlu, Nigeria(2.6%)¹¹ and Zaria, Nigeria(2.8%)¹² but differs from findings in other regions of the world where the usage rate is between 5% - 33%¹⁸. This might be due to the fact that majority of our respondents were married and condoms are mostly used by single men and women to protect against unwanted pregnancy and sexually transmitted diseases, including HIV/AIDS¹⁹.

CONCLUSION

In conclusion, this study reports that the commonest choice of contraception amongst the women in Warri is injectable contraceptives; and that significant numbers of the women were married, housewives, had secondary school education or more and their major source of information about contraception was from Nurses/midwives. The HIV/AIDS pandemic may likely change or affect this trend.

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