Increasing access to and use of modern Contraceptive Methods among Women of Reproductive age in Nigeria: an Integrated approach to Reproductive Health

By

C. Ujuju, S. B. Adebayo, R. Fakolade, J .Mohammed-Jantabo & J. Anyanti

Society for Family Health, Abuja, Nigeria

Abstract

The unmet need for family planning (FP) stands at 13.6% in Nigeria. To effectively increase the use of modern contraceptives among women of reproductive age (WRA), knowledge about access and correct use of contraceptives to reduce unintended or mis-timed pregnancies is required. A quasi experimental design was conducted to evaluate impact of intervention(s) among WRA 15-49 years. Control communities with characteristics similar to that of the intervention communities were selected for this study. Over all, 1,800 respondents were selected through a multi-stage sampling procedure. Bivariate analysis was conducted to assess impact of intervention. Findings revealed a significant increase in the access to health facilities, effectiveness of FP methods, availability of FP methods and use of modern FP at the intervention communities compared with the control communities. These findings have shown that integrated approach was effective in improving access and use of modern FP method.

Keywords: quasi experimental design, mis-timed pregnancy, contraceptive prevalence rate, unmet need for family planning method, improving reproductive health in Nigeria

Introduction

Nigeria currently has a population of over 140 million and an annual growth rate of 3.2% (NPC, 2007). Nigeria's fertility rate dropped slightly from 6.0 to 5.7 between 1990 and 2003 (NPC [Nigeria] & ORC Macro). However, contraceptive prevalence rate (CPR) is still very low in Nigeria with only 11.6% of women of reproductive age (WRA) using modern family planning methods (FMOH [Nigeria], 2006). Contraceptive prevalence is highest in the southern parts of the country, but relatively low elsewhere. CPR differs considerably between urban and rural areas with 18% in the urban compared with 8% in the rural areas (FMOH [Nigeria], 2006). While showing a marked improvement of over 44% in 1990, knowledge of contraception remains low among women; just 68% knew at least one modern method of family planning (FMOH [Nigeria], 2003). Unmet need for family planning stands at 13.6% with a higher rate in rural areas (14.2%) than in urban (12.5%). Unmet need is also highest among older women and women with one to five children. Only about half of women with an unmet need intend to use a contraceptive method in the future (NPC, 2006).

The Society for Family Health (SFH) through the Improving Reproductive Health in Nigeria (IRHIN) project proposes to improve reproductive health among the populace. The purpose of the project is to improve the

understanding of, access to, and correct use of contraceptives with the aim of reducing unintended or mis-timed pregnancies. To accomplish this, the intervention focused on an integrated approach to reproductive health programming was embarked upon. This includes the strengthening of health centres and hospitals in selected sites to provide a wide range of family planning (FP) products and services, serve as referral points to smaller clinics and a collection point for service statistics; provide support to smaller community clinics, and strengthening of Civil Society Organizations (CSOs) in order to mobilize communities and help to increase knowledge and use of family planning products and services. Three states (Kaduna, Cross River and Abia) were identified based on a set of criteria, namely, Kaduna, Cross River and Abia states. Within these states, local government areas (LGAs) and communities were also identified and selected to adopt an integrated model that which goes beyond the clinic walls.

Data and Methodology

A quasi- experimental design was employed to evaluate impact of this intervention strategy. This design is suitable for measuring programme impact particularly for a new intervention strategy is introduced into one area against a similar neighbouring area. The survey was used to compare the level of improvement in the quality of reproductive health services among women of reproductive age (15-49 years) who have been exposed to IRHIN interventions with those of equivalent characteristics in the control communities. Interventions were carried out in 14 intervention communities where programmes geared towards increasing knowledge and use of family planning products and services were selected. Control communities similar to the intervention communities in size and socio economic characteristics and level of CPR were also selected. A multi-stage cluster sampling procedure was used for the survey.

At the first stage, 20 cluster points were identified in each state (10 from each intervention and control communities). The number of clusters to be formed in each community will be proportional to the size (population) of the communities; subject to allocation of at least 1 cluster to each of the communities. At stage 2, from the starting point (of a randomly selected enumeration area), 900 eligible persons will be identified in their households and listed on a designed form to form a cluster. Finally, 300 eligible respondents were systematically selected for interview.

A minimum sample size was determined using an appropriate formular to detect a 10% change in (knowledge and access) accommodating for a 10% non response rate. A minimum sample size of 300 eligible persons (Women of Reproductive Age (WRA) 15 to 49 years) was sampled in each of the intervention and control communities per state giving a total sample of 1,800 WRA sampled during the survey from the three states. Bivariate analysis was conducted to assess possible impact of intervention between the control and the intervention sites.

Discussion of Results

Table 1 presents the distribution of the respondents. About one in three of the respondents (35%) were aged 25-34 years; 42% were aged 15-24 years while 23% were aged 35 years and above (Table 1). Majority of the

respondents have completed secondary (57.5%) and tertiary education (12%). More than half (59%) of the respondents were married while 38% indicated that they were single. Both the control and intervention sites were similar in terms of these characteristics.

Use of contraceptive methods was higher among respondents in the intervention sites (34.3%) than the control sites (26.9%) with p = 0.001. Table 2 presents findings on key determinants of use of family planning. On knowledge, no significant difference was evident between intervention (94.5%) and control (92.6%) sites (p=0.099). Findings revealed that there was an increase in the percentage of women seeking FP counselling and information in the intervention (39.0) compared with the control (30.0%) sites. Generally, belief on the effectiveness of FP/child spacing, availability of contraceptives, intention to use FP and visiting FP clinics in the locations were significantly higher in the intervention sites compared with the control sites ($p<0.05$).

Conclusions

The intervention led to an increase in knowledge of family planning and reduced misconceptions about contraceptive. For instance, proportion of respondents who perceived that use of FP pills results into fertility was higher among the control sites than the intervention sites. This in turn has led to more women visiting the family planning clinics in the intervention communities compared with the control communities. It was evident that the integrated approach was successful in improving the access and use of modern family planning method in the intervention communities compared with the control communities.

Table 1: Demographic profile of the respondents

Characteristics	%	Total (N)
Age group		
15-24 yrs	41.9	754
25-34 yrs	35.0	629
35 yrs and above	23.1	415
Highest level of education		
No formal education	9.7	175
Primary	20.9	376
Secondary	57.5	1035
Higher/ tertiary	11.9	214
Marital status		
Single	38.1	686
Married	58.7	1057
Widowed/Divorced	3.2	57
Total (%)	**100**	**1800**

Table 2: Percentage of respondents in the intervention and control sites by variables

	Variables	Control site	Intervention site	Sig.
1	Percentage of women seeking FP counselling and information in target areas	30.0%	39.0%	0.000
2	Percentage of women currently using a modern contraceptive method	26.9%	34.3%	0.001
3	Belief that family planning/ child spacing methods are effective	80.6%	85.%	0.015
4	Belief that the use of FP can lead to infertility	39.%	37.2%	0.440
5	Belief that contraceptives are easy to obtain	66.2%	79.6%	0.000
6	Intending to use FP in the next 12 months	38.1%	44.%	0.011
7	Knowledge of FP methods	92.6%	94.5%	0.099
8	Visited Family planning clinic in the location	4.4%	18.9%	0.000