

RESEARCH ARTICLE

CURRENTTREND IN CONTRACEPTIVE DEMAND IN A TERTIARY HOSPITAL IN CALABAR, NIGERIA

Abeshi, Sylvester E.*¹, Eyong, Edu M ¹, Ekenjoku, A J ². and Ekpo, Edet E¹.

¹Department of Obstetrics and Gynaecology, University of Calabar, Nigeria

²Department of Pharmacology, University of Calabar, Nigeria

ARTICLE INFO

Article History:

Received 07th February, 2020

Received in revised form

19th March, 2020

Accepted 14th April, 2020

Published online 30th May, 2020

Key words:

Current Trend,
Contraceptive Demand,
Calabar.

ABSTRACT

Background: The recent prevalence rate for contraceptive use in Nigeria is put at between 11%–13%. This rate however seems to be very low notwithstanding the high rate of sexual involvement and widespread awareness of various methods of contraception. Many women in Nigeria often discover that they are pregnant after a missed menstrual period. Many of these pregnancies are therefore unplanned and unintended, ending in majority of cases in illegal and unsafe abortions and thus contributing to a high maternal morbidity and mortality ratio. There however seems to be a large unmet need for contraceptive use or a deliberate attempt not to use any method for reasons known to those in need. Recent encounters suggest that adolescents and married women are becoming more aware of their reproductive rights and requesting for different forms of contraception, including permanent methods of contraception without the consent of their spouses. **Aim:** the aim of this study is to ascertain the level of awareness and reasons for the increasing desire for contraception in cross river state, Nigeria and by extension the country as a whole in keeping with the current economic hardship and high unemployment rate in Nigeria. **Methodology:** this was a one-year retrospective and prospective study at a tertiary hospital in Calabar, Nigeria. This study was commenced on 1st January, 2019 to December 31st 2019, while the retrospective period covered January 1st to December 31st, 2018. The records of the family planning unit of the hospital in the previous year were compared with those of the year under study. Women who had active counseling during their antenatal visits and proceeded to take up a method were captured in this study. The parity, age, educational status and occupation were captured in the questionnaires. The results were analyzed as frequencies and percentages and presented in tables. **Result:** A total of 1,380 pregnant women booked in 2018 and had antenatal care (ANC) in this facility. However, only 1086 of them (78.7%) delivered in the facility and 338(31.1.0%) requested for and had contraception. In 2019, 1648 women booked for ANC and 1,210 delivered at the facility and 544(50.0%) indicated interest and received contraceptives. **Conclusion:** Comparatively, there is a drastic increase in contraceptive awareness and uptake in this study. During routine visits clients are taught on issues involving pregnancy changes, optimum care of the pregnancy, labour and delivery, care of the baby, breastfeeding and the post-delivery care and family planning. This has been the traditional teachings at antenatal clinics. This sudden change is however not unconnected with the hardship majority of households pass through. There is increased unemployment in the country and the country is ranked the second poorest country in world, with a daily income of less than 1-2 US dollar a day. This situation currently does not encourage keeping large family size, coupled with the high inflationary rate of 12-15% without any corresponding increase in wages.

Citation: Abeshi, Sylvester E., Eyong, Edu M., Ekenjoku, A J. and Ekpo, Edet E., 2020. "Currenttrend in contraceptive demand in a tertiary hospital in calabar, nigeria", *Asian Journal of Science and Technology*, 11, (05), 10972-10974.

Copyright © 2020, Abeshi, Sylvester et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

Achieving good reproductive and sexual health does require not only the prevention of unwanted pregnancy and sexually transmitted infections, it also includes developing an ability to form and maintain meaningful relationship with others and with our own body. Many factors such as psychological,

social, cultural, religious, educational, environmental, and economic factors, among others, all play a role in seeking good health and contraception to protect against undesired pregnancies. [Askew, Mensch, and Adewuyi, 1994]The use and choices of contraceptives by intending users vary widely in Nigeria and also in other developing countries according to type of information dissemination by the health facility, culture, tradition, myth, superstition and religious beliefs. Information about the nature and form of contraceptives, the geopolitical location or dwelling place of the clients, desired family size, religious belief and teachings, availability of the

*Corresponding author: Abeshi, Sylvester E.,

Department of Obstetrics and Gynaecology, University of Calabar, Nigeria.

product and its cost, and type of settings (urban or rural) are contributory factors in decision making on the type of contraceptive of choice. Various factors related to both supply and demand account for these variations and contribute to the low levels of contraceptive use and choices in Nigeria (Askew *et al.*, 1994). Reports indicate that over 200 million women in sub-Saharan Africa and other developing countries have the desire to delay future pregnancies or even stop bearing children completely, but many of them still depend on less effective or traditional methods of contraception or do not use any modern method of contraception. Lack of effective contraceptive usage ultimately results in many unintended pregnancies and illegal abortions contributing to a high maternal mortality ratio. There thus seems to be a large unmet need for contraceptive use. Ample research evidence identifying the various factors that contribute to the low prevalence of modern contraceptive use in Nigeria are available, with the most common factor being the myth about the side effects of modern contraceptives. Those who do not use any contraceptive method may lack access or face barriers to using contraception (Singh, Darroch, Vlassoff, Nadeau, 2003). These barriers include ignorance or lack of awareness, lack of access, cultural factors, religion, opposition to use by partners or family members, and fear of health risks and side effects of contraceptives (Carr and Khan, 2004). This study became imperative when more women attending antenatal clinics were becoming curious on family planning. Further investigation revealed that the economic condition and cost of living, housing, education and upkeep of the family has become extremely difficult hence the need for smaller family sizes. Majority of women strongly believe that they can take decisions on their own as regards family sizes, notwithstanding the opinion of their spouses.

Women are also becoming more aware, now than before that if anything happens to their spouse, such as death or incapacitation, then the burden to take care of the children rest on them alone. There is currently a very high unemployment rate in the country, as high as 45%. Majority of women and adolescents who are educated in Nigeria are unemployed but sexually active, hence the increased request for protection against unwanted pregnancies. The consequence of high unemployment is that most intending young men and women will only want to marry when they are gainfully employed. To avoid undesired pregnancies, they seek various forms of contraception pending when they will marry, since abstinence may not likely be an option. Married women on the other hand are more desirous in seeking contraception including bilateral tubal ligation, a method that was previously considered a taboo. It was noted in this study that previously held myths about contraceptives were no longer as strong as was initially conceived. The men however, have not been forthcoming on issues of contraception. Men generally object to vasectomy with the excuse that it is the women who become pregnant and not them. Hence the women are the ones who need contraception.

METHODOLOGY

This was an observational study carried out at the family planning unit of the University of Calabar teaching hospital. A combined retrospective (2018) and prospective study (2019) was used in this study. In the retrospective study, information about the clients were retrieved from their files in the family planning unit of records department while for the prospective

study, the researchers were actively involved in the counseling together with the nurses in providing effective information on contraception, using questionnaires to obtain additional information from the clients who indicated interest and gave informed written consent for modern contraception use after delivery. Clients who opted for bilateral tubal ligation were followed up to the point of surgery to ensure that the procedure was carried out either during caesarean section or post-partum. The information collated was analyzed and presented in simple frequencies and percentages and presented in tables.

RESULTS

A total of 1,380 pregnant women booked in 2018 and had antenatal care (ANC) in this facility. However, only 1086 (78.7%) delivered in the facility and 338(31.1.0%) requested for and had contraception. In 2019, 1648 women booked for ANC and 1,210 delivered at the facility and 544(50.0%) indicated interest and received contraceptives.

Table 1. Shows total antenatal booking and deliveries for both years

	2018 (%)	2019 (%)
ANC	1380	1648
DELIVERY	1086(78.7%)	1210(73.4%)
COTRACEPTIVE	338(31.1%)	544 (50.0%)

Table 2. Socio-demographic profile contraceptive seekers

	2018	2019
CLIENTS	338	544
AGE		
<19	8	18
20-24	34	58
25-29	82	112
30-34	94	134
>35	120	222
PARITY	1086 Deliveries	1210 Deliveries
1	24	38
2	256	284
3	312	328
4	221	288
>5	273	272
EDUCATION	2018	2019
Primary	4	10
Junior secondary	68	88
Senior secondary	98	186
Tertiary	124	198
Post graduate	44	62
OCCUPATION		
Civil/public servants	48	60
Traders	42	72
Bankers	18	34
Teachers	54	89
Farmers	22	32
Managers/ CEOs	12	24
Unemployed	142	233

DISCUSSION

Available information indicates that over 200 million women in developing countries, especially in sub-Saharan Africa have the desire to delay future pregnancies or even stop bearing children completely.

Table 3. Type of contraceptive request

METHOD	2018(%)	2019(%)
Pills	35 10.4	68 12.5
Injectable	6218.3	98 18.0
Implants	38 11.2	7814.3
Tubal ligation	36 10.7	7513.8
Male condoms	32 9.5	7012.9
Female condoms	164.7	346.3
Calendar method	57 16.9	44 8.1
Copper T (IUCDs)	62 18.3	77 14.1
	338	544

Many of these women still depend on less effective or traditional methods of contraception or do not use any method of contraception. Majority of the women who initially book for antenatal care do not deliver in the health facility where they registered. Over the years' statistics has shown that less than 80% of booked patients deliver at the health facility. Most women initially attend ANC at the early stage of the pregnancy but towards term they end up delivering in churches or traditional birth attendants (TBA), thereby missing another opportunity to be further counselled for contraceptive use. This unmet or non-usage of contraceptives most likely result in unintended pregnancies with resultant illegal abortions contributing to a high maternal mortality ratio. There is ample research evidence identifying the various factors that contribute to the low prevalence of modern contraceptive use in Nigeria, with the most common factor being the myth about the side effects of modern contraceptives. Those who do not use any contraceptive method may lack access or face barriers to using contraception. (Iklaki, Njoku, Abeshi, Emechebe, Ekabua 2015). These barriers include ignorance or lack of awareness, lack of access, cultural factors, religion, opposition to use by partners or family members, and fear of health risks and side effects of contraceptives (Singh, Darroch, Vlassoff, Nadeau 2003). Hospital data from Lagos, Nigeria showed that the intrauterine contraceptive device (IUCD) is the most commonly chosen method. It is chosen by 68% of clients with 15% choosing to use injectables (Iklaki, Njoku, Abeshi, Emechebe, Ekabua 2015).

In a five-year review of contraceptive use at the University of Calabar teaching hospital, Nigeria, by (Iklaki et al 2015,) also showed that the IUCD was highest contraceptive requested for, representing 45.06% of all the clients. Condoms accounted for 22.91% while vaginal foam tablets were the least provided (2.41%). In this study, Table I shows increased request for contraceptive use from 31.1% in 2018 to 50.0% in 2019. An increase of almost 20% within a year. This is a significant improvement from the 11-13% contraceptive use in previous studies. Though this is a single facility based study, the result is of importance if it is a reflection of a national outcome. Population control is of importance not only in management of the family in provision of good health, better nutrition, education and wellbeing of members of the family, but by extension helps the state and federal government for better planning and utilization of resources including provision of jobs, better health and infrastructural development for its citizens.

Women more than 35 years old and those having more than three children were more willing to use contraception (table ii and iii) including those with tertiary education. Also, women who had no source of personal income (unemployed) showed more interest in request for contraceptive use 142 (2018) and 233 (2019) an increase of about 64%. Table iii shows the various form of contraception commonly in use in this facility. The table shows an increase in use of implants, male condoms, bilateral tubal ligation. There is however a reduction in use of hormonal injectables and intra uterine contraceptive devices, which used to be the predominant form of contraceptive.

Conclusion

The issue of contraceptive use in control of the family size and population control has always been topics of discussion at home and in the society. Different myths about contraceptive use and the fear of the side effects of contraceptive use have over the years hindered many women from its use. Many women are in need of contraceptives but still have unmet needs. Decisions on family size should not be an imposition on the women but the woman's opinion is important in such considerations. Previously women depend solely on what their husband says or desires. Of recent however, many women are becoming more aware of their own health and the need to have smaller family sizes so as to adequately provide for the needs of the family. The current economic situation in Nigeria today, where most families live below the poverty level of less than 1 US dollar a day will not sustain a family of two children. The current economic situation in the country has forced women to seek for contraception without informing their spouses. They believe that their own health is equally very important to them. Majority of women are opting for sterilization which is a very effective and permanent form of contraception with low failure rate with little or no side effects.

REFERENCES

- Askew, I, Mensch, B. and Adewuyi, A. 1994. Indicators for measuring the quality of family planning services in Nigeria. *Stud Fam Plann.*, 25(5): 268–283
- Carr, D. and Khan, M. 2004. The Unfinished Agenda: Meeting Guttmacher Institute: Sharing Responsibility: Women, Society and Abortion Worldwide. New York, NY: The Alan Guttmacher Institute; 1999.
- Iklaki C U, Njoku C O, Abeshi S E, Emechebe C I, Ekabua J E. Request for Temporary Contraception at University of Calabar Teaching Hospital (UCTH), Calabar, Nigeria: Why the Preference for Cooper T IUD? *Sch. J. App. Med. Sci.*, 2015; 3(2D):777-782
- Singh S, Darroch JE, Vlassoff M, Nadeau J: adding it up: The benefits of investing in sexual and reproductive health. New York, NY: The Alan Guttmacher Institute; 2003.
- the needs for family planning in less developed countries. Washington, DC: Population Reference Bureau.
- Tolman, Deborah L.; Striepe, Meg I.; Harmon, Tricia. 2003. Gender Matters: Constructing a Model of Adolescent Sexual Health. *The Journal of Sex Research* 40(1): 4-12.
