

Full Length Research Paper

Recent trends in pattern of contraceptive usage at a Nigerian tertiary hospital

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The study was carried out to ascertain the trends in contraceptive usage at the University of Ilorin Teaching Hospital, Nigeria between 1st June, 2003 and 31st May, 2006. It was a retrospective study. There were 2,917 contraceptive users and 21,212 maternity attendees during the study period giving the contraceptive prevalence rate of 13.8%. A decline in the prevalence rate from 18.6% in the first year to 8.8% in the last year of the study period was observed. Barely half (51.32%) of the contraceptive users were in the age group 30 to 39 years and 1.44% were less than 20 years. Majority (80.16%) of the users has had three or more deliveries while 0.61% were nulliparas. The most preferred contraceptive was intrauterine contraceptive device (36.03%), followed by male condom (34.49%), injectables (23.28%), combined oral contraceptive pills (3.74%), and implants (2.09%). Bilateral tubal ligation (0.34%) and vasectomy (0.03%) were uncommon. The common sources of information about contraception among users were health personnels (36.30%), radio (14.71%), television (10.39%), friends / relatives (7.47%) and print media (7.20%). It is evident from this study that contraceptive usage has reduced at the University of Ilorin Teaching Hospital family planning clinic. A regular awareness campaign programme on contraceptive utilization in the community is recommended.

Key words: Ilorin, Nigeria, recent trends, contraceptive usage, contraceptive users.

INTRODUCTION

Contraceptives are primarily meant for prevention of conception, which could be for spacing/delaying next pregnancy or to stop reproduction. Non usage of contraceptive by reproductive age women, who engage in sexual activity, can result in unwanted/unplanned pregnancy with its attendant problems such as induced/unsafe abortion, post abortal sepsis and maternal death. Late complications include ectopic pregnancy and infertility (Bankole et al., 2006; Hord et al., 2006).

Family planning prevents unintended pregnancies and induced or unsafe abortion and its consequences (Oye-Adeniran et al., 2006). Family planning therefore, promotes the health of the woman and welfare of the family, and there are economic gains and social development of the country (Ampofo, 1985).

Contraceptive prevalence rate is low in most sub-Saharan Africa countries Nigeria inclusive (WHO, 2006; Oye-Adeniran et al., 2005a; Nyagero et al., 2000; Aboyeji et al., 2001). In recent years, worldwide, there has been an intensive campaign to raise awareness about family planning both as a maternal-child survival and economic reliance strategies. In countries where there has been an increase in contraceptive usage, there has been demonstrable decrease in abortion rate as seen in Columbia (Singh et al., 1997).

Nigeria has an estimated population of 140 million with an annual growth rate of 1.99% (CIA, 2010). About 30 million women are in the reproductive age group and contraceptive prevalence rate is 15% (Nigeria demographic and health survey, 2008). Nigeria has a high total fertility rate of 5.7 (NDHS, 2008) and 600,000 unsafe abortions occur annually (Singh et al., 1997; Osemwenkha, 2004).

This study was therefore carried out to examine the recent trends in pattern of contraceptive usage at the University of Ilorin Teaching Hospital and also to determine

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the socio-demographic characteristics of contraceptive users as well as contraceptive methods commonly used.

MATERIALS AND METHODS

The case records of all the contraceptive users and the records at the family planning clinics were reviewed and analyzed. The study period under review was between 1st June, 2003 and 31st May, 2006. The patients reviewed came from all over Kwara State and neighboring States of Kogi, parts of Oyo, Osun and Niger States. An approval was obtained from University of Ilorin Teaching Hospital ethical and research committee.

The socio-demographic characteristics of all the patients analyzed form the basis of this discussion. These include the age, level of education, religion, parity, and number of living children, desire to limit or space children, present and previous contraception history. Percentages and graphs were used for analysis. The limitations of this study include non availability of some information in the patient case note and clinic record and the fact that the study was a health facility based.

RESULTS

During the three year study period, 2,917 contraceptive users' data were analyzed. One thousand six hundred and seventy (57.25%) of the studied population were Muslims, 1,205 (41.31%) were Christians and 42 (1.44%) did not state their religion. There were 21,212 maternity attendees during the period giving the contraceptive prevalence rate of 13.8%.

Figure 1 shows the annual contraceptive prevalence rate. The contraceptive prevalence rate decreased on a yearly basis with a fall from 18.6% in the first year of study to 8.8% in the last year of study.

Table 1 reveals the characteristics of the contraceptive users. The age range was between 16 to 54 years. About half (51.32%) of the users were in the age group 30 to 39 years with mean of 32.4 S.D \pm 3.16 years. Only 44 (1.44%) were less than 20 years old.

Majority (80.16%) of the contraceptive users had three or more deliveries and only 18(0.61%) of the users were nulliparas. There was marked increase in frequency of contraceptive users among the secondary and post secondary contraceptive users. The most preferred contraceptive was Intra-uterine contraceptive device, which was used by 1,051 (36.03%) of the users, followed by Male condom 34.49%, injectables (Norethisterone enanthate and Medroxyprogesterone acetate DMPA) 23.28%, combined oral contraceptive pills 3.74%, norplant 1.99%. Bilateral tubal ligation 10 (0.34%), implanon 3(0.10%) and vasectomy 1(0.03%) were the least commonly accepted among the users.

Of the total number of contraceptive users, 1,071 (36.72%) were new users who never used any method previously. One thousand and eight users (34.6%) changed their contraceptive method and 513 (17.59%) were continuing with their previous method.

Many of the contraceptive users got information about

family planning from health personnel 1059 (36.3%), through the mass media comprising radio 429 (14.71%), television 303 (10.39%), and print media 210 (7.20%). The remaining had information from friends and relatives 218 (7.47%), social workers 107 (3.67%), community health workers 61(2.09%).

DISCUSSION

The findings of this study revealed a decline in the contraceptive prevalence rate over the three year study period. This could be due to a number of reasons namely availability of alternative health facilities where such services could be received e.g. new state and local government health facilities and new privately owned specialists clinics. Thus the University of Ilorin Teaching Hospital is no longer a sole provider of this service within the state.

The highest frequency of users was in the age group 30 to 34 years, while the least frequency was in age group less than 20 years. The low usage among the adolescents is an issue of concern in a country where more than 60% of teenagers are sexually active and of the 610,000 induced abortions in Nigeria, 60% are attributed to young persons (Oye-Adeniran et al., 2005a). The reasons for this low figure could be that most of the young people shy away from obtaining contraceptives from public health facilities for fear of being tagged as promiscuous; they therefore prefer to procure their contraceptives such as condoms and pills from pharmacy shops/ chemist and drug peddlers (Aboyeji et al., 2001). Other reasons why young people do not use contraceptives includes ignorance about their fertility, inability to plan ahead, fear of side effects, and attitude of health care providers towards teenagers seeking information and contraceptives (Aboyeji et al., 2001). There is a need therefore to mount campaigns to increase contraceptive knowledge and use among our young people.

Educated women adopted modern contraception more than non educated women. Educated women tend to appreciate the importance and benefit of family planning such as reduce family size and improve quality of living, this may explain why the frequency of contraceptive users increase with level of education in this study. This is supported by the study of Dow et al. (1986) in Zimbabwe

The intra-uterine contraceptive device was the most commonly used method of contraception among the women in this series, followed closely by condom. The injectable consisting of Noristerat (Norethisterone enanthate) and Depo-provera (Medroxyprogesterone acetate DMPA) was the third most popular method. This order of frequency is similar to the study of Oye-Adeniran et al. (2006). The choice of IUCD in this series is probably because of its convenience (one contact insertion

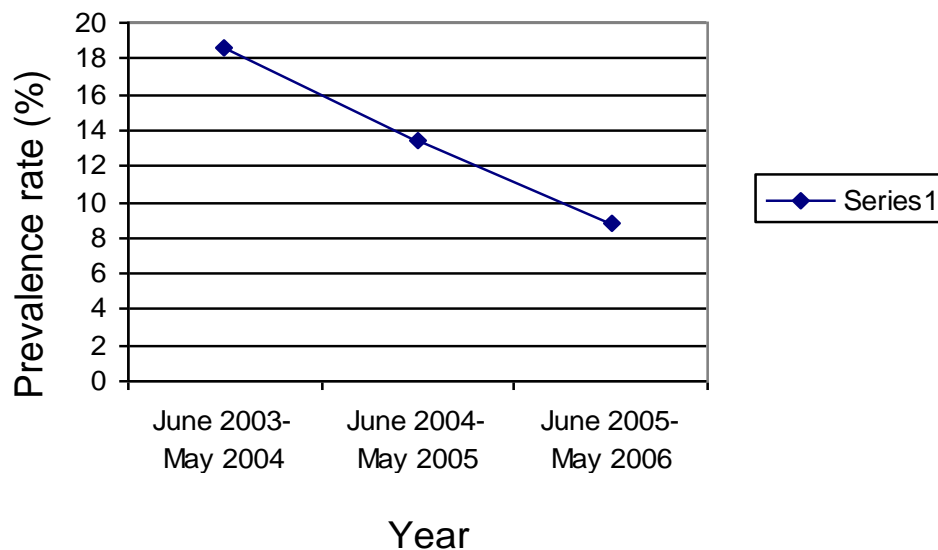


Figure 1. Trends in contraceptive usage at university of Ilorin teaching hospital.

Table 1. Characteristics of contraceptive users at university of Ilorin teaching hospital.

Variables	Number of users	Percentage
Age (Years)		
15-19	42	1.44
20-24	157	5.38
25-29	618	21.19
30-34	820	28.11
35-39	677	23.21
40-44	369	12.65
45-49	130	4.46
50-54	18	0.67
Not stated	86	2.95
Total	2912	100
Parity		
0	18	0.61
1-2	561	19.23
3-4	1232	42.24
≥5	1106	37.92
Total	2917	100
Educational level		
None	514	17.62
Primary	511	17.52
secondary	805	27.60
Post secondary	1022	35.03
Not stated	65	2.23
Total	2917	100
Preferred method of contraception		
Intrauterine contraceptive device	1051	36.03

Table 1. Contd.

Injectables	679	23.28
Pills	109	3.74
Condom	1006	34.49
Norplant	58	1.99
Implanon	3	0.10
Bilateral tubal ligation	10	0.34
Vasectomy	1	0.03
Total	2917	100
Continuity pattern with modern contraceptive method		
Changed method	1008	34.56
Not previously using modern method	1071	36.72
Continuing with method	513	17.59
Not stated	324	11.11
Total	2917	100

gives a long duration of use). In Ghana, DMPA is the most popular choice with oral contraceptive pills coming in second (A field perspective, 2005), while in United Kingdom, combined oral contraceptive pill is the most commonly used method of contraception with condoms a close second (Glasier, 2002). The high frequency of condom acceptors may be due to increased awareness and the advantage it confers against transmission of human immunodeficiency virus (HIV). There is a great media campaign against HIV with condom included in the ABC of prevention of HIV.

Acceptance for surgical methods (Bilateral tubal ligation 0.34% and vasectomy 0.03%) is very low in this study which is similar to findings from a cross sectional community based study of contraceptive behaviour in Nigeria, where male sterilization was the least used method among both rural (0.0%) and urban (0.4%) respondents (Oye-Adeniran et al., 2006). This is contrary to United Kingdom's experience with surgical contraception, 11.0% for BTL and 12.6% for vasectomy (Glasier, 2002). There is a need to enlighten women and men on these methods of contraception especially for couples that have achieved their desired family size. Health personnel comprising the nurse/midwives and doctors were the most common source of information for contraceptive users about family planning services. This is seen particularly among the multiparous women who probably had attended antenatal health education sessions during previous pregnancies and were adequately informed about contraception. This finding is contrary to the finding of Oye-Adeniran et al. (2005a, 2006) where friends were the most common source of information on the method of contraception. The mass media comprising of the print media, radio and television came second in this series as the source of information. The mass media should improve on information

dissemination such as developing programs targeted at young people who are prone to seeking information from other young people. These information are usually wrong and incomplete (Aboyeji et al., 2001).

In conclusion, there was a decline in the contraceptive prevalence rate and teenagers were the least users in this series. Intrauterine contraceptive device was the most commonly used method of contraception. There will be improved utilization and acceptance of contraception if sex education is included in school curricula and family planning is fully integrated into maternal and child health care delivery. There is need to train and retrain personnels at the family planning clinic with particular attention towards attitudes which discourage potential users and teenagers in particular. The hospital should consider establishing outreach programmes such as community based distribution of some contraceptive commodities as part of campaign programmes towards improving contraceptive utilization.

REFERENCES

- A field perspective from Ghana consultation on improving contraceptive continuation. Meeting proceedings. An inter-agency workshop organized by family health international and the ACQUIRE project Washington DC Nov 29-30 2005. pp20.http://www.acquireproject.org/fileadmin/user_upload/ACQUIRE/contraceptive_continuation_proceedings_Nov_28-29_2005.pdf. Accessed 15/1/2009.
- Aboyeji AP, Fawole AA, Ijaiya MA (2001). Knowledge and previous contraceptive use by pregnant teenagers in Ilorin, Nigeria. *Trop. J. Obstet. Gynaecol.*, 18 (2):73-76.
- Ampofo K (1985). Family planning Practices in Nigeria. *Post graduate doctor*, 7 (5):148-153.
- Bankole A, Oye-Adeniran BA, Singh S (2006). Unwanted pregnancy: The root cause of induced abortion. In: Bankole A, Oye-Adeniran BA, Singh S et al, eds. *Unwanted pregnancy and induced abortion in Nigeria causes and consequences*. New York: Guttmacher institute,

- pp. 10-13.
- CIA (2010). Population growth rate Nigeria. The factbook publications. http://www.cia.gov/library/publications/the_world_factbook. accessed 11/09/2010
- Dow T, Chombo J, Ndhlovu L (1986). Characteristics of new contraceptive acceptors in Zimbabwe. *Stud. Fam. Plann.*, 17(2): 107-113.
- Glasier A (2002). Contraception. In: Keith Edmonds D eds.. Dewhurst's textbook of obstetrics and gynaecology for postgraduates. Sixth edition. Blackwell science, U.K, pp. 373- 392.
- Hord CE, Benson J, Potts JL (2006). Unsafe abortion in Africa: an overview and recommendations for action. In: Warriner IK and Shah IH, eds. Preventing unsafe abortion and its consequences: priorities for research and action. New York: Guttmacher institute, pp. 115-149.
- Nigeria demographic and health survey (NDHS) 2008. National population commission (Nig) and ICF Macro. USA. 2009. http://pdf.usaid.gov/pdf_docs/PNADQ923.pdf. Accessed 11/09/2010.
- Nyagero JM, Obiero CO, Mwikali M, Tendo WL, Omurwa T, Amuyunzu-Nyamongo M (2000). Young people's knowledge and use of contraceptives in Nyamira district, Kenya. *East Afr. Med. J.*, pp. S7-S10.
- Osemwenkha SO (2004). Gender issues in contraceptive use among educated women in Edo state, Nigeria. *Afr. Health Sci.*, 4(1): 40-49.
- Oye-Adeniran BA, Adewole IF, Odeyemi KA (2005a). Contraceptive Prevalence among Young Women in Nigeria. *J. Obstet. Gynaecol.*, 25(2): 182-185.
- Oye-Adeniran BA, Adewole IF, Umoh AV (2006). Community based study of contraceptive behaviour in Nigeria. *Afr. J. Reprod. Health*, 10(2): 90-104.
- Oye-Adeniran BA, Adewole IF, Umoh AV, Oladokun A, Gbadegesin A, Odeyemi KA, Ekanem EE (2005b). Sources of contraceptive commodities for users in Nigeria. *Public library sci. Med.*, 2(11): 1-7.
- Singh S, Sedgh G (1997). The relationship of abortion to trends in contraception and fertility in Brazil, Colombia and Mexico. *Int. Fam. Plan. Perspect.*, 23(1): 4-14.
- WHO (2006). Reproductive health indicators data base; July 2006. Monitoring and evaluation. http://www.who.int/reproductive_indicators/countrydata. Accessed 6/7/2008.