ORIGINAL ARTICLE

Family Planning and Contraceptive Practices among Parturients in a Cottage Hospital in South-West Nigeria

Olusoji E **JAGUN**

Department of Obstetrics & Gynaecology, Olabisi Onabanjo University Teaching Hospital Sagamu, Ogun State NIGERIA

Author for Correspondence
Dr Olusoji E **JAGUN**
Department of Obstetrics & Gynaecology, Olabisi Onabanjo University Teaching Hospital Sagamu, Ogun State NIGERIA

Phone: +234 8037190490
Email: jocorban@yahoo.com

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ABSTRACT

Background: Family size predetermination and birthing according to schedule is a strong determinant of family stability as it allows proper resource allocation and management.

Aims: To determine the family planning practices among parturients and determine the factors that can influence the uptake of contraceptives in the semi urban and rural population.

Methodology: This is a cross-sectional quantitative, structured questionnaire based study of consecutive parturients in a cottage hospital.

Results: Seventy five percent of the respondents had a birth interval of between 1-2years and the mean birth interval was about two and half years (Standard Deviation = 1year 3months). The pregnancy was anticipated in 101/131 (77.1%) of the cases and 90/131(68.7%) of them planned the number of children they want to have.

Sixty two (47.3%) of the respondents have ever used a contraceptive while the knowledge of contraception was 88.5% (116/131). History of discontinuation was found in about forty percent (25/62) of the respondents and the main reason for discontinuation was desire for conception. Over half of the respondents (57.3%) opined that the major influencers to accept contraceptives are husbands influence; personal desire and if there are incentives attached.

There was a significantly positive correlation between parity and number of children alive (*r=0.89; p=0.01*)

Conclusion: The high parity among women is a consequence of low child survival. Increasing inter-pregnancy interval and increasing uptake of contraceptives might improve pregnancy outcome and improve the health of the woman. Male involvement in contraceptive services will improve significantly contraceptive uptake.

Keywords: *Choice of Contraception, Determinants, Infant Mortality, Family Size*

INTRODUCTION

Family size predetermination and birthing according to schedule is a strong determinant of family stability as it allows proper resource allocation and management. This, however appears as an arduous task in most countries with large numbers of pregnancies that are unplanned.[1,2,3,4]A pregnancy can either be planned or unplanned (unwanted). In between these two entities is ill-timed pregnancy which has less adverse foeto-maternal outcome unlike unwanted pregnancy.[2,5] Family planning allows for proper prenatal care and life style adjustment to prevent untoward effect in the mother and baby which is commoner in births of unplanned pregnancies.[3,6]

Large family size is characteristic of most developing economies like Nigeria which reflects on the high *Total Fertility Rate* of 5.5 and low uptake of contraceptive services.[7] Four key reproductive problems have been identified as facing women in developing countries: giving birth too early, too late, too many times, or too soon, and all these have deleterious effects on the woman and family life. Family size regulation is, therefore, sacrosanct to quality health of the woman.

The worsening economic fortunes of Nigeria as a country and the rising population demands that family planning and contraceptive practices must become imbibed as a culture. Level of awareness of contraception is high but the uptake has not been encouraging.[8,9] This also, has a rural and urban skewed distribution.[4] There is still a need to understand the preferences of parturients and factors that may modify their attitude to contraceptives. Peri-partum or post-partum contraception has been suggested as a way of improving contraceptive prevalence because women are more receptive to contraception at these periods even though the failure rate of the intrauterine contraceptives might be higher than the interval insertion. [10,11,12,13]This study, therefore, seeks to know the family planning practices among parturients and determine the factors that can increase the uptake of contraceptives in the semi urban and rural population.

METHODOLOGY

This is a cross-sectional quantitative, questionnaire based study of consecutive parturients in a cottage hospital which serves both the rural and semi urban population in Ijebu Ode, South-West Nigeria. The average delivery in the hospital is about 40 births per month and the study was conducted over a 4 month period (August-November 2015). The average attendance at the antenatal clinics is about 80 persons per week and they practice the traditional antenatal care model with two antenatal clinics per week. The questionnaires were structured and included questions on: if the pregnancy was planned; whether there was a plan for the number of children desired by the couple; the time they pregnancy was desired; and whether there is adherence to timing.

We, also, sought to know about the knowledge of contraception, source of knowledge and previous use of contraception, and reasons for discontinuation. The questionnaires were administered by previously briefed medical officers and midwives, within 24hours of delivery and in the language the parturients understood. The results were analysed using the Statistical Package for Social Sciences (SPSS) software version 16.0.Frequencies and bi-variate analysis were done and a statistical significant level was set at $p<0.05$.

RESULTS

One hundred and fifty-three questionnaires were administered. The completely filled and analyzable questionnaires were 131/153 (85.6%). The age range of the respondents was 18-42years (Table 1) and the parity ranges

Table 1. Age distribution of the clients

Age group	Frequency	Percentage
<20	2	1.5
20-24	26	19.8
25-29	51	38.9
30-34	31	23.7
35-39	19	14.5
40-44	2	1.5
Total	**131**	**100.0**

Table 2. Source of information about family Planning, reasons for discontinuation and methods they are aware of

SOURCE	**FREQUENCY**	**%**
ANC	83	63.4
Friends and Neighbours	69	52.7
News media	31	23.2
Others	11	8.4
REASON FOR DISCONTINUATION		
Desire for conception	40	61.5
Weight gain	10	15.4
Irregular period	7	10.8
Amenorrhoea	4	6.2
Menorrhagia	3	4.6
Accessibility	1	1.5
METHOD USED BEFORE		
Combined oral contraceptive	30	22.9
Barrier	27	20.6
IUCD	7	5.3
Injectables	5	3.8
None	31	47.4

**IUCD - Intrauterine Contraceptive Device*

between 1and 5, with a modal parity of 1. Seventy five percent of the respondents had a birth interval of between 1-2years and the mean birth interval was about two and half years (SD 1year 3months).

The pregnancy was anticipated in 101/131 (77.1%) of the cases and 90/131(68.7%) of them planned the number of children they want to have and also the interval. Of this population, 94/131 (71.8%) were keeping to the plan. Sixty-two (47.3%) of them have never used a contraceptive, while the knowledge of contraception was 88.5% (116/131). The source of knowledge is as shown in *Table 2*.

Table 3. Determinants of acceptance of contraceptives

What can strongly influence your acceptance of contraceptives	**Frequency**	**Percentage (%)**
Husbands involvement	40	30.5
Myself	20	15.3
Incentives for family planning	15	11.5
Religious leaders involvement	13	9.9
Affiliated unions	12	9.2
Legally binding	10	7.6
Family and friends	8	8.1
Family planning immediately after birth	7	5.3
Royal authorities	6	4.6

History of discontinuation was found in about forty percent (25/62) of the respondents and the reasons for discontinuation are as shown in *Table 2*. Only about two third of the parturients (64.9%) promised to use any contraceptive after this confinement. Over half of the respondents (57.3%) opined that the major influencers to accepting contraceptives were husbands influence, personal desire and if there were incentives attached (Table 3).

Desire for conception was the reason for discontinuation in most cases which is a consequence of high infant mortality. There was a significantly high positive correlation between parity and number of children alive (*r=0.89, p=0.01*)

DISCUSSION

Total Fertility Rate (TFR) has been decreasing arithmetically in Nigeria in the last decade in tandem with the infant and perinatal mortality rate; this may be accounted for by increasing expertise in perinatal care and paediatric services in Nigeria.[7] The high parous (multiparous) experience from this study strongly correlate with high infant or child mortality. Obstetric implications of high parity is grave, hence the need for legalized family size limitation.

Family spacing allows for equitable distribution of resources in the family and allows the couple to pursue carriers and profession. Unplanned or mistimed pregnancies occur in developed countries as in developing countries; Australian data show that one in two pregnancies was unplanned or mistimed, but this is balanced up by a low TFR (1.77) unlike in developing countries like Nigeria with high TFR of 5.5.[14, 15] In this study, 68.7% of them planned the child birth and adherence to birth intervals was 71.8% which is commendable, but birth interval is less than 2years in majority of them (75%). This does not allow for full maternal recovery from previous birth exercise and some deprivation for the infant which could contribute to high infant mortality.[16]

Ideal inter-pregnancy interval is contentious, but short inter-pregnancy intervals of less than 15months are associated with preterm deliveries, neonatal morbidity, low birth weight and fetal losses. Birth interval of 18-23 months is associated with the lowest risk of complications.[17,18,19] It appears that the women are always eager to get pregnant because 61.5% of them gave the reason for discontinuation of contraception as desire to get pregnant which could be as result of low child survival, similar to what was obtained in Bangladesh, a developing country.[20]

Contraceptive awareness and knowledge has not translated into uptake. This is responsible for the low contraceptive prevalence of 15%, the knowledge about contraception is obtained from the Antenatal Care classes and this class may have to be strengthened to be the point where decisions are made. The concept of immediate post-partum or peri-partum contraception might, therefore, be better, inspite of its high expulsion and failure rate.[10,11,12,13] The long acting contraceptive device may also increase the inter-pregnancy interval and TFR. However, only a small fraction of the parturients (5.3%) sees peri-partum contraception as a strong influencer to accepting contraceptives. Male involvement in contraception is a strong influencer for choice and acceptance therefore taking decision as a couple has been found to be crucial to contraceptive uptake.[21, 22]

CONCLUSION

The high parity among women and by extension high TFR in Nigeria is a consequence of low child survival. Increasing inter-pregnancy interval and increasing uptake of contraceptives will improve pregnancy outcome and improve the health of the woman. Since antenatal classes are well attended all over the country, it can also be a source of consent for immediate post-partum contraception especially long acting reversible contraceptives. Male involvement in contraceptive services will improve significantly contraceptive uptake.

The study is limited by the small sample size and may not be extrapolated to other semi urban areas of different culture and values. Further research into ethnic and regional variations and influences will be needed

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