



**MODERN CONTRACEPTIVES UTILIZATION AND BARRIERS AMONG WOMEN
WITH OBSTETRIC FISTULA IN NORTH WESTERN NIGERIA**

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ABSTRACT

Background: An effective approach to avoiding obstetric fistula must address the needs both for prevention and for treatment, especially where accesses to good obstetric care services are Limited. Family planning plays a key role in the prevention of obstetric fistula. Many women living in rural areas, where fistula is most common, have little or no access to family planning information and services. **Objectives:** This study aim to determine the modern contraceptive utilization and barriers among women with obstetric fistula. **Methodology:** This was a cross-sectional and descriptive study involving 173 women attending the fistula clinic of the National Obstetric Fistula Centre, Babbar Ruga, Katsina between 1st Febuary and 30th June, 2016. Data was collected using a pretested structured interviewer administered questionnaire after obtaining an informed consent. SPSS version 22 statistical package was used for data entry and analysis. **Results:** The mean age of the women was 26.6±9.25 years and the mean parity was 3.76±3.2. The mean parity at fistula development was 3.5±3.10. Majority 76.3% of the women were married and 92.5% had no formal education. Some 11.6% of the women were beggars'. Awareness of modern family planning methods was poor as only 27.7% were aware. The main 58.5% source of information was by healthcare Providers. Oral contraceptive Pills 31 (64.6%) and injectables 28 (58.3%) were the commonly known methods. Limiting family size 23 (48.9%) and spacing of births 11 (22.9%) were identified as the main benefits of family planning and only 3 (6.3%) identified family planning as being important in the prevention of obstetric fistula. Only 4 of the 48 women that were aware of modern family planning used family planning method before and none were current users. Husband Opposition 33.3% and desire for more Children were identified as the major barrier to utilization. **Conclusion:** The study showed that modern contraceptive knowledge is poor among women with obstetric fistula and if obstetric fistula is to be prevented educational campaigns should target women in the rural areas that are at risk of developing obstetric fistula.

KEYWORDS: Obstetric fistula, Modern contraception, Awareness, Barriers.

INTRODUCTION

Obstetric fistula (vesico-vaginal and recto-vaginal fistulae) is a serious reproductive health challenge for women in Nigeria. It results from prolonged obstructed labour during childbirth, which causes sustained pressure between the presenting part of the baby and the maternal pelvis, resulting in the damage of surrounding tissues, vaginal walls, bladder wall, rectal wall, nerves and blood supply, leading to fistula formation, disability and in many cases, death. The fistula that results presents with continuous dribbling of urine and sometimes faeces (urinary and/or faecal incontinence), leading to social stigma and ostracization of the affected women.^[2,3]

Obstetric fistula has become a rarity in the developed countries since the development of standard emergency obstetric care. However, the same cannot be said for the developing countries. It is estimated that more than 2 million women are living with untreated obstetric fistula

in Asia and sub-Saharan Africa.^[4] In sub-Saharan Africa and South Asia, obstetric fistula is very common, as access to and utilization of emergency obstetric care is limited.^[5] In Nigeria, even though the exact prevalence is not known it is estimated that Nigeria accounts for 40% of the worldwide fistula prevalence with approximately 20,000 new cases occurring each year, although recent studies put estimates at approximately 12,000 new cases per year.^[6,7] Because of the problem of access to quality obstetric care in terms of ignorance, finance, logistic, infrastructure, cultural preferences and late decision to seek care, obstetric fistula has remained a major public health issue in Nigeria.^[6]

An effective approach to avoiding obstetric fistula must address the needs both for prevention and for treatment, especially where access to good obstetric care services are limited. Family planning plays a key role in the prevention of obstetric fistula. Many women living in

rural areas, where fistula is most common, have little or no access to family planning information and services. This study determined the modern contraceptive utilization and barriers to utilization among women with obstetric fistula.

MATERIALS AND METHODS

The study was conducted at the National Obstetric Fistula Centre Babbar Ruga, Katsina. The Centre serves as a referral Centre for patient with obstetric fistula within and outside Nigeria with emphasis on Northwestern Nigeria.

The study was a cross-sectional and descriptive study involving 173 women attending the fistula clinic of the National Obstetric Fistula Centre, Babbar Ruga, Katsina between 1st February and 30th June, 2016. Data was collected using a pretested structured interviewer administered questionnaire after obtaining an informed consent. The questionnaire was divided into three sections.

Section A obtained information on the biodata of the respondents.

Section B obtained information on awareness and utilization of modern contraceptive methods.

Section C obtained information on the barriers to the utilization of modern contraceptive methods.

The SPSS version 22 statistical package was used for data entry and analysis.

RESULTS

Most of the respondents 48.6% were in the age range of 15 to 24 years followed by 25 to 34 years 25.4%, with a minimum age of 15 years, maximum of 55 years and mean of 26.6 ± 9.25 years. The mean parity of the respondents was 3.76 ± 3.2 . The mean parity at fistula development was 3.5 ± 3.10 . Majority 76.3% of the respondents were married, 92.5% had no formal education and only 2 of the 173 were Christians. Sixty-two point four of them were full time house wives while 11.2% were beggars' and 22(12.7%) were petty traders.

Table 1: Demographic characteristics of respondents.

Variable	Frequency (%)
Age group	
15 – 24	84 (48.6)
25 – 34	44 (25.4)
35 – 44	36 (20.8)
45 – 54	8 (4.6)
55 – 64	1 (0.6)
Parity	
0	1 (1.7)
1	83 (48.0)
2	20 (11.5)
3	6 (3.5)
4	10 (5.8)
≥5	51 (29.5)
Marital status	
Single	1 (0.6)
Married	132 (76.3)
Separated	12 (6.9)
Divorced	23 (13.3)
Widowed	5 (2.9)
Educational status	
No formal education	160 (92.5)
Primary	9 (5.2)
Secondary	3 (1.7)
Tertiary	1 (0.6)
Religion	
Islam	172 (98.8)
Christianity	2 (1.2)
Occupation	
House wife	108 (62.4)
Petty trading	22 (12.7)
Begging	20 (11.6)
Farming	5 (2.9)
Knitting	5 (2.9)
Food vendor	4 (2.3)
Grinding	3 (1.7)
Tailoring	3 (1.7)
House help	2 (1.2)
Civil servant	1 (0.6)

Awareness of modern family planning methods was poor as only 27.7% were aware. The main source of information was by healthcare providers (58.5%). Oral contraceptive pills 31 (64.6%) and injectable 28 (58.3%) were the commonly known methods. Limiting family size 23 (48.9%) and spacing of births 11 (22.9%) were identified as the main benefits of family planning and only 3 (6.3%) identified family planning as being important in the prevention of obstetric fistula.

Table 2: Knowledge of modern contraceptive methods.

Variable	Frequency (%)
Awareness	
No	125 (72.3)
Yes	48 (27.7)
Methods known	
Oral contraceptive pills	31 (64.6)
Injectable	28 (58.3)
Male condom	11 (22.9)
IUCD	9 (18.7)
Female sterilization	5 (10.4)
Implant	3 (6.3)
Female condom	0 (0.0)
Male sterilization	0 (0.0)
Source of information	
Health personnel	28 (58.3)
Radio	12 (25.0)
Friends	5 (10.4)
Television	3 (6.3)
Benefits of contraception	
Limiting family size	23 (48.9)
Spacing of births	11 (22.9)
Prevention of unwanted pregnancy	7 (14.6)
Prevention of obstetric fistula	3 (6.3)
Prevention of STI	1 (2.1)
No benefit	1 (2.1)

Only 4 of the 48 women that were aware of modern family planning ever used family planning method before and none were current users. Husband opposition 33.3% and desire for more children 25.0% were identified as the major barriers to utilization. Religious prohibition 20.8% and fear of side effects 8.3% were some of the reasons given by some of the respondents, while 6.3% do not have reason for not using any method even though they are aware.

Table 3: Barriers to the utilization of modern contraceptive methods.

Barriers	Frequency (%)
Husband opposition	16 (33.3)
Desire for more children	12 (25.0)
Religious prohibition	10 (20.8)
Fear of side effects	4 (8.3)
Separated from husband	1 (2.1)
Divorced	1 (2.1)
Non availability	1 (2.1)
No reason	3 (6.3)

DISCUSSION

The results of this study among women attending the fistula clinic of the National Obstetric Fistula Centre, Katsina suggested that awareness of modern contraceptive methods of family planning was poor 27.7%. This finding is lower than 83.8%, 90.4% and 56.23% that were reported by the 2013 NDHS, Asekun-Olarinmoye and Nwosu.^[8,9,10] The finding of poor contraceptive awareness is not surprising as most of the women 92.5% in this study had no formal education and are mostly from the rural areas.

Similar to what was reported in other studies, more than half 58.3% of the women studied knew about contraception through health personnel,^[11,12,13] followed by the media (radio and television). The media was reported by Bassey and colleagues as the main source of contraceptive information.^[14] Healthcare personnel's and the media will continue to be an important source of health information and education.

The commonly known methods from this study are oral contraceptive pills 64.6% and injectables 58.3% similar to what was reported in Nigeria by NDHS 2013.^[8] This contrary to what was reported by Asekun-Olarinmoye and Nwachukwu & Obasi who reported male condom as the most popular contraceptive method.^[8,15]

Majority of the women studied knew the benefits of family planning to include limiting of family size, child spacing and prevention of unwanted pregnancies as reported in other studies.^[8,16] In this study on 6.3% of the women identified family planning as being important in the prevention of obstetric fistula. This shows the importance of health education on the causes and prevention of obstetric fistula in all antenatal clinics and the media.

The commonest reason given by the women for non-use of modern contraceptive methods was husband opposition, desire for more children, religious prohibition and the concern of safety as was similarly reported in other studies.^[8,16,17,18] This is not surprising as culture and religion has placed men as the head of the family and women cannot make decisions in relation to their own health. The desire for more children given by some of the women is not surprising as most of the women with obstetric fistula delivered a stillbirth. The findings in this study provide the evidence for the need of male involvement in contraception and other reproductive health issues like the prevention of obstetric fistula were men play an important role.

CONCLUSION

This study therefore conclude that modern contraceptive knowledge is poor among women with obstetric fistula and if obstetric fistula is to be prevented educational campaigns should target men and women in the rural areas that are at risk of developing obstetric fistula.

Conflict of interest declaration

There are no conflicts of interest.

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