The Medical Mystery of Contraceptive Method Choice in Urban Nigeria

Background

Nigerian women average nearly six children over the course of their lifetime and the national population – already the largest in Africa – is expected to double within 25 years. This population growth will exacerbate the growing urbanization of the country, continue to strain national resources, and worsen the poor health conditions currently faced by much of the population, particularly the urban poor. The high levels of fertility are a function of both low demand for and low use of contraceptive methods - only 11% are using modern contraception – although 35% of currently married women have a demand for family planning to space or limit births (NDHS, 2009).

Contraceptive method choice, which is one of the six elements of Bruce's (1990) framework for quality of care in family planning, is an important determinant of sustained contraceptive use. For example, in Indonesia, clients who received their method of choice displayed the lowest rates of discontinuation at follow up (Pariani, Heer & Van Arsdol, 1991). The ability to switch methods is also important for long-term contraceptive use in order to meet the changing needs of clients depending on tolerance of side effects, stage of the life cycle, desired length of spacing and other factors.

Client characteristics such as age, parity, education, exposure to family planning messages and partner approval are known to influence method choice (Bulatao, 1989; Stephenson, Beke & Tshibangu, 2008; Mannan, 2002; Gubhaju, 2009; Magadi & Curtis, 2003). Furthermore, method attributes such as cost, effectiveness and ease of use are additional factors that have an effect on the method mix available to a population (Sullivan et al, 2006). Evidence also exists of health facility barriers, including staff levels, expired stock, provider bias and lack of training, as determinants of method choice in Nigeria and other developing countries (Mannan, 2002; Stephenson, Beke & Tshibangu, 2008; Monjok et al, 2010). The general medicalization of family planning and the clinic-based nature of distribution have also been criticized as a barrier to increasing levels of contraceptive use (Shelton, Angle and Jacobstein, 1992; Black, 1999; Grossman et al., 2006).

Although many of these barriers have been identified in Nigeria, our understanding of how clients themselves perceive their choice of method is very limited. What choices do clients perceive they have? Who do they think has control over that choice? How do clients perceive the process of deciding on a method? How do common misconceptions of health risks and side effects influence clients' perceptions of method choice?

Methods

This study uses qualitative data, specifically focus group discussions, to examine attitudes and norms surrounding decision-making for contraceptive method choice. The discussions were guided by a discussion guide and used projective techniques, such as storytelling, which provided an indirect approach to gain information about underlying norms that can be overlooked or otherwise influenced by direct questioning or facilitator bias.

Study participants were men and women of reproductive age who were residing in Ibadan and Kaduna, Nigeria. The focus group discussions were separated by city, marital status, sex, age (18-24 years and 25-49 years), wealth, and family planning experience (for women only). There was a total of 26 focus group discussions conducted in the two cities in September and October of 2010.

All discussions, with the consent of the participants, were audio taped and the recordings were transcribed verbatim in the local languages. The transcribed texts were then translated into English. Data sorting and analysis were carried out using ATLAS.ti software. In addition to using the discussion guide to develop the analysis codes, all transcripts were read to identify emerging themes and allow for the generation of new codes based upon the participants' own words. After all the transcripts were coded, matrices were created to help identify patterns in the data. The matrices were at the focus group discussion level. The matrices were useful in grouping the different nuances within each theme, discerning differences and similarities between groups within themes, and making connections broadly between themes. The data analysis was guided by the thematic content analysis approach (Green and Thorogood, 2004).

Results

Choosing a family planning method was presented as a medical decision. Study participants often mentioned the issue of whether a family planning method is compatible with a woman's "body system" or not. If a particular method was compatible with the woman's body system then she wouldn't suffer side effects from method use; however, if the method was not compatible with her body system then she would suffer from associated side effects. Female and married participants were more likely to make these comments as compared to males and unmarried participants.

> *One can't say one method is better than this other one; it all depends on the body chemistry of each individual that partakes of it.*
> Female, 27 years, married, 1 child, family planning user, low SES, Ibadan

> *I think it (using injectables) is somewhat risky because our human bodies are different. What is good for one can be bad for another.*
> Male, 46 years, married, 3 children, middle SES, Kaduna

I think there is no straight answer, as long as it's conducive with the user's system, it is good. Different types are suitable for different people.
Female, 30 years, married, 0 children, family planning nonuser, low SES, Ibadan

Doctors were the ones who could assist a woman in identifying the appropriate family planning method for a woman after conducting the necessary clinical tests on her to determine her body system type.

The method to use depends on the doctor's prescription after the appropriate test has been conducted...
Male, 24 years, married, 5 children, middle SES, Ibadan

They (health professionals) normally conduct some tests and recommend the most befitting for a person so if it wasn't good for her, it wouldn't have been recommended for her.
Female, 35 years, married, 0 children, family planning nonuser, low SES, Ibadan

An absolute trust in health professionals, hospitals, and governments was evident from the study participants in regards to family planning method advice.
Males, middle SES residents, married, young, and family planning nonusers were all more likely to comment on this theme.

It (pill use) is not harmful since it's at the hospital they gave her.
Female, 20 years, unmarried, 0 children, low SES, Ibadan

I think the oral pill is a good one for her because if it wasn't good, it would not have been introduced to her or to any other woman in the first place.
Female, 35 years, married, 2 children, family planning nonuser, low SES, Ibadan

Doctors are in the best position to know whether the pill is a good contraceptive method or not.
Male, 22 years, married, 1 child, middle SES, Ibadan

In my own opinion, it is very good because it is a doctor that prescribed the drug, and I know that he cannot give drugs that will harm his patient.
Male, 24 years, married, 0 children, low SES, Kaduna

Pill is the least risky. If it has any health hazards, the doctors and government would not have given permission for its use.
Male, 44 years, married, 6 children, middle SES, Kaduna

While the trust of the health system, health professionals, and the Nigerian government that they would not harm Nigerians is among the most, if not only,

positive themes in regards to direct family planning use in this study – it is a bit disconcerting as the level of trust is so high that individuals could feel betrayed should anything go wrong when using family planning. For example, the quote below demonstrates how the young man feels that the doctor wouldn't give anyone an injectable that would have side effects as a result of injectable use. This level of trust in the doctor is tenuous because a doctor cannot predict when a woman will experience side effects with injectable use or not – and most likely she will experience some side effects.

> *It has no danger, because the doctor that gives the injection knows it doesn't have any side effects.*
> Male, 23 years, married, 1 child, low SES, Kaduna

Discussion

This level of medical mystery placed on family planning is problematic, especially since a test that can determine what family planning methods will give an individual side effects and which one will not does not exist. Screening through tests and client histories can be helpful to identify contraindications but cannot predict side effects, which can only be identified through use. Therefore, switching methods is common among family planning users and the ability to do so is essential for satisfaction and continued use (Bruce, 1990). A belief that a test exists to predict side effects would likely result in disappointment by the user, and possibly a reluctance to try switching to a different method, when side effects do occur.

Implications

Understanding the client's perspective of method choice decision-making has the potential to improve family planning programs and policies and increase initial uptake and sustained use of contraception. Messages need to be crafted to increase understanding among current and potential family planning users about the process of choosing a contraceptive method, the potential for side effects, and the choice of switching methods if necessary.

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