

Assessment of modern contraceptive practice and associated factors among currently married women age 15-49 years in Farta District, South Gondar Zone, North west Ethiopia

Tigabu Birhan Kassa^{1, *}, Getu Degu², Zelalem Birhanu³

¹Department of Medical Laboratory Technology, Debre Tabor Health Science College, Debre Tabor, Ethiopia

²Institute of Public Health, College of Medicine and Health Sciences, University of Gondar, Gondar, Ethiopia

³Institute of Public Health, College of Medicine and Health Sciences, University of Gondar, Gondar, Ethiopia

Email address:

tigbu456@gmail.com (T. Birhan)

To cite this article:

Tigabu Birhan Kassa, Getu Degu, Zelalem Birhanu. Assessment of Modern Contraceptive Practice and Associated Factors among Currently Married Women Age 15-49 Years in Farta District, South Gondar Zone, North West Ethiopia. *Science Journal of Public Health*. Vol. 2, No. 6, 2014, pp. 507-512. doi: 10.11648/j.sjph.20140206.11

Abstract: *Introduction:* In Ethiopia contraceptive practice is one of the lowest when compared with many other countries. To prevent over growth of population, availability, usability of modern contraceptive method and identifying factors affecting practice of modern contraceptives should be given a priority. Due to this assessing modern contraceptive practice in the community will have a great input to program managers for decision making, appropriate planning, ongoing monitoring and evaluation as well as an accurate picture of health programmes. *Objective:* The objective of the study was to assess practice of modern contraceptives and associated factors among currently married women of age 15-49 years in Farta District, North west Ethiopia. *Methods:* A community based cross-sectional study was conducted from April 14 to 29, 2012. In this district multistage sampling technique was used to get a total of 748 women in one urban and eight rural kebeles. A pre tested structure Amharic questionnaire for the interview was used. Data collected from the field was entered into EPINFO 3.5.3 and analyzed using SPSS Version 16 statistical packages. Logistic regression analysis was carried out to see the effect of explanatory variables on the dependent variable. *Results:* The current modern contraceptive prevalence was found to be 66.2% and most respondents used injectable and Norplant. Among the variables respondent's Knowledge (AOR =8.02: 95% CI=4.29, 14.98), approval (AOR=7.08:95% CI=4.00, 12.53), husband approval (AOR=15.59:95% CI=8.71, 27.89) and spousal communications (AOR=7.39:95% CI=3.89, 14.04) were positively significant with modern contraceptive practice. *Conclusions:* In this district current prevalence of modern contraceptive is low coverage. Husband-wife communication and involvement of husbands in decision making needs to be encouraged during family planning counseling sessions and community based family planning counseling service.

Keywords: Modern Contraceptives, Married Women, Farta District

1. Introduction

1.1. Statement of the Problem

The continuing growth of the world population has become an urgent global problem. Current projections show a continued increase in population with the global population expected to reach between 7.5 and 10.5 billion by 2050 [1].

Africa's population, currently growing faster than any other major region, is projected to account for 21% of the

world population by 2050 up from just 9 Percent in 1950 [2].

In Ethiopia the 2007 Population and Housing Census estimated a total population in 2010 of 79.8 million. Still the average life time fertility is higher than other developing country and rural women average of three more births per woman compared to urban woman. Ethiopia has been making progress over the past two decades on maternal health but it is not on track to achieve its 2015 millennium development targets. The 2015 target of maternal mortality ratio for Ethiopia is 218/100000 live births, while the 2011

Ethiopian Demographic Health Surveys (EDHS) reported maternal mortality ratios is 676/100000 live births [3].

Family planning helps people to have the desired number of children, which as result improves the health of mothers and contributes to the nation's social and economic development and greatly contributes to the Millennium Development Goals (MDGs) to reduce child mortality and improve maternal health[4].

Sub-Saharan Africa has the highest fertility rates of any world region 5.4 births per woman on average double that of Asia (excluding China) and more than three times that of Europe. Every hour of every day, at least 30 women die from complications of pregnancy and childbirth in sub-Saharan Africa about 270,000 deaths every year. One of the factors underlying high maternal mortality rates is the low use of modern contraception. Only 18 percent of married women in sub-Saharan Africa use modern methods of family planning [5]. Globally, organized family planning programs began in the 1960s to make modern contraception available to women and couples who wanted to limit child bearing. In Ethiopia the service has been established in 1966 through Family Guidance Association. However, the fertility regulation efforts made so far in Ethiopia through Family Guidance Association and other organizations are minima [6].

Recently, 55% of married women worldwide use a modern contraceptive method while in sub-Saharan Africa only 18 percent use a modern method.

In East Africa, the proportion of married women using any method of contraception (modern or traditional) is generally higher than in the sub-Saharan region as a whole, but ranges

in these countries from 29 percent in Ethiopia to 46 percent in Kenya and Malawi [7,8].

The CPR in Ethiopia observed in the 2011 EDHS is 29 percent, while; CPR among urban Married women is 53 percent and 23 percent among rural women. There are large differences in levels of contraceptive use by region. Addis Ababa has the highest CPR at 63 percent while about one-third of married women in Amhara, National Regional state are using a method [9].

In Amhara region due to low prevalence of modern contraceptive rate still uncontrolled population growth is one of the major problems [3].

To control high fertility rate, to achieve goals and targets of millennium development programs conducting a research on the assessment of modern contraceptive practice has its own input [10,11].

2. Results

2.1. Socio-Demographic and Economic Characteristics of the Respondents

A total of 736 women responded to the questionnaire, yielding a response rate of 98.3%. Six hundred seventy eight (92.1%) were rural and 58 (7.9%) were urban. The mean age of the respondents was 32.4 (SD±7.8). Seven hundred twenty six (98.6%) were orthodox and 10 (1.4%) were Muslim. Four hundred five (55.0%) and 452(61.4%) respondents were house wife and unable to read and write respectively (Table1).

Table 1. Socio-demographic and economic characteristic of the study participants Farta district, April 2012

Variables	Frequency(n=736)	Percentage (%)
Residence		
Rural	678	92.1%
Urban	58	7.9%
Age		
15-19	34	4.6
20-24	79	10.7
25-29	146	19.8
30-34	161	21.9
35-39	143	19.4
40-44	111	15.2
45-49	62	8.4
Ethnicity		
Amhara	732	99.5
Tigri	4	0.05
Religion		
Orthodox	726	98.6
Muslim	10	1.4
Occupation		
House wife	405	55.0
Farmer	288	39.2
Daily laborer	15	2.0
Merchant	11	1.5
Gov't employ	11	1.5
Student	6	0.8
Educational Status of respondent		
Unable to read and write	452	61.4
Able to read and write	193	26.2
Primary school	66	9.0
Secondary school	21	2.9

Variables	Frequency(n=736)	Percentage (%)
Above 12	4	0.5
Educational Status of husband		
Not able to read and write	346	47.0
Able to write and read	283	38.5
Primary school	67	9.1
Secondary school	30	4.0
Above 12	10	1.4
Possession of Radio		
Yes	262	35.6
No	474	64.4

2.2. Reproductive History of Respondents

Six hundred ninety six respondents (94.6%) had a history of pregnancy, Four hundred sixty six (67.0%) had a history of three and above pregnancies and 416 (56.5%) desire 4-6 children in their future life.

Table 2. Reproductive history of currently married women in Farta district, April 2012.

Variable	Frequency(n=736)	Percent
Ever pregnancy		
Yes	696	94.9
No	40	5.1
No of pregnancy(n=696)		
One time	90	12.9
Two times	140	20.1
Three & above	466	67.0
No of alive children		
1-3	367	52.7
4-6	275	39.5
7&above	54	7.8
No of alive birth		
1-3	354	50.9
4-6	277	39.8
>6	65	9.3
No of desired children(n=736)		
1-3	173	23.5
4-6	416	56.5
>6	147	20.0

2.3. Practice of Modern Contraceptive Methods

Five hundred sixteen (70.1%) currently married women had ever used modern contraceptive methods and 487 (66.2%) respondents were using modern contraceptive methods.

Table 3. Logistic regression analysis of variables on modern contraceptive practice among currently married women in Farta district, April, 2012

Variables	Modern contr. practice		Crude OR (95% CI)	Adjusted OR (95%CI)	P-value
	Yes (%)	No (%)			
Residence					
Rural	440	238	1.00		
Urban	47	11	2.31(1.18,4.54)*		
Age					
15-19	27	7	6.25(2.58,15.17)**		
20-29	184	41	7.28(4.61,11.49)**		
30-39	210	94	3.66(2.45,5.36)**		
40-49	66	107	1.00		
Religion					
Orthodox	482	244	1.98(0.57,6.89)*		
Muslim	5	5	1.00		
Husband's occup					

Injectable (Depo provera) was the most commonly used method 374(76.8%), Norplant 71 (14.6%), oral contraceptive 36(7.2%), and IUCD 5 (1.0%).

2.4. Factors Affecting Modern Contraceptive Practice among Currently Married Women

As it is shown in the table of bi-variate analysis one of the sixteen variables did not show significant association with modern contraceptive practice. Ethnic group towards modern contraceptive practice was not significant at 0.2 level of significance & this variable was excluded from further analysis.

The effects of confounding variables were controlled by entering 15 independent variables into multivariate logistic regression which were analyzed in the binary logistic regression. Out of 15 independent variables four were remained and significantly associated with modern contraceptive practices.

Women who have knowledge on modern contraceptive were about 8 times more likely to practice modern contraceptive methods than women who do not have knowledge. (AOR=8.02; 95%CI=4.29, 14.98).

Women who had approved to use contraceptive were about 7 times more likely to practice than women who disapproved to use contraceptive. (AOR=7.08; 95% CI=4.00, 12.53).

Women who had discussions about family planning with husbands were about 7 times more likely to practice modern contraceptive than those who had not discussion with their husbands. (AOR=7.39; 95% CI=3.89, 14.04).

Women who perceive their husband approve contraception utilization were about 15 times more likely to practice modern contraceptive than those who perceived their husband would disapprove (AOR 15.59., 95% CI: 8.71, 27.89).

Variables	Modern contr. practice		Crude OR (95% CI)	Adjusted OR (95%CI)	P-value
	Yes (%)	No (%)			
Farmer	487	246	1.00		
Merchant	17	2	4.67(1.070,20.37)*		
Gov employ	22	1	12.08(0.89,17.39)		
Husband's edu.					
No education	401	228	1.00		
Formal educn	86	21	2.33(1.41,3.85)**		
Respo.occup					
Farmer/House wife	464	244	1.00		
Merchant	8	3	1.40(0.37,5.33)		
Gov.employ	15	2	3.94(0.89,17.39)*		
Respondent edu.					
No education	418	227	1.00		
Formal educn	69	22	1.70(1.03,2.83)*		
Possession of Radio					
Yes	200	62	2.10(1.49,2.95)***		
No	287	187	1.00		
Possession of TV					
Yes	14	1	7.34(0.96,56.15)*		
No	1	248	1.00		
No alive children					
0	13	27	0.96(0.40,2.30)		
1-3	290	77	7.53(4.06,13.98)**		
4-6	166	109	3.05(1.65,5.64)**		
>6	18	36	1.00		
No of desired children					
1-3	145	28	5.85(3.49,9.83)***		
4-6	273	14	2.16(1.47,3.16)***		
>6	69	78	1.00		
Knowledge on modern cont.					
Not knowledgeable	54	131	1.00	1.00	
Knowledgeable	433	118	8.90(6.11,12.97)***	8.02(4.29,14.98)	<0.001
Approval of respo.on cont					
Yes	331	18	27.23(16.25,45.62)*	7.08(4.00,12.53)	<0.001
No	156	231	1.00	1.00	
Spousal communication					
Yes	307	15	26.08(15.29,46.28)*	7.39(3.89,14.04)	<0.001
No	180	234	1.00	1.00	
Husband approval					
Approve	381	26	8.90(6.11,12.97)**	15.59(8.71,27.89)	<0.001
Disapprove	106	223	1.00	1.00	

Note: * P-value <0.05, ** P-value<0.01, P-value < 0.001 Hosmer & Leme show test: P-value >0.05

3. Discussion

Modern contraceptive methods contribute to improve maternal and child health and empowers women and families in decisions regarding family size and birth timing. Studies have documented that contraceptive service is influenced by various factors.

This study tried to see modern contraceptive prevalence and associated factors. In this district, the current prevalence of modern contraceptive was found to be 66.2%, In contrast to DHS 2011 estimation report it was more than two times higher than that of the National report (28%) and two times higher than the estimate for Amhara National Regional State [3].

The possible reason might be in this district women have better access to modern contraceptive methods than other districts of the region, increased knowledge of the participants, and high proportion of spousal communication on the issue of modern contraceptive methods and increase contribution of, NGOS working on family planning.

The present contraceptive prevalence was lower than the studies conducted in Dawro zone, Southern Ethiopia, showed in rural & urban dwellers (72.8% & 87.5%) and in Arsi zone, Hetosa woreda (67.4%) [12,14].

Concerning the factors influencing contraceptive use, respondent's Knowledge towards modern contraceptives, respondent approval, husband approval & spousal communication have statistical significant association with modern contraceptive use.

Respondent's approval to practice modern contraceptive methods was one of the important factors. Those women who had approved to use modern contraceptive were about 7 times more likely to practice than women who had disapproved modern contraceptive. Consistent to this finding the study conducted in Mojo town, Oromia region of Ethiopia showed respondent approval were positively associated with contraceptive use [13]. The possible reason might be those women who approved to use modern contraceptive have positive attitude about the practice of the methods.

The perception of approval of husbands by women was one of the factors positively associated with practice of modern contraceptive. In this study husbands approval had statistical significant effect on modern contraceptive practice. Those women whose husbands approve family planning methods were about 15 times more likely to practice modern contraceptive than those whose husband's disapprove.

While this finding was in contrast with the study reported in Mojo town showed there was no association with practice of methods. This finding is supported with the studies conducted in North Gondar administrative zone, Ethiopia which showed that husband approval on modern contraceptive has positive effect [17]. The possible reason might be husband's approval motivates the women to make decision freely concerning modern contraceptive practice.

This study also showed women who had discussion on modern contraceptive issue with their husbands were about 7 times more likely to practice modern contraceptive methods than who did not discuss. This finding was similar to the studies conducted in Mojo town, Oromia region, rural Nepal and in Jimma southern west Ethiopia reported couples who had spousal communication on family planning were more likely to use modern contraceptive methods than couple who did not have communication [13, 15, 16].

Respondents who had knowledge on modern contraceptives were about 8 times more likely to practice modern contraceptive methods as compared with who had no knowledge on modern contraceptives. This finding is similar with other study conducted in Oromia region revealed that women with knowledge about contraceptive were about two times more likely to have a desire to limit the number of their children [18]. This might be strength participation of health extension workers by giving information home to home visiting in the community concerning on modern contraceptive practice.

4. Conclusion & Recommendation

4.1. Conclusion

In general, the findings of this study showed that prevalence of modern contraceptive practice was low.

Respondent's Knowledge towards family planning, Approval of respondents, Approval of husbands and spousal communication have positive association with the level of modern contraceptive.

4.2. Recommendation

Based on the findings and the conclusions made, the following recommendations were forwarded:

- Encourage husband –wife communication on modern contraceptive practice by zonal health departments, district health offices & health extension workers.
- In this district health extension workers should enhance information, education and communication activities on contraception.
- Health extension workers & NGOs should involve men

in family planning program

- Researchers are required to do further studies including male involvement regarding practice of modern contraceptives.

Acknowledgement

I am grateful to express my thanks and appreciation to my advisors Professor Getu Degu and Zelalem Birhanu (MPH-RH.) for their constructive comments and unreserved advises to complete this thesis.

My special thanks goes to College of Medicine and Health Sciences, University of Gondar and Amhara National Regional State Health Bureau for providing fund for this research project.

My gratitude also goes to all supervisors, data collectors, study participants and Farta District Health Office staffs and respective kebeles administrations for their cooperation and support during data collection period.

My sincere gratitude would also go to all other friends and instructors who were willing to give really constructive comments and support in any kind.

References

- [1] World Population Prospects The 2008 Revision. Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat. June 2009 [cited 2012/10/2012]; Available from: <http://www.un.org/esa/population/publications/>.
- [2] Population Reference Bureau. The 2008 World population data sheet, Washington. 2008 [cited 2012 1/5/2012]; Available from: <https://www.prb.org>.
- [3] Central statistical agency. Ethiopia Demographic and Health Survey 2011. 2011 preliminary report.
- [4] Federal Democratic Republic of Ethiopia Ministry of Health. Family Planning Blended Learning Module for the Health Extension Programme [cited 2012 1/7/2012]; Available from: http://labspace.open.ac.uk/file.php/6720/Family_Planning.lo.
- [5] USAID. From the American people. The status of family planning in Sub-Saharan Africa. August 2009 [cited 2012 1/7/2012]; Available from: www.usaid.gov/our_work/global_health/pop/.../africa_region.
- [6] Centers for Disease and Control. Morbidity and mortality rate December 1999; 48(47):[1073-80 pp.].
- [7] Population Reference bureau. A Journalist's Guide to Sexual and Reproductive Health in East Africa 2011.
- [8] Central Statistical Agency. Ethiopia Demographic and Health Survey 2011 Preliminary report.
- [9] Demographic Training and Research Center. Fertility analysis of the Amhara National regional state. Addis Ababa: May 2002 Analytical report
- [10] J.Cleland, J. Bernstein, S. Ezeh A. Family Planning: the unfinished agenda Lancet. 2006;368:1810-27.

- [11] World Health Organization. Making Pregnancy Safer Geneva: 2007 Annual report.
- [12] B. Bogale, M. Wondaferash, M. Tilahun. Married women's decision making Power on modern Contraceptive Use in urban and rural Southern Ethiopia. BMC Public Health. 2011;11(342).
- [13] A. Gizachew, R. Nigatu. Family planning service utilization in Mojo town, Ethiopia, Journal of Geography and Regional Planning. June 2011;4(6):355-63.
- [14] S. Koi, A. Youm A, S. Kime. Family planning practice and related factors of married women in Hetosa woreda, Arsi zone, Ethiopia. International Nursing review. 2010;57:377-82.
- [15] University of Michigan USA. Spousal communication & contraceptive use in rural Nepal. Jun 2011;42(2):83.
- [16] A. Haile, F. Enqueselassie. Influence of women's autonomy on couples contraception use in Jimma town, Ethiopia. Ethiopia Journal of Health Development. 2006;20(3):145-51.
- [17] M. Fantahun. Comparative study of the characteristics of family planning Service Users and non users in North West Ethiopia. African Journal of Reproductive Health. April 2006;10(1).
- [18] D. Yohannea. Factors influencing women's intention to limit child bearing in Oromia, Ethiopia. Ethiopian journal of health development. 2008;22(3):28-31.