

Contraceptive Choices and Acceptability among New Clients attending the Family Planning Unit of Rivers State University Teaching Hospital, Nigeria.

Abstract:

Background: Effective contraception can prevent unwanted pregnancy, unsafe abortion and ensure adequate birth spacing. The choice of a method depends on consideration of its advantages and disadvantages based on individual perception and interpretations.

Objective: To assess contraceptive choices and acceptability among new clients at the family planning clinic of a tertiary health facility in Rivers State, Nigeria.

Methodology: This was a one-year retrospective review of clinical records of new clients attending the Family Planning Unit of the Rivers State University Teaching Hospital from January 1, to December 31, 2018. Data on age, education, marital status, parity, contraceptive choice and reason for contraception were retrieved and analyzed using Epi-Info version 7.1.4.

Results: A total of 124 female clients were enrolled during the time period. The mean age of the participants was 33.8 ± 5.1 years and the median parity was 3. The most common method of contraception accepted by the clients was implants 87 (70.2%), followed by intrauterine device 32 (25.8%), then injectable 4 (3.2%) and oral contraceptive pills 1(0.8%). Reasons proffered for use of contraceptive was mainly completed family size 69 (55.6%), pregnancy prevention 53 (42.8%) and child spacing 2 (1.6%). There was no significant difference on comparison of mean age and median parity of clients by choice of contraceptive method.

Conclusion: The implant methods were the most commonly accepted, while the oral contraceptive pill was the least preferred. Completed family size was the most common reason for contraception.

Key Words: Contraceptive choices, New Clients, Tertiary Hospital, Rivers State

Introduction:

Around 80 million unwanted pregnancies occurs annually worldwide [1], and most of them were due to the non-use or the inconsistent use of contraceptive methods [2]. The current prevalence rate of contraceptive usage in Nigeria is 10% for modern methods and 15% for any method [3].

Not all contraceptive methods are appropriate for all situations, and the most suitable method of contraception depends on so many conditions such as the age of the client, parity, desire for more children, frequency of sexual activity, and her overall health status [4]. WHO in 2004 have shown that contraceptive choices depend upon consideration of advantages and disadvantages of a method based on individual perception and interpretations [5]. However, the choice of contraceptive method is determined by both the number of contraceptive methods offered on a reliable basis and their intrinsic variability [6].

A study by Araoye et al among adolescents showed that males prefer contraceptive methods that prevent them against sexually transmitted infections in an unstable sexual relationship while females opt for any method, provided it is efficacious in preventing pregnancy irrespective of sexual relationship [7].

The injectable contraceptive method was the most preferred method of birth control among women of reproductive age group in Warri (South-South), South-Eastern and Kano (Northern) Nigeria [8][9][10]. Injectable contraceptive was also the method of choice among women seeking terminal fertility control in South-Western Nigeria [11]. Contrary to the foregoing, intrauterine contraceptive device was the most chosen method in 74.6% of the married women attending family planning of a tertiary institution in Oshogbo, Nigeria [12].

The objective of this present study is to describe the acceptance and choice of contraceptive method among new clients attending the family planning clinic of a tertiary health facility in Rivers State, Nigeria.

Methodology:

This was a one-year retrospective review of clinical records of the Family Planning Unit of Rivers State University Teaching Hospital (RSUTH) from January 1, 2018 to December 31, 2018.

Data on age, education, marital status, parity, contraceptive choice and reason for contraception were retrieved from the records of new clients using a structured pro forma. Retrieved data were entered into Microsoft Excel and exported to Epi-Info version 7.1.4 for statistical analysis.

Categorical variables were presented as absolute numbers and percentages while numerical variables were expressed using summary measures of mean \pm standard deviation, median and ranges. The differences in mean ages across contraceptive choices were compared using one-way Analysis of Variance (ANOVA) and presented graphically using error bar charts. The differences in median parity by contraceptive choices were compared using Kruskal-Wallis H statistics and presented graphically using box and whisker plots. A p-value of less than 0.05 was considered statistically significant.

Results:

A total of 124 female clients were enrolled during the time period. The mean age of participants was 33.8 ± 5.1 years. The minimum and maximum ages of clients were 20 years and 49 years respectively. The median parity was 3, with range from 0 to 9. Majority of the Clients had post-secondary education (61.3%) and were married (94.4%). [Table 1].

Table 1: Demographic characteristics of clients (N=124)

Demographic variables	n	%
Age category		
20 – 24 years	5	4.0
25 – 29 years	15	12.1
30 – 34 years	50	40.3
35 – 39 years	38	30.7
40 – 44 years	14	11.3
45 – 49 years	2	1.6
Marital status		
Single	7	5.6
Married	117	94.4
Educational level		
None	2	1.6
Primary	10	8.1
Secondary	36	29.0
Post-secondary	76	61.3
Parity		
Nulliparous (para 0)	2	1.6
Primiparous (para 1)	10	8.1
Multiparous (para 2 - 4)	91	73.4
Grand multiparous (para≥5)	21	16.9

The most common method of contraception accepted by the clients was implants 87 (70.2%), followed by intrauterine device 32 (25.8%), then injectable 4 (3.2%) and oral contraceptive pills 1(0.8%) [Fig 1]. Fig 2 shows the distribution of specific types of contraceptive methods selected by the new clients.

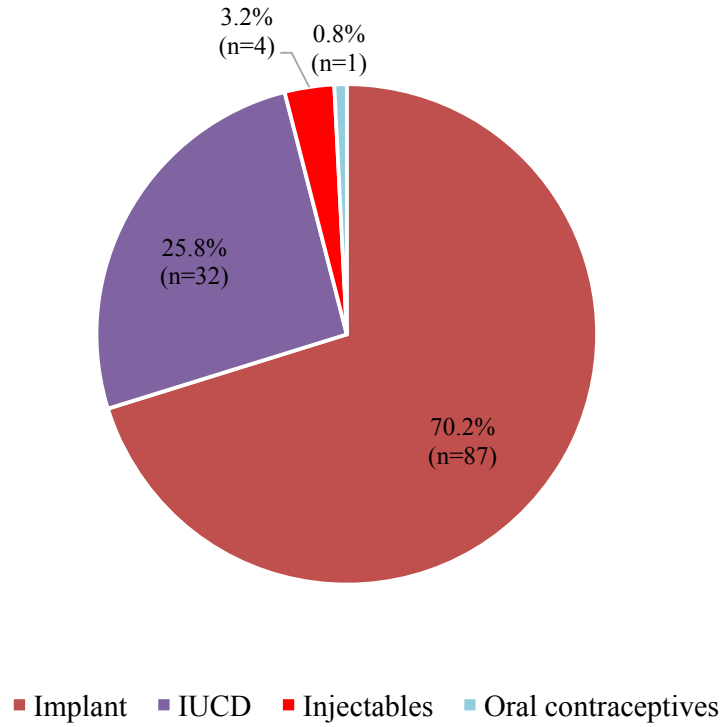


Fig 1: Distribution of broad categories of contraceptive methods selected by the new clients.

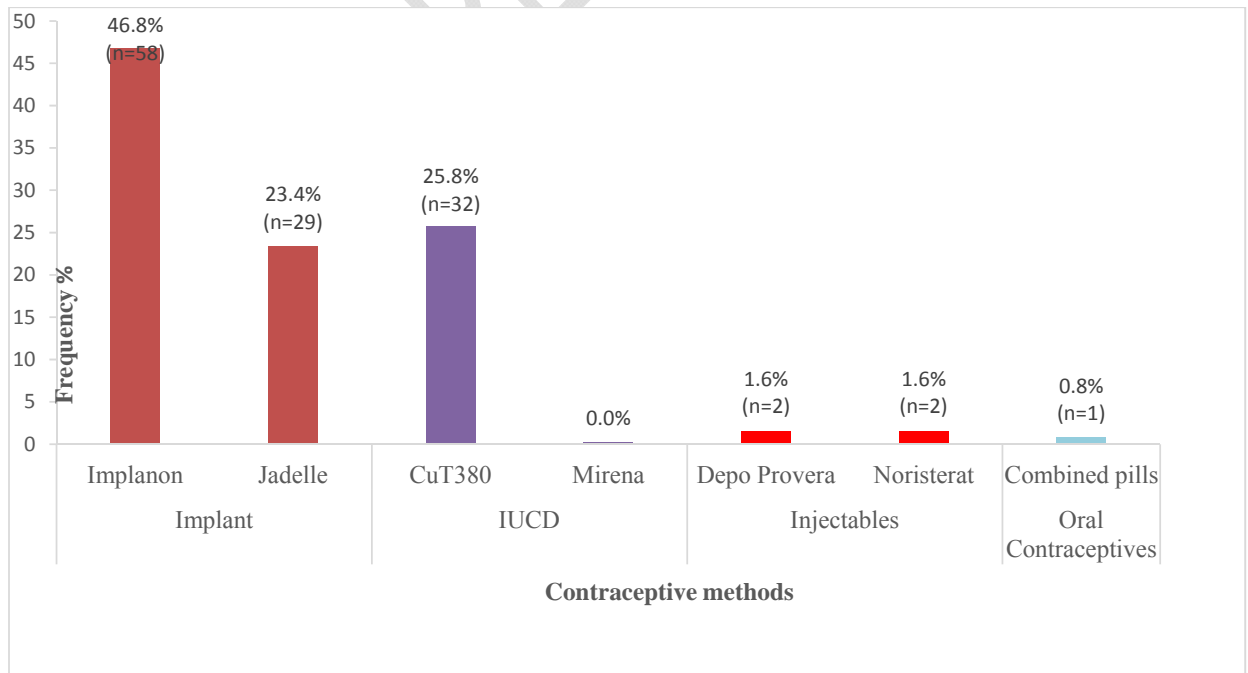


Fig 2: Distribution of specific types of contraceptive methods selected by the new clients.

Reasons proffered for use of contraceptive was mainly completed family size 69 (55.6%), pregnancy prevention 53 (42.8%) and child spacing 2 (1.6%) [Table 2]. There was no significant difference on comparison of mean age and median parity of clients by choice of contraceptive method. Comparison of mean ages of clients by choice of contraceptive method and comparison of median parity of clients by choice of contraceptive method are shown in Fig 3 and Fig 4 respectively.

Table 2: Reasons for use of contraceptive method

Reasons	n	%
Completed family size	69	55.6
Child spacing	2	1.6
Pregnancy prevention	53	42.8
Total	124	100.0

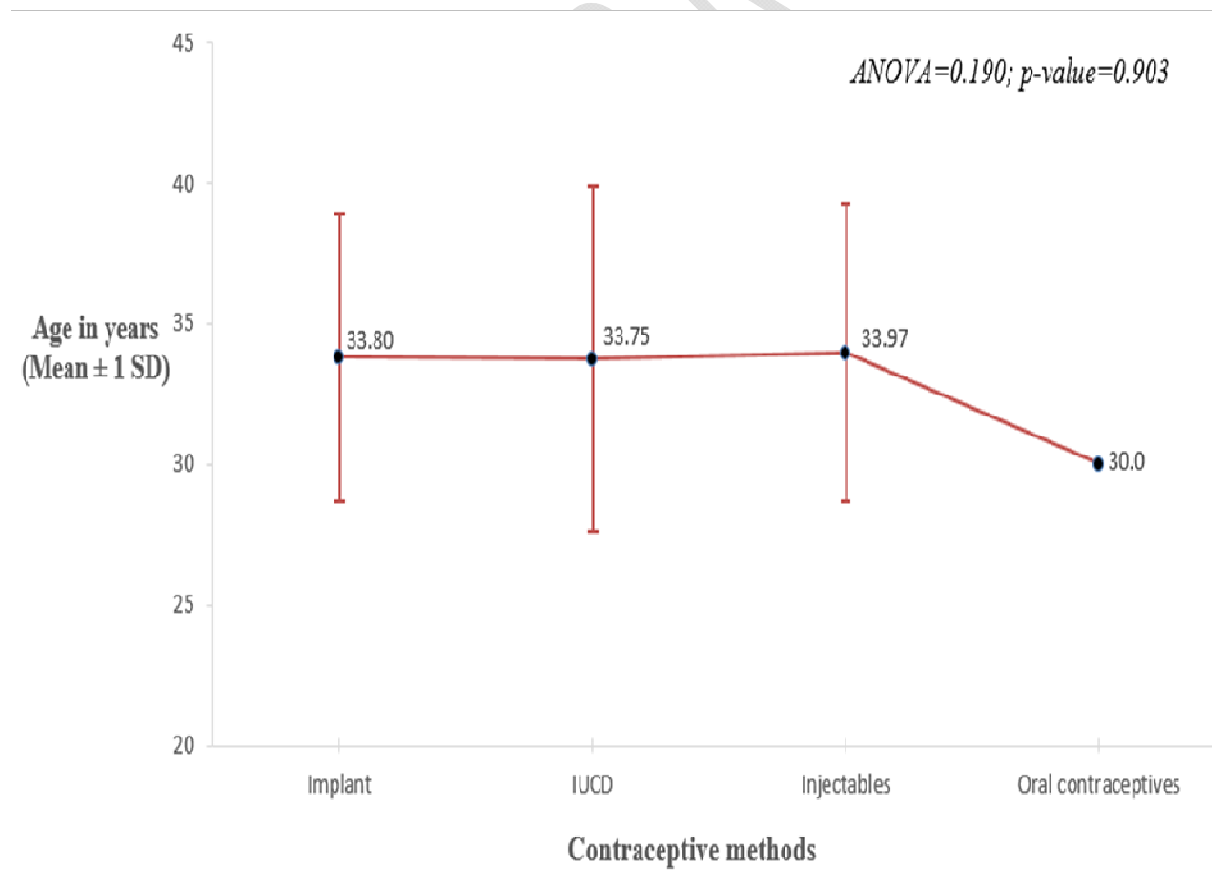


Fig 3: Error bar chart showing mean ages (± 1 Standard Deviation) of the clients by choice of contraceptive methods.

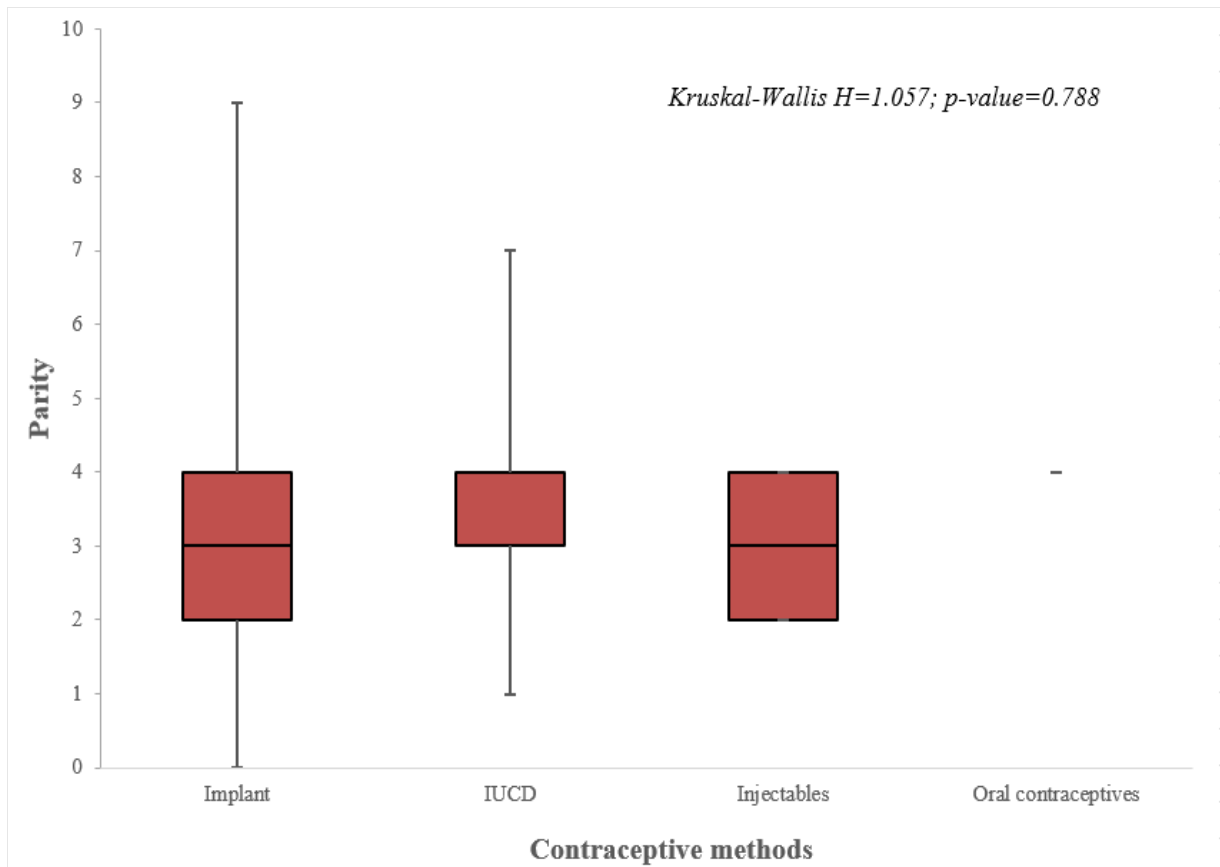


Fig 4: Box and whisker plots showing parity distribution of clients across choice of contraceptive methods.

Discussion:

The age range of contraceptive users was from 20-49 years with a mean of 33.8 ± 5.1 years; this is similar to the finding in other studies [10][14]. Women of the age group of 20-44 constituted 98.4% of the new acceptors, probably because this represents the reproductive age groups of most societies. Majority of the clients (61.3%) had post-secondary education.

All the new clients were women and majority of them (94.4%) were married; this is similar to the findings in other studies [14][15]. The median parity was 3, with majority of the new clients (73.4%) being multiparous (Para 2-4) women. This is also similar to the findings of the above studies, although these studies specifically targeted grand-multiparous women. There was no significant difference on comparison of mean age and median parity of clients by choice of contraceptive method.

In majority of the clients (55.6%), the reason given for use of contraception was completed family size, as opposed to pregnancy prevention or birth spacing (42.8% and 1.6% respectively). This implies the need for long-acting or long-term methods rather than shorter acting methods

The Implant methods were the most accepted method of contraception in the clients (70.2%), followed by the Intrauterine devices (25.8%). This is contrary to the findings in many studies where the method of choice was the Injectable contraceptives [8][9][10][11]. This may be attributable to the fact that majority of the clients' reason for contraception was completed family size and this method

offers longer term contraception. This may also be due to the fact that the Implants are, in recent times, more readily available and are offered on a reliable basis as postulated by Bruce J. [6].

A good number of the new clients in this study, 32 (25.8%), also chose the Intrauterine Device, which is in keeping with the findings of some other studies [10][12][13][16].

None of the subjects in this study was a male; this is similar to the findings by Yakasai & Yusuf [10]. This may be due to the inadequate information available on male methods or the general attitude of men towards contraception in most societies. Outreach efforts by the community health workers, targeting men with family planning measures is likely to be effective in initiating male contraceptive use [17].

Conclusion:

The implant methods were the most commonly accepted, while the oral contraceptive pill was the least preferred. Completed family size was the most common reason for contraception. The acceptance rate of contraception in our environment is generally low, given the number of new clients that attended the family planning unit in a year.

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