

Barriers to Contraceptive Use Among Child Bearing Women in Ambo Town, West Shewa Zone, Oromia Regional State, Ethiopia

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Abstract

Background: Contraception is a technique to prevent a conception; its usage is a central element of quality care in the provision of family planning services and an important dimension of women's reproductive rights. Barriers to use contraceptive is the factor that increase the likely hood of adverse mothers' sexual and reproductive health consequence such as unwanted pregnancy or poorly timed pregnancy, unsafe abortion, maternal death and others. The objective of this study was to determine the barriers of contraceptive use among child bearing women living in Ambo town, West Shewa zone, Oromia Regional state, Ethiopia.

Methodology: The study was conducted in Ambo town from February to March, 2015 G.C. Cross sectional study design was used & Participants were selected using systematic random sampling method. Data was collected by using structured questionnaires through face to face interviews & coded, entered and analyzed using EPI- INFO Version 3.5.1. The analyzed data was presented by using tables and graphs.

Result: Forty percent of the respondents were using at least one contraceptive methods; injectable (58.8%) was the most used ones. Fear of side effect (25.8%) and desire to have a children were the most mentioned barrier for non-use. Multiple logistic regression model revealed that Educational status of mother (AOR 7.3, 95% CI: 3.22-16.6), and husband educational status (AOR 4.9, 95% CI: 1.4-16.9), religious influence (AOR 9.15, 95% CI: 1.75-46.9) and marital status (AOR: 1.95, 95% CI: 1.12-3.42) were positively associated with the use of contraceptives.

Conclusion and recommendation: Contraceptive use rate was low. Therefore, the community should be encouraged to continue and use contraceptive so as to space family size and also leaders of religions to be involved in the education of the community to use contraceptive.

Keywords: Contraceptive method; Reproductive age group

Abbreviations: CPR: Contraceptive Prevalence Rate; EDHS: Ethiopian Demographic Healthy Survey; FP: Family Planning; IUCDs: Intra Uterine Contraceptive Devices; KAP: Knowledge Attitude Practice; MDGs: Millennium Development Goals; MIH: Master of International Health; MMR: Maternal Mortality Rate; MOH: Ministry of Health; MPH: Master of Public Health; SDPs: Service Delivery Points; SNNPR: Southern Nation Nationality and Peoples Region; TV: Television

Introduction

At the beginning of twenty-first century, world population was estimated to be almost 6.1 billion. According to the United Nation projection, the world's population will reach 11 billion by 2020. This continued world population growth has become an urgent global problem. This growth rate is mostly occurring in developing countries where fertility rate is very high. The increasing growth rate of population (2.60%) has become an urgent problem in Ethiopia [1,2].

According to Population Reference Bureau report of 2014, out of 7.2 billion world population; Africa accounts more than 1.1 billion of world population of which, Ethiopia, the second populous country in Africa contributes 95.9 million people [3]. Ethiopia has a high maternal mortality rate (676 per 100,000 live births) [4].

Contraception is the deliberate use of a technique to prevent a conception. Contraceptive use is a central element of quality care in the provision of family planning services and an important dimension of women's reproductive rights. To increase contraceptive coverage, contraceptive use programs should offer a variety of safe, effective, acceptable and affordable [5].

Unmet need for contraceptive can lead to unintended pregnancies in most developing countries. About 1/4th of pregnancies are unintended that is either unwanted or miss timed. Unsafe abortion is one of the major consequences of unintended pregnancies, which accounted an estimated 18 million each year contributing to high rates of maternal death and morbidity in those regions. In addition, unwanted birth pose risks for children's health and well-being and contribute for rapid population growth in resource strapped countries [6,7].

The CPR in Ethiopia observed in the According to 2011 EDHS has doubled from that reported in the 2005 EDHS (29% compared to 15%) [8]. A study conducted at Jima Referral Hospital shows that maternal mortality ratio of 888.5 per 100,000 live birth, when deaths were classified according to cause; (34.5%) obstructed labor, (26.4%) puerperal sepsis, (14.9%) abortion and its complications due to unintended pregnancy as a result of unmet use of contraceptives [9]. The objective of this study was to determine the prevalence and barriers of contraceptive use among child bearing women living in Ambo town, Ethiopia, 2015.

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Methods

Study area and period

The study was conducted in Ambo town which was located 114 Kms to Southwest of Addis Ababa, the capital of Ethiopia from February to March 2015. The town has 3 kebele and 13,147 households and total population of 86, 949 from which 40, 476 (46.5%) are females. Child bearing age women (CBAW) make up about 17, 322 (42.8%) of the total women population. In the town there is one Zonal hospital, two Health centers, one Maternal and child health (MCH) clinic, twenty private clinics and two health posts.

Study design: A Community based cross-sectional study design was used.

Source of population: All women of reproductive age group who live in Ambo town.

Study population: All selected mothers aged 15-49 years live in Ambo town, 02 kebele during February to March, 2015.

Exclusion criteria: women of two months postpartum, critically sick and non-responded women were excluded from the study.

Sample size and sampling procedure

The sample size was calculated using a single proportion formula. Assuming the proportion to be 29% (6), margin of error (d) 5%, level of significance at 95% confidence interval (Z) and adding non-response rate of 10% the final sample size after using correction formulas was 348.

Systematic random sampling method was employed to select the households. One house from one edge of the road was selected as reference house hold and proceeded every other house hold. After completing households found in one row (direction) the next household was selected by going in a clockwise direction. In cases of selected household with more than one eligible respondent, only one respondent was chosen by lottery method.

Data collection

First, a structured and pre-tested questionnaire was prepared in English and then translated into Oromic (Oromiffa), the Local language which was used for data collection. Information about socio-demographic and economic, reproductive history and contraceptive were gathered. The data were collected by six female BSc health officer students. The data collectors were supervised daily by two supervisors. The filled questionnaires were checked daily by the supervisors and principal investigator.

Data collectors approached and interviewed the selected respondents after informed consent had been obtained. The women, who were not available in the first visit, were revisited for two more times. During the revisit, the women in the next household were interviewed in place of those women who were not found.

Data processing and analysis

The completed and checked data were entered and analyzed using Epi Info 3.5.1, 2008 (CDC, Atlanta, Georgia). Tables and graphs were used to present the data. Descriptive statistics was used to see the frequency and percentage of the characteristics. Logistic regression (binary and multiple) analyses to determine the effect of factor(s) on the outcome variable(s) and to control possible confounders. P-value < 0.05 was considered to declare statistical significance. Variables with

P-value \leq 0.2 in the binary logistic regression were considered in the multivariate analysis.

Data quality assurance

To assure data quality, pre-tested collection tools was prepared in English and translated into Afan Oromo, data collectors and the supervisor were trained on the data collection techniques. In addition, the completeness, accuracy and consistency of the collected data were checked on daily basis during the data collection time, by the principal investigator and trained supervisor. Supervisors and principal investigator closely follow the data collection process.

Ethical considerations

Ethical clearance was obtained from Ethical Review Committee (ERC) of Ambo University. A formal letter of support was written to Ambo town Administration to get permission. After explaining the purpose of the study; verbal consent was obtained to proceed interview and confidentiality of the information was also maintained by omitting their names and personal identification.

Result

Socio demographic characteristics of study population

The mean age of the respondents was 29.84. Majority (27.27%) of our respondents were found in the age group of 25-29. Eighty five percent of respondents were Oromo by ethnicity and majority (70.4%) of them were married. Most of (44%) respondents were protestant followed by orthodox 137 (40.2%). Concerning the educational status, more than three fourth of the respondents and 203 (84.6%) their partner were literate. Among the respondents, 94 (27.6%) were government employee followed by student 84 (24.6%) and housewife 80 (23.5%) (Table 1).

Majority (84.2%) of the respondents possessed radios/TV. Almost all (99.1%) of the respondents had access to health care services and most of them get health service from health center 152 (45.16%) followed by government Hospital 134 (39.56%) (Table 2).

Contraceptive knowledge of respondents

About 324 (95.9%) of respondents had heard about contraceptive, the major source of information were health institution 294 (86%) and mass media 283 (82.7%). Study respondents were asked as which method they know, and majority of them responded know injectable 308 (90.1%) followed by 306 (89.5%) pills, 247 (72.2%) condom, 219 (64%) implant 211 (61.7%) IUCD and 125 (36.5%) abstinence.

Contraceptive use

More than two fifth of (42.3%) the respondents were using modern contraceptive currently. Among contraceptive users, majority of them use injectable 80 (58.8%) (Figure 1).

Barriers to use contraceptive in reproductive age group

Majority (68.6%) of husbands support their wife to use of contraceptive method, while 69(28.9%) do not support and 6 (2.5%) neither support nor approve about contraceptive. Fear of side effects 88 (43.1%), religious influence 37 (18.1%), cultural influence 31 (15.2%), rumors about contraceptives 25 (12.2%) and 23 (11.3%) husband influence were the barriers that hinder utilization of contraceptives among the respondents (Table 3).

Factors associated with contraceptive utilization

In a multivariate logistic regression analysis, and by controlling

Variables	Frequency	Percent (%)
Age		
15-19	14	4.1
20-24	84	24.63
25-29	93	27.27
30-34	56	16.42
35-39	49	14.37
40-44	24	7.04
45-49	21	6.16
Ethnicity		
Oromo	290	85
Amhara	31	9.1
Tigre	5	1.5
Others	15	4.4
Marital status		
Married	240	24.6
Unmarried	84	70.4
Divorced	11	3.4
Widowed	6	1.9
Religion		
Protestant	150	44
Orthodox	137	40.2
Catholic	40	11.7
Muslim	8	2.3
Other (wakeffata)	6	1.8
Educational status of women		
Literate	270	79.2
Illiterate	71	20.8
Occupation		
Government	94	27.6
Student	84	24.6
Housewife	80	23.5
Merchant	49	14.4
Farmer	30	8.8
Other	4	1.2
Monthly estimated house hold income		
Low income (<575)	31	9.7
Mid income (575-1150)	38	11.1
High income (>1150)	272	79.2

Table 1: Socio-demographic characteristics of study population among respondents of Ambo town, 2015.

for all other variables, educational status of the respondent, marital status, religion of respondents, and husband's educational status were significant predictors of utilization of contraceptive methods ($p < 0.05$) (Table 3). Educated women were more than 7 times more likely to utilize contraceptive than their counter parts [AOR=7.3 (95% CI; 3.22, 16.6)]. Married women were twice higher to use contraceptive than who were single. Regarding to religion of the respondents being catholic [AOR=9.15 (95% CI; 1.75, 46.93)], and being protestant [AOR=2.01 (95%CI; 1.08, 3.72)] were significantly associated with contraceptive utilization. Being married with educated husband by the respondents [AOR=4.9 (95% CI; 1.4, 16.9)] was significantly associated to contraceptive method utilization (Table 4).

Discussion

This study tried to identify barriers to utilization of contraceptive use among child bearing age women of Ambo town, Ethiopia in 2015.

In the study, majority of the respondent were knowledgeable about

at least one contraceptive method. Injectable were largely known by respondents (90.1%) followed by Pills (89.5%), and condom (72.2%). Similar, other studies done in Ethiopia and Kenya [10-12] support this idea. This shows that modern contraceptives were well known and popular among childbearing age group of women due to the commitment of government and non-government organization to address the unmet need of contraceptive in the world. The other possible reason for this might be, the study was conducted at urban setting where majority of the people have access to Medias such as TV and Radio.

The prevalence of modern contraceptive use among respondents was 42.3%, which is slightly lower than a study conducted in other parts of Ethiopia in North Shoa Zone, Amhara Region [5]. This may be due to the difference in method acceptance among the two society, health care service weakness, and nature of study area. Our study showed that 43.1% of the respondents are not used contraceptive due to fear of side effect, this showed that fear of side effect almost similar with cross-sectional study done in Baringo North District, kenya and Jimma Zone, Agaro town, which reveals fear of side effect was 25.4% [12-15].

Variable	Frequency	Percent (%)
Having TV or Radio	Yes	287
	No	54
Getting health service	Yes	338
	No	3
Type of service	Hospital	134
	Health center	152
	Other	52

Table 2: Access of services among respondents of Ambo town, 2015.

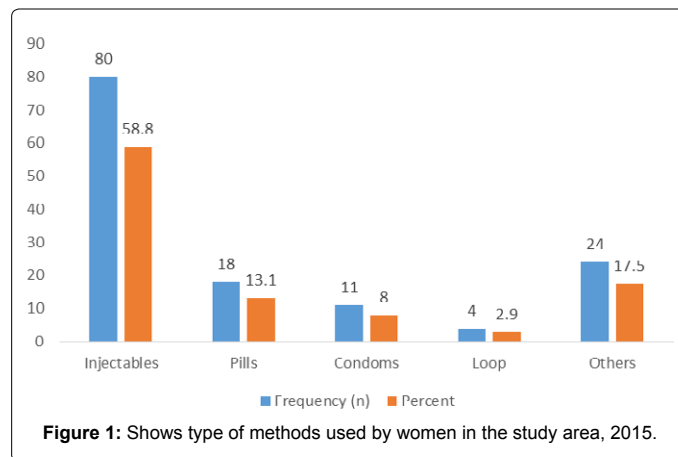


Figure 1: Shows type of methods used by women in the study area, 2015.

Barrier to use contraceptive	Frequency	Percent (%)
Lack of knowledge	10	2.9
Lack of Family planning service	5	1.5
Husband influence	32	9.4
Religion influence	60	17.6
Community influence	13	3.8
Cultural influence	17	5
Desire to have a child	80	23.5
Rumors about contraceptive	37	10.9
Distance of FP service from home	7	2.1
Lack of health education	16	4.7
Fear of side effect	88	25.8

Table 3: Frequency distribution of women on barrier to use contraceptive methods in the study population of Ambo town, 2015.

Variables	Contraceptive use		Crude OR	Adjusted OR	P-value
	Yes	No			
Educational status of mother					
Literate	129 (47.8)	141 (52.2)	7.2 (3.32-15.6)	7.3 (3.22-16.6)	<0.001
Illiterate	8 (11.3)	63 (88.7)	1	1	
Marital status					
Unmarried	27 (32.1)	57 (67.9)	1	1	0.0202
Married	100 (41.7)	140 (58.3)	1.51 (0.89-2.55)	2.0 (1.12-3.42)	
Divorced	8 (72.7)	3 (27.3)	5.63 (1.38-22.9)	5.0 (1.22-20.48)	
Religion					
Orthodox	46 (33.6)	91 (66.4)	1	1	0.0079
Catholic	10 (66.7)	5 (33.3)	4.35(1.42-13.27)	9.1 (1.75-46.9)	
Protestant	66 (44.0)	84 (56.0)	1.55 (0.96-2.51)	2.0 (1.08-3.72)	
Occupational status					
Farmer	3 (8.8)	31 (91.2)	1	1	0.0702
Gov't employee	49 (52.1)	45 (47.9)	11.25 (3.2-39.3)	3.6 (0.89-14.8)	
House wife	34 (42.5)	46 (57.5)	7.64 (2.2-27.06)	2.99 (0.75-11.9)	
Student	26 (31)	58 (69)	7.6 (1.29-16.5)	2.85 (0.41-19.56)	
Merchant	25 (51)	24 (49)	10.76 (2.9-39.9)	3.84 (0.88-16.66)	
Husband educational status					
Literate	95 (46.8)	108 (53.2)	5.63(2.11-15.03)	4.9 (1.4-16.9)	0.0117
Illiterate	5 (13.5)	32 (86.5)	1	1	
TV/Radio					
Yes	125 (43.6)	162 (56.4)	2.7 (1.36-5.34)	1.34 (0.61-2.93)	0.4609
No	12 (22.2)	42 (78.8)	1	1	

1 = reference category

Table 4: Some selected factors associated with using contraceptives methods utilization in Ambo town, 2015.

According to our study, 23.5% respondents were not used contraceptive due to desire to have a child which is similar with a cross-sectional study done on Awareness and determinants of family planning practice in Jimma, Ethiopia, reveals that desire to have more children have major effect on modern contraceptive usage [13].

In our study, religious influence is the 3rd major predictor for not to use contraceptive accounted about 17.6% which is higher than cross-sectional study done in Mojo town on family planning service utilization reveals that religious influence 7.6%. This may be due to the fact that religious background in the study area where there were certain beliefs discouraging the use of contraceptives usually observed among Catholics, and protestant hence the women ended up using the contraceptives without the knowledge and approval of their spouses. The husband influence is one the factor that not to use contraceptive accounted 9.4% which is almost similar with cross-sectional study done in Mojo town on family planning service utilization reveals husband influence accounts 10.9% [16].

Lack of health education about contraceptive used in our study was 4.7% which was lower than the similar cross-sectional community based research done in Agaro town 7 (9.9%). In our study, the distance from health institution showed that 2.1 percent were not get health facility due to far distance which is less than the result, 11.1 percent in Agaro town. A Cross-sectional community based study was conducted on modern contraceptive methods and determinant factors among women's of child bearing age (15-49) in Agaro town showed that 28.2% are not used contraceptive due to cultural influence which is very high compared with the result of this study 5% [14].

Our result shows that socio-demographic variables has positive effect on practice of contraceptive methods. 47.8 percent of literate respondents use contraceptive compared with 11.3 percent of those illiterate which is similar with a cross-sectional study done in Agaro town (23) shows that percentage of contraceptive users' increases

with educational level. Educational status of the husband has positive effect on contraceptive methods use in which the literate husbands are four times that of the illiterate one. Being married and divorced women were found to be significantly associated with use of modern contraceptive than unmarried women. The reason for this may be due to the fact that, these groups of women use contraceptive for spacing pregnancy prevent unintended pregnancy and sexually transmitted infections including HIV/AIDS. One of the limitations of this study was lack of qualitative method which helps to explore in-depth view about the barriers to use of contraceptive methods. The other possible limitations could be not including the study participants from the rural parts and the cross-sectional nature of this study precluded drawing causal inferences between explanatory factors and contraceptive behavior.

Conclusion and Recommendation

The use of modern contraceptive was low in the study area. Respondents' educational status, marital status, religion and husband's educational status were the major predictors of uptake of modern contraceptive methods. Fear of side effects as a major consideration when choosing a method and as barrier to use among those who have never used. The study recommends that reproductive health programs need to intensify efforts in improving women's awareness about modern contraceptive methods. Further research into the male partner views on family planning; cultural determinants of non-use; and barriers to the use of modern contraceptive methods between men and women is proposed in the study area.

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