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Original Article

A 3-Year Review of the Pattern of Contraceptive Use among Women Attending the Family Planning Clinic of a University Teaching Hospital in Lagos, Nigeria

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Abstract

Background: Contraceptives are methods or devices used to prevent pregnancy. In Nigeria, the contraceptive prevalence was reported at 15% in 2013. **Aims:** This study aimed to determine the pattern of contraceptive use and sociodemographic characteristics of the users of family planning services in a teaching hospital in Lagos. **Subjects and Methods:** This was a descriptive, retrospective study of women who sought contraceptive services at the family planning clinic over a 3-year period. Relevant information was extracted from the case records of these women. Data were analyzed using Epi Info statistical package for Windows. **Results:** A total of 594 women opted to use a form of contraception in the study, within an age range of 15–52 years and with mean age of 34.3 ± 4.2 years. Fifty-four percent (54%) of the women users belonged to the Yoruba tribe and 89.4% were of the Christian faith. Married women accounted for 97.6% of the users, with the majority (68.9%) having parity of 2–4. Majority (77.6%) of the women had at least a tertiary level of education, with 46.1% of them involved in a form of skilled occupation. Nurses were the commonest source of referrals (42.9%). A larger proportion of the women (46.3%) preferred Jadelle implant while the least used method is Norplant (0.5%). **Conclusion:** Equipping medical personnel with the information and skills needed to meet the increasing demand for family planning services is necessary to avert the needless increase in the incidence of unwanted pregnancies, unsafe abortion, and their sequelae.

Keywords: *Contraceptives, family planning, Lagos, Nigeria*

Introduction

Family planning refers to the provision of methods or devices used to prevent pregnancy.[1] Contemporary studies show that, out of a list of eight reasons for having sex, having a baby is the least frequent motivator for most people.[2] Ever since the dawn of history, women and men have wanted to be able to decide when and whether to have a child. Contraceptives have been used in one form or another for thousands of years throughout human history and even prehistory. In fact, family planning has always been widely practiced, even in societies dominated by social, political, or religious codes that require people to "be fruitful and multiply" – from the era of Pericles in ancient Athens to that of Pope John Paul II.[1,2]

The methods used before the 20th century were not always as safe or effective as those available today. Centuries ago, Chinese women drank lead and mercury to control fertility, which often resulted in sterility or death. During the middle ages in Europe, magicians advised women to wear the testicles of a weasel on their thighs or hang its amputated foot from around their necks. Other amulets of the time were wreaths of herbs, desiccated cat livers, or shards of bones from cats (but only the pure black ones), flax lint tied in a cloth and soaked in menstrual blood, or

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the anus of a hare. It was also believed that a woman could avoid pregnancy by walking three times around the spot where a pregnant wolf had urinated.[2] In the more recent times in New Brunswick, Canada, women drank a portion of dried beaver testicles brewed in a strong alcohol solution and, as recently as the 1990s, teens in Australia have used candy bar wrappers as condoms. Perhaps more surprising than such often bizarre and totally ineffective methods is that modern science has revealed many other ancient methods, especially certain herbal treatments, to be actually somewhat effective, although not always safe or practical.[1,2] History is filled with the origin and evolution of the many modern methods of contraception, from continuous abstinence, withdrawal method, fertility awareness methods, lactational amenorrhea, barrier methods, hormonal methods, intrauterine devices, and more permanent/surgical methods such as tubal ligation.[2]

According to the World Health Organisation (WHO), an estimated 222 million women in developing countries would like to delay or stop childbearing but are not using any form of contraception.[3] Other benefits of family planning apart from spacing or stopping child bearing include preventing pregnancy-related health risks in women, reducing infant mortality, helping to prevent human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS), empowering people and enhancing education, reducing adolescent pregnancies, and slowing population growth.[3] Contraceptive use has increased in many parts of the world, especially in Asia and Latin America, but continues to be low in sub-Saharan Africa. Globally, the use of modern contraception has risen slightly, from 54% in 1990 to 57% in 2012. Regionally, the proportion of women aged 15–49 years reporting the use of a modern contraceptive method has risen minimally or plateaued between 2008 and 2012.[4,5] In Africa, it went from 23 to 24%, in Asia it has remained at 62%, and in Latin America and the Caribbean, it rose slightly from 64 to 67%. There are significant variations among countries in the aforementioned regions.[3] In Nigeria, the contraceptive prevalence among women aged 15–49 years was previously reported at 14.6% in 2008.[4] The fertility rate was 5.6% while the unmet need for contraception was put at 20[5] and 20.2%[4] by the Nigeria Demographic and Health Survey (NDHS) and the World Bank, respectively.

The most recent survey by the NDHS in 2013 found that only 15% of married women of reproductive age use contraceptives in Nigeria,[5] which is an increase of just 2 percentage points from the 2003 NDHS.[6] This is also lower than the current sub-Saharan Africa average of 17%. Further analysis of the total Contraceptive Prevalence Rate (CPR) indicates wide state variations, ranging from 0.3 in Jigawa to 41.6 in Lagos state, as well as zonal variations ranging from 2.7 in the North West to 28.5 in the South West.[7] In-depth review of the relationship between CPR and age groups within the reproductive years revealed different correlations. On a national scale, CPR was low among teenagers and became fairly constant for the ages within the 20–39 years range. However, further disaggregation by zone revealed that apart from the South-South and (to some extent) the North East geopolitical zones, wherein the highest CPR was recorded in the 20–24 age group, in all the other geopolitical zones, the highest CPR was recorded in the 30–44 age cohort.[7] This retrospective study therefore was conducted at the Lagos University Teaching Hospital to determine the pattern of contraceptive use, socio-demographic characteristics of clients, and referral sources at the family planning clinic of the hospital over a 3-year period.

Subjects and Methods

The study is a retrospective review of all the women who sought contraceptive services at the Family Planning Clinic of a University Teaching Hospital in Lagos, South West Nigeria between January 1, 2010 and December 31, 2012.

The family planning clinic of the hospital operates from 8:00 am to 4:00 pm daily on weekdays. It is run by trained family planning service providers, which include nurses, resident doctors, and consultants in the obstetrics and gynecology department. Resident doctors rotate through the clinic, attend to cases, and manage complications associated with various contraceptive methods in consultation with their unit consultants. The clients who had visited the family planning clinic for contraceptive services during the period under review were identified from the clinic register. Their case notes were retrieved and relevant data extracted with the use of a standardized pro forma. Five hundred and ninety-four (594) case notes were available and suitable for analysis. Data were analyzed using Epi Info statistical software package (Version 7.2, Centres for Disease Control and Prevention, USA), and results were then presented as frequencies and percentages using tables and charts.

Ethical approval for the study was obtained from the hospital's Health Research and Ethics Committee before the commencement of the study.

Results

A total of five hundred and ninety-four (594) women were seen at the family planning clinic during the period under review. Two hundred and twenty-two (37.4%) of them visited the hospital in 2010, while 195 (32.8%) and 177 (29.8%) visited in 2011 and 2012, respectively.

As shown in Table 1, the age range of the clients reviewed was 15–52 years, and the mean age was 34.3 ± 4.2 years. Majority (60.9%) of the clients were between the ages of

31 and 40 years. Married women accounted for 97.6% of the users, with the majority (68.9%) having parity of 2–4. Fifty-four percent (54%) of the women users belonged to the Yoruba tribe while a large majority (89.4%) belonged to the Christian faith. A large proportion of the studied clients (77.6%) had up to tertiary level of education, while 19.9 and 2.3% had only secondary and primary levels of education, respectively. Only one client did not have any formal education. Two hundred and seventy-four (46.1%) clients had skilled occupation while 19.1% had unskilled employments.

In Figure 1, clients were referred from various sources for contraceptive services with the largest referrals coming from nurses accounting to 42.9%. Referral by doctors was only 20.7% while self-referral was just 1.7%. The largest proportion (46.3%) of clients opted for the Jadelle implant, followed by Copper-T (31%), Implanon (9.8%), Intramuscular Noristerat (7.4%), Oral contraceptive pills (2.5%), Intramuscular Depo-Provera (1.9%), Mirena (0.6%), and Norplant (0.5%) [Figure 2].

Table 1: Sociodemographic characteristics of the study patients ($n = 594$)

Characteristics	Frequency (n)	Percentage (%)
Age (years)		
≤20	4	0.7
21–30	145	24.4
31–40	362	60.9
>40	83	14.0
Age range = 15–52 years; mean age ± SD = 34.3 ± 3.2 years		
Marital status		
Single	14	2.4
Married	580	97.6
Parity		
Para 0	15	2.5
Para 1	100	16.8
Para 2–4	409	68.9
Para 5 and above	70	11.8
Tribe		
Yoruba	320	53.9
Ibo	202	34.0
Hausa	10	1.7
Others	62	10.4
Religion		
Christianity	531	89.4
Islam	59	9.9
Others	4	0.7
Educational status		
Uneducated	1	0.2
Primary	14	2.3
Secondary	118	19.9
Tertiary	461	77.6
Occupation		
Unskilled	113	19.1
Semiskilled	207	34.8
Skilled	113	46.1
Total	594	100

Discussion

This study described the pattern of contraceptive use among clients attending the family planning clinic of the Lagos University Teaching Hospital between January 1, 2010 and December 31, 2012. The progressive reduction in the number of women seeking contraceptives at the family planning clinic between 2010 and 2012 was probably related to the increase in the clients' acceptability of the female sterilization methods over the same study period thus reflecting on an equivalent reduction in the nonpermanent methods. The percentage contraceptive use with age is similar to the national trend observed in the NDHS 2013,[5] wherein increasing contraceptive prevalence was seen from ages 15–19 to 35–39 years, after which there was a decline among women aged 45–49 years. The mean age of 34.3 ± 3.2 years obtained in this study was similar to the figures obtained in other studies in Osun state, Nigeria (34.8 years)[8] and in Pakistan (32.6 years).[9] This was however higher than the figure obtained by Oye-Adeniran *et al.*,[10] in whose study the mean age was 28.2 years. These figures suggest the likelihood that the peak fertility age and age of contraceptive usage of the study population is between the late 20s and early 30s.

Majority of the clients in this study were married (97.6%) just like most other studies.[8,10] It thus seems that married women were more inclined to seek family planning methods. The motivation to do so might be based on the ever-increasing challenges of raising children and the need to reduce their family sizes. A large proportion of the clients in this study (80.6%) were multiparous, with 68.9% having between two to four children, which was

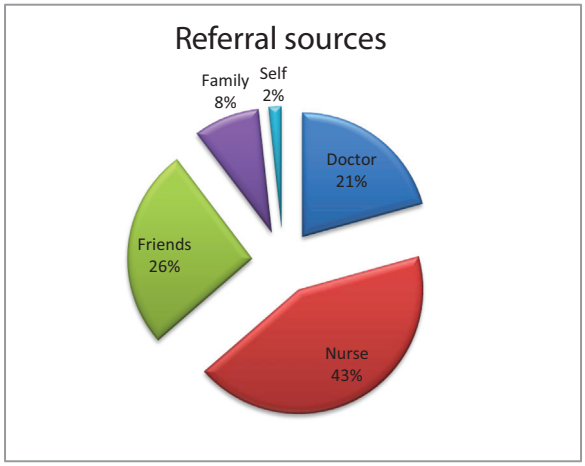

Figure 1: Sources of referral

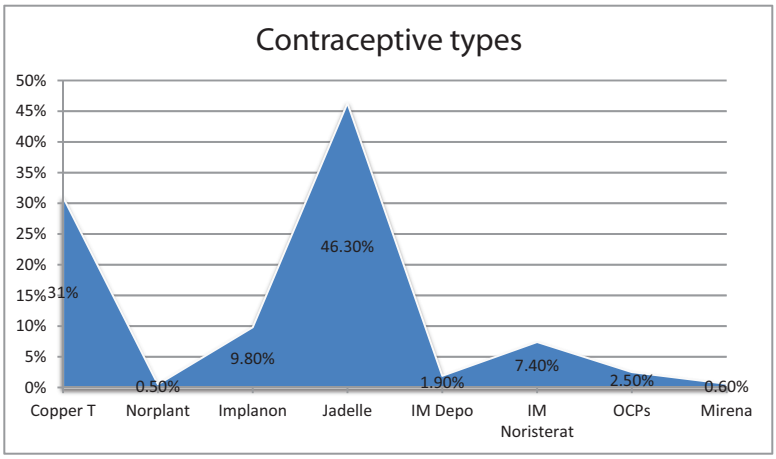

Figure 2: Choice of contraceptives

almost similar to that obtained in the Osun study, wherein 70.3% of the clients also had between one to four children.[8] This was also adduced from the NDHS 2013, wherein it was observed that few women without children use any contraceptive method (2%) while contraceptive use is highest among women with three or four living children (21%).[5] These thus suggest that most women with this parity would consider their family size completed, and hence the demand for family planning. The direct association between women's use of family planning methods and the number of children also indicates that women do not begin to use contraception until they have had at least one child.

The study also showed that more than half (53.9%) of the respondents belonged to the Yoruba ethnic group, which is attributable to the fact that the study was done in the South Western region of the country, which comprises predominantly of the Yoruba ethnic group. A significant proportion of the clients belonged to the Christian faith (89.4%); this suggests that Christianity is more receptive to use of contraceptives as opposed to many Islamic injunctions, which are either partially or totally against their use.[11,12]

The proportion of clients with at least tertiary level of education (77.6%) in this study was far higher than that obtained in Osun state (23.8%)[8] and much more higher than that by Oye-Adeniran *et al.*[10] (2.4%) and in the Pakistani study (18.1%),[9] thus suggesting that more educated women were seen in this study because of its urban setting (Lagos, Nigeria). The increasing contraceptive usage with educational attainment in this study also corroborated with the NDHS 2013 finding[5] and the Ghanaian study,[13] which found that educational status was the most significant predictor of a woman's use of contraceptive. This is in agreement with other studies that have demonstrated the importance of female education in promoting the use of family planning methods.[8,14] A large proportion of clients in our study (46.1%) just like the one done in Osun state (37.2%)[8] were either civil servants or professionals. This showed that clients who had professional or skilled employment with the increased demand for success both at the work place and at home tend to seek contraceptive services as a way of spacing their children.Oye-Adeniran *et al.*[10] found that nurses (34.6%) were the most common source of information about contraception, followed by friends (32.6%), with doctors accounting for 6.3% of referrals. Results in this study also showed nurses as the most common source of referral in 42.9% of the women, followed by friends (26.1%), with doctors accounting for referral in 20.7% of the clients. Most deliveries are undertaken by midwives/nurses who have a great degree of influence on their patients because of their matriarchal status in most cases and their medical knowledge. It is therefore easier for them to convince women to seek family planning methods. Friends who have also used contraceptive methods and found satisfaction with them can easily convince others who are yet to do so. A higher proportion of doctors noted in this study may be because of the tertiary institutional setting of this study, wherein majority of the clients were referred from their postnatal clinics after contact with the doctors.

The most common contraceptive used by clients in this study was Jardelle (46.3%) [Figure 2], and this is in contrast to some other similar studies in Nigeria.[15-17] Majority of the clients in Enugu (60.0%)[15] and Ibadan (66.2%)[16] chose the intrauterine contraceptive device. In another study conducted at the Ladoke Akintola University of Technology Teaching Hospital (LAUTECH), 74.6% of the clients chose the intrauterine contraceptive device.[17] This variation noted in our study may be as a result of the increasing preference for Jardelle implant by the contraceptive providers in our study. This study was however limited by the poor record keeping system currently being used in the family planning clinic, which

affected the accurate data collection as some information such as indications for contraceptive usage were not captured in the clients' case records. Because the study was hospital-based and not community-based, the findings may not be applicable to the general population.

Conclusion

Provision of family planning services is an issue of human rights, and medical personnel such as nurses and doctors still appear to be the best source of information and referral for contraceptive services, and it essential that they are well informed and equipped to meet the increasing demand for contraceptive as a way to avert the needless increase in the incidence of unwanted pregnancies, unsafe abortion, and their sequelae.

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Conflicts of interest

There are no conflicts of interest.

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