



Contraceptive Acceptance in Enugu, Southeast Nigeria.

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ABSTRACT

Awareness and practice of modern family planning methods are generally low in Nigeria despite the fact that her maternal mortality and total fertility rates rank among the highest in the world. To review the pattern of contraceptive acceptance among clients attending family planning clinics (FPCs) in two centres in Enugu, southeast Nigeria. This was a retrospective observational study. The records of FPC attendees from the two centres were reviewed and their biosocial data, the period of attendance as well as the contraceptive uptake of each client were studied. During the period, 6125 clients visited the FPC of the UNTH, Enugu. Of these, 828 (13.5%) were new clients. More than two-thirds (70.7%) accepted to use intrauterine contraceptive device (IUCD), 23.3% accepted injectables while 2.9% and 1.8% chose norplant and oral pills respectively and 1.3% accepted bilateral tubal ligation (BTL). At the PHC, Abakpa-Nike, new clients were 39 (11.5%) out of a total of 340 that visited the clinic. Injectable contraceptive was the commonest accepted method contributing 64.1%, followed by IUCD (28.2%) and oral pills (7.7%). Norplant and BTL were not available at the centre. Contraceptive uptake in the two centres was low. Measures to improve contraceptive acceptance and prevalence among women in the areas as well as strategies to meet the contraceptive choice of clients were discussed.

INTRODUCTION

Overpopulation is a global problem affecting both the developed and developing countries. Nigeria is by far the most populated country in Africa, with a total population of 140 million in 2006 and an annual population growth rate of 3.0%[1]. Nigeria's maternal mortality and total fertility rates rank among the highest in the world[2-4]. Yet her current contraceptive prevalence rate range between 7-14.8%[4,5,6].

It is now universally accepted that family planning services are essential to promoting birth spacing and reducing maternal and infant mortality. One of the factors that have contributed to the low contraceptive prevalence and high birth rate is that a large percentage of the population lives in rural areas where family planning services may not be available. Also low availability and accessibility of family planning methods in urban areas, and male opposition were reported as known reasons for non use of contraception [7].

This study reviewed the pattern of contraceptive acceptance among clients at the family planning clinics in two centres in Enugu, Southeast Nigeria. It also strived to determine factors that will help improve the low level of contraceptive acceptance among the populace.

MATERIALS AND METHODS

This is a retrospective study conducted in the Family Planning Clinics (FPCs) of an urban based tertiary health institution (University of Nigeria Teaching Hospital (UNTH), Enugu) and a rural-based Primary Health Centre (PHC) (PHC, Abakpa Nike, Enugu) over a two-year period (January 2003-December 2004). Enugu is the capital city of Enugu State, Southeast Nigeria with a population of approximately 3.5 million people of which more than 98% are Christians. The antenatal clinic in each facility holds once every week and both old and new clients are seen on the clinic day. All clients who came for family planning are given group talk on family planning and contraception. Thereafter they receive individual counseling on the available contraceptive methods and eventually encouraged to make an informed choice. All clients that chose a contraceptive method were included in the study.

The records of new FPC attendees from the two centres were retrieved from the family planning clinic record unit of the hospital. Information sought included, their biosocial data (age, parity, occupation, educational status) as well as the period of attendance. The contraceptive uptake of each client was studied and variations in the pattern of contraceptive choices were analyzed using simple percentages.

RESULTS

At the UNTH, Enugu, available contraceptive methods included oral contraceptive pills, injectables, IUCD, Norplant and tubal ligation. Norplant and tubal ligation were not available at the PHC, Abakpa Nike, Enugu. Other contraceptives such as barrier methods (condom and diaphragm) with or without spermicidal or vaginal tablets were not included in the study as they were non prescriptive and were freely given without follow up.

At both centers, it was routine for clients to receive group counseling on all methods of contraception from the health sisters. Thereafter, private counseling is provided again before a decision on the most appropriate method is reached.

During the study period, a total of 6125 clients attended the FPC of the UNTH, Enugu. Of these, 5297 (86.5%) were old clients while 828 (13.5%) were new clients; whereas at the PHC, Abakpa Nike, Enugu, 340 clients visited the clinic out of which 301 (88.5%) were old clients while 39 (11.5%) were new clients.

Table No.1 shows the sociodemographic characteristics of clients at the UNTH, Enugu. The age range was 16-55 years (mean 35.5years). Most clients attained primary school education only while 57.9% were grandmultiparae. There was no documentation of the sociodemographic profile of acceptors at the PHC, Abakpa Nike, Enugu.

Table No.1: Sociodemographic Characteristics of Clients at the UNTH, Enugu.

Variable	N0(828)	%
Age(years)		
< 20	4	0.5%
20-29	127	15.3%
30-29	451	54.6%
40-49	238	28.9%
=50	6	0.7%
Educational status		
None	160	19.3%
Primary	339	40.9%
Secondary	225	27.2%
Tertiary	104	12.6%
Parity		
Nullipara	93	11.2%
1-2	116	14.0%
3-4	140	16.9%
=5	479	57.9%

Table No.2: Contraceptive choices of new clients

Contraceptive choice	UNTH, Enugu			PHC, Abakpa Nike, Enugu		
	2003	2004	Total	2003	2004	Total
Oral contraceptive	15	3	15(1.8%)	1	2	3(7.7%)
IUCD	266	319	585(70.7%)	11	-	11(28.2%)
Injectable	69	124	193(23.3%)	20	5	25(64.1%)
Norplant*	13	11	24(2.9%)	-	-	-
BTL	6	5	11(1.3%)	-	-	-
Total	366	462	828(100%)	32	7	39(100%)

IUCD - Intrauterine Contraceptive Device.

BTL - Bilateral Tubal Ligation.

* - Product was out of stock during most periods under review.

NB: Norplant and BTL were not available at the PHC, Abakpa-Nike

Table No.2 shows the contraceptive choices of new clients at both centres. Majority (70.7%) accepted IUCD at the UNTH, Enugu while 64.1% chose injectables at the PHC Abakpa Nike, Enugu. Oral contraceptive was the least accepted at both centres.

Table No.3 displayed the pattern of contraceptive choice according to the sociodemographic profile of acceptors. Age did not seem to affect the contraceptive choice of clients. However, the higher the parity, the more tendencies to chose IUCD. It also appeared that the higher the educational status, the less likelihood to accept BTL and more likelihood of accepting norplant. The explanation might be that those with higher education could afford Norplant as it was expensive.

DISCUSSION

The practice of modern family planning methods were low in the two centres as new clients constituted 13.5% and 11.5% from UNTH, Enugu and PHC, Abakpa Nike, Enugu respectively. This confirmed the findings of previous study where new contraceptive uptake rate was 12%[7]. This finding also

collaborates other observations that in developing countries, including Nigeria, the use of modern methods of contraception is generally low [5,6,8,9,10]. In Nigeria, the current contraceptive prevalence rate range between 7-14.8%[4,6]. This low number of acceptors is particularly worrisome bearing in mind that the areas of study were densely populated which would have reflected higher number of clients seeking contraceptive advice.

The IUCD was the most popular contraceptive method at the UNTH, Enugu, similar to previous reports from other centers in Nigeria [7,8,11,12]. This method of contraception is now actively encouraged by the World Health organization (WHO) in both developed and developing countries, since it is a reliable and safe method of reversible fertility regulation [13]. IUCD come second (28.2%) after injectable contraception (64.1%) at the PHC, Abakpa Nike, Enugu. This finding might be due to frequent supply of injectables at the centre or lack of expertise for insertion of IUCD by some staff at the centre. The popularity of copper-bearing IUCD (Cu-T 380^A) over lippes loop (97.9% verses 2.1% for UNTH and 100% for PHC, Abakpa Nike) gives credence to

Table No.3: Pattern of Contraceptive choice according to Sociodemographic profile of clients at the UNTH, Enugu

Variable	OCP	IUCD	Injectable	Norplant	BTL	Total (828)
Age(years)						
<20	1	-	3	-	-	4(0.5%)
20-29	3	69	52	3	-	127(15.3%)
30-39	10	332	93	14	2	431(54.6%)
40-50	1	176	45	7	9	238(28.9%)
=50	-	6	-	-	-	6(0.7%)
Educational status						
None	-	122	30	-	8	160(19.3%)
Primary	-	289	46	2	2	339(40.9%)
Secondary	9	142	2	4	1	222(27.2%)
Tertiary	6	32	2	18	-	104(12.6%)
Parity						
Nullipara	8	2	83	-	-	93(11.2%)
1-2	4	58	54	-	-	116(14.0%)
3-4	3	97	36	4	-	140(16.9%)
=5	-	428	20	20	11	479(57.9%)

the efficacy and acceptance of modern IUCD. Cu – T 380^A provides contraception as effective as that offered by the combined pill and permits a longer intrauterine life span of the device before removal and refitting are required [14].

Norplant and bilateral tubal ligation (BTL), being surgical methods of contraception were not practised at the PHC, Abakpa Nike. At the UNTH, 2.9% acceptors chose norplant. This figure could have been higher had it not been for the sporadic nature of its supply. This method of family planning may therefore be fulfilling an unmet need for a long-term reversible method of contraception for women who have achieved their desired family size but for fear of the unknown do not want the permanence of sterilization.

BTL accounted for 1.3% of contraceptive choice of clients. This low figure is not surprising as it is known that among Nigerian women, there is a deep seated aversion to surgery and in some instances, a belief in reincarnation combine to make female sterilization unpopular [15]. It is however the commonest method of contraception the world over [16] as well as the commonest single method of fertility regulation in the UK and USA [17].

Oral contraceptive pills constituted 1.8% and 7.7% of the methods at UNTH, Enugu and PHC Abakpa Nike, Enugu respectively. It has been shown that oral pills are characterized by low usage and high discontinuation rate in Nigeria [18]. Also the low figures may not be unconnected with the fact that while other contraceptives such as IUCD, injectable, norplant can only be obtained in clinics, oral pills can be purchased in pharmacy shops and patent medicine stores and do not require fitting or injection by hospital staff, and those were not included in the study.

The age group of 20-49 years constituted 98.8% of clients. This is not surprising as this group belongs to the reproductive age range. Clients that attained higher educational status availed

themselves of norplant. This may be attributed to higher socioeconomic power associated with their educational empowerment, as this method is relatively expensive when compared with others. Grandmultiparity (5 babies and above) contributed 57.9% of the clients, reflecting the economic hardship in the country which

does not encourage large family size anymore. All those that accepted BTL and the bulk of IUCD acceptors belonged to this group.

In conclusion, it is observed that the acceptance of family planning methods in the two areas is still low and that whereas IUCD was the most popular method at the UNTH, Enugu, injectable is the commonest at the PHC, Abakpa Nike, Enugu. This currently low patronage can be increased by improved information, education and counseling to dispose doubts, fears and misconceptions about family planning. It is known that successful implementation of any family planning programme depends on the ease of access of contraceptive services available [19]. Thus, availability and accessibility of a wide range of contraceptive methods is very important [20, 21], as it was observed in this study that sporadic nature of the availability of norplant adversely affected its acceptance rate at the UNTH, Enugu. Also, training of service providers is vital as staff versed in IUCD insertion were lacking at the PHC Abakpa Nike, Enugu.

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