

## Factors Contributing to Low Utilization of Family Planning among Women in the Reproductive Age Group (15 - 49 Years) in Maternal and Child Health Department Jimma Medical Center, Jimma Zone, South West Ethiopia 2019

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### Abstract

**Introduction:** Ethiopia is the second most populous country in sub-Saharan Africa next to Nigeria, having increased by almost four-fold in just half a century, from 19.2 million in 1950 according to the medium variant of the Central Statistics Agency, it is projected to reach 106 million in 2020 and only less than 25% in reproductive age group are currently using Modern contraceptive.

**Objective:** To assess factors contributing to low utilization among women in the reproductive age group in Maternal and Child Health Department Jimma Medical center.

**Methods:** A facility based cross sectional study design were used in Maternal and Child Health Department, Jimma Medical center. Data were collected from April 1 - 30/2019 by interviewing mothers who will be come for family planning in Jimma Medical center. A pre teste was done in Jimma Health Center before the actual data collection. Structured questionnaire was used for data collection. The collected data was checked, tallied and calculated manually by using simple calculator. The collected data was edited and analyzed by using simple calculator and tally sheet and presented using tables and figures.

**Result:** This present study revealed that Knowledge of women about modern contraception was 98%. On source of information majority of the respondents were contraceptive information from television and 58% were get information's from health professionals. On type of contraceptive majority 98% of the respondents now pills and 78% were now IUCD. Mothers with education of Secondary and above had significance association with contraceptive use. Except the marital status, religious had no significance association with the utilization of Contraceptive use. Contraceptive use was significantly higher among respondents who were married than single.

**Conclusion and Recommendation:** Based on the finding's recommendation was forwarded and conclusion was drawn. The concerned body will enhance on low utilization among women in the reproductive age group in Maternal and Child Health.

**Keywords:** Utilization; Family Planning and Jimma

### Introduction

Family planning is the ability of individuals and couples to avoid unwanted pregnancies, regulating the interval between pregnancies, controlling the time at which birth occurs in relation to the ages of the parents and determining the number of children in the family. It is achieved through use of contraceptive methods and the treatment of infertility [1].

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Modern Contraceptives are tools used for family planning they include A) Hormonal (pills, Depo-Provera, Norplant, IUD) B) Barrier methods (male and female condoms) C) Vasectomy and tubal ligation. The careful planning of births saves lives, for example the use of contraceptive can prevent at least 25% of all maternal deaths by allowing women to delay motherhood. By spacing birth at least two years apart family planning can prevent an average of one in four infant deaths in developing countries. Natural family planning is a term used to describe methods of planning or preventing pregnancy based on observation of naturally occurring signs and symptoms of the fertile and infertile phases of the menstrual cycle [2].

Included in this Program of Action was a pledge from all 179 nations to transform and fund reproductive health services around the world including the assurance that everyone who wanted to limit or space their children could do so with appropriate access to relevant services. The continuing growth of the world population has become an urgent global problem. Most of this growth is occurring in developing countries where the fertility rate is very high [3].

Family planning is a viable solution to control such fast growing populations. In addition to spacing and limiting the number of children it improves maternal and child health empowers women and enhances economic development. However, married women of reproductive age group have unmet need for contraception, inability to use family planning methods to prevent pregnancy despite the interest of practicing it [4].

Contraception and unmet need levels varied across countries of the world, the lowest contraception and highest unmet need, being in sub-Saharan Africa mainly because of low level of knowledge and existence of variety of barriers [17].

In developing countries maternal mortality is the leading cause of death for women of reproductive age, in parts of Sub-Saharan Africa there are more than 1500 maternal death for every 100,000 live birth, while in developed countries such as US this ratio is 12 deaths per 100,000 live births [19].

On the other hand, unmet need for family planning was estimated at 35.8%, 33.8 and 25.3% in 2000, 2005 and 2011 respectively in Ethiopia. About 60.9%, 59.4% and 64.4% of the national unmet need for contraception in 2000, 2005 and 2011 respectively are attributed to child spacing.

The rapid population growth does not match with available resource in Ethiopia where the economy has been agrarian based on household subsistence farming. Agricultural households in the country whose livelihoods depend on petty mixed farming require involvement of many household members including children who work on laborious farms free of pay. In this situation, large family size has been an accepted norm in Ethiopia to divide demanding farm workload among family members. The country also has a young population due to mainly high fertility in rural areas in the country [21].

In developing countries the prevalence of modern contraceptive utilization among married women was low when compared with developed countries for example a study done in Turkey 60.4%, in Rwanda 45%, in Tanzania 12.2% and in Sudan 51.4% [13-15]. While in developed countries prevalence of modern contraceptive utilization among married women were in 80% in United Kingdom, 72% in Finland, 75% in Brazil, 73.8% in Uruguay and 72.2% in Switzerland [7].

Several studies showed that intention to have more children is an immediate factor that can cause negative effect for the utilization of modern family planning toward the married women, for example a study done in Nigeria in 2013 states that the major reason for the nonuse of modern family planning was intention to have more children, 33 (31.46%) followed by pressure from the husband and religious factors respectively 21 (12.5%), 18 (10.9%) [8].

A study done in Malaysia showed that the number of living children has effects on modern family planning utilization. The majority of respondent have begun to adopt modern family planning practices after their first birth with increasing adaptation up to their 8th birth with different methods [9].

Attitude toward modern contraceptive is an immediate key factor that accepts or prevents for any new innovations and needs prior intervention for new programs. A study done in western region, and central river region of the Gambia showed that utilization of modern contraceptives among married women is highly affected by the Attitude of women. Therefore, attitude is the major cause that hindered the utilization of modern contraceptives among married [10].

Another study done in central Tanzania in 2010 indicates that a significant number of study participants had positive attitude toward modern family planning methods and the result shows that half (50%) of the total respondent were aware of modern contraceptives and they thought benefits of modern family planning contraceptives outweigh the negative effects [11].

For sustainable use of modern family planning, awareness creation and knowledge are crucial inputs to change the negative behavior of the users. A cross-sectional study done in Bareilly India declared that lack of awareness was the key factor that hindered the married women not using modern family planning contraceptives [11].

A study done on urban and rural southern Ethiopia on modern family planning methods utilization among married women indicated that the knowledge was important factors contributing modern family planning utilization [12].

In Ethiopia the total fertility rate is 4.1 births per woman and there are about 3.27 million pregnancies per year of which approximately 500,000 are ends as induced abortion due to unwanted pregnancy. The maternal mortality ratio (MMR) is 420 per 100,000 live Births and estimated 32% of all maternal deaths attributed to unsafe abortions. The overall family planning prevalence among married women has been progressive increasing from 2.6% (1990), to 29% (2011) 42% (2014), which defers significantly among regions Addis-Ababa is the highest (64.1%) and SNNP region is lowest (40.5%). Similarly, any modern method in nationwide is (40.4%) also Addis-Ababa is the highest (57%) and SNNP region is lowest 39.2% [2].

One of the targets of the Ethiopian ministry of health with respect to improving maternal and child health is to increase the contraceptive prevalence rate from 42% in 2014 to 55% by the year 2020 by giving priority to the provision of family planning services in the community [13].

Total fertility rate for SNNPR the region is 4.9, infant mortality rate is 85 per 1000 live births, and less than 5 mortality rate is 145 per 1000 live births. MM Ratio in the region is 673/100,000. The child mortality rate is 50 deaths per 1,000 live births, with a crude birth rate of 35.7 births per 1,000 populations and a crude death rate of 13.2 deaths per year per 1,000 populations and unmet need for family planning was 25% [14].

A cross-sectional study done in Arba Minch town SNNPR, Ethiopia in 2014 on long acting contraceptive methods utilization and associated factors among reproductive age women was only 13.1% [10]. Another cross study done in Jinka town in 2008 on long acting and permanent contraceptive methods among women of reproductive age was 7.3% [11] and study done in Gedeo zone on utilization of a contraceptive methods and associated factors among married women was 69.5% [15].

According to the most recent data available, modern contraceptive prevalence among married women of reproductive age are higher in the more developed regions (70%) than in the less developed regions (62%) with a world average of 63%, for e.g. in Norway (88%), in UK (82%), in France (76%), in Canada (74%) and (72%) in Northern American [16].

## **Materials and Methods**

### **Study area and period**

This study was conducted in Jimma Medical Center which is found in South Western Ethiopia, in Oromia regional state, Jimma zone, in Jimma town from March, 1 - 30 2019.

The town is located 352 Kilometers South West of Addis Ababa and has total surface area of 4,623 hectares. The town has a temperature that ranges from 20 - 30°C and the average annual rainfall of 800-2500 mm<sup>3</sup> and the town has an altitude of 1750 - 2000m above sea level.

Jimma Medical Center is a teaching hospital with 65 physicians, 20 pharmacist and pharmacy technicians, 213 nurses (Diploma Nurse, BSc. Nurse, and MSc), 21 medical laboratory and laboratory technicians, 10 radiographers and radiologists and 15 patient registration clerks and others like anaesthetists, physical therapists. The study will be conducted from April 1 - 30 2019.

### **Study design**

Facility based cross-national study design was conducted on mothers came for Family planning in Jimma Medical Center from March 1 - 30 2019. Data was collected from all mothers' come for Family planning during the study period by using structured questionnaire. Confidentiality to any information disclosed by the mother was ensured.

### **Population**

**Source population:** The study populations were women in the reproductive age group (15 - 49 Years).

**Study population:** The study population were women in the reproductive age group (15 - 49 Years) and come Jimma University Specialized Hospital during the study period.

### **Study variables**

#### **Dependent variables**

- Factors contributing to low utilization of family planning.

#### **Independent variables**

- Age
- Religion
- Ethnicity
- Marital status
- Age at first marriage
- Educational status
- Occupation
- Monthly income

**Sample size:** 250 women who came for family planning from April 1 - 30 2019 was taken as a sample.

**Sampling technique:** Convenient sampling techniques will be used.

### **Data collection techniques**

Data was collected by Face to face interview through structured questionnaire. Before the data collection Nurses who work in Jimma Medical Center Family planning was trained, in order to have common understanding on each question. The data collection was supervised by the principal investigator.

### **Data quality control**

To ensure the quality of the data, standard questionnaire English version for actual data collection purpose. Then, the principal investigator was supervising the data collection process. The questionnaires were pretested prior to data collection. The quality of data

was assured by properly designing and pre-testing of the questionnaire, proper training of the interviewers and supervisors of the data collection procedures, proper categorization and coding of the questionnaire. Every day, questionnaires were reviewed and checked for completeness by principal investigator and the necessary feedback offered to data collectors in the next morning before data collection.

**Data processing, analysis and presentation**

The collected data was checked for completeness and arranged then analysed manually by using scientific calculator. Finally, the data was presented by table’s pie chart and graphs.

**Ethical consideration**

Permission was obtained from department of Nursing and the Hospital. Official letter from Jimma University was submitted to Jimma Medical Center furthermore; data collectors were secure verbal consent from respondents during data collection.

**Dissemination of the findings**

A copy of the finding of the result was disseminated to Zonal health bureau and other policy maker.

**Result**

**Socio-demographic characteristics of respondents**

Response rate of 97.4% were produced. Majority of respondents 62 (25%) were between the ages of 25 and 29 yrs. One hundred thirty-three 48 (19%) were between 20 and 24 years (Table 1).

It is good but write only major finding.

The majority of the study participants 237 (94.5%) were married. Ninety-three (37%) of the respondents were orthodox Christians, 89 (35%) were Muslims and 38 (15%) protestants by religion (Table 1). Ethnic group, 91 (36%), 85 (34%), 35 (14%) and 24 (9.6%) were from Oromo, Amhara, Dawro, and Gurage ethnic groups respectively.

Variables	Frequency	Percentage (%)
<b>Age</b>		
15 - 19	23	9.2
20 - 24	48	19.2
25 - 29	62	24.8
30 - 34	46	18.4
35 - 39	37	14.8
40 - 44	21	8.4
45 - 49	13	5.2
Total	250	100
<b>Marital status</b>		
Married	237	94.8
Single	6	2.4
Widowed	2	0.8
Divorced	5	2.0
Total	250	100
<b>Educational status</b>		

Illiterate	13	5.2
Read and write	43	17.2
1-7 Grade	95	38
7-10 grade	35	14
11-12 grade	21	8.4
12+	43	17.2
<b>Religion</b>		
Islam	89	35.6
Orthodox	93	37.2
Protestant	38	15.2
Catholic	24	9.6
Others	6	2.4
Total	250	100
<b>Family size</b>		
1 - 4	153	61.2
5 - 9	69	27.6
10 and above	28	11.2
Total	250	100
<b>Ethnicity</b>		
Amhara	85	34
Oromo	91	36.4
Dawro	35	14
Gurage	24	9.6
Others	15	6
Total	250	100

**Table 1:** Socio demographic characteristics of the respondents in MCH Department, Jimma University Medical Center April 1-30 2019 (n = 250).

Respondents demographic data revealed that 95 (38%) were one to seven grade 35 (14%) were seven to ten grade, 21 (8.4%) were eleven and twelve grade and 17.2% were above grade 12.

One third 141 (33.18%) were governmental employee and less than one third of the respondents father 134 (25%) earn monthly income of > 1000 ETB (Table 2).

Five hundred eleven (91.1%) of the respondents` mother were alive and of them 185 (36.2%) were illiterate and 150 (29.4%) had primary education. Two hundred thirty-three (45.60%) were house wives and 92 (18.00%) were governmental employee. Nearly one third of these mothers 166 (32.5%) had no income, 93 (18.2%) earn monthly income of <= 600 ETB (Table 2).

Reproductive characteristics of the respondents show that 175 (70%) were ever pregnant and one to three number of pregnancies. Concerning the age at first pregnancy one hundred thirty-two (52.8%) were between 15 to 24 age and 118 (47.2%) were greater than 24 years old. Ninety-seven (39%) were history of abortion.

Variables	Frequency	Percentage (%)
<b>Ever pregnancy</b>		
Yes	175	70
No	75	30
<b>No of pregnancies</b>		
1 - 3	175	70
4 - 6	48	19.2
7 and above	27	10.8
<b>Age at first pregnancy</b>		
15 - 24	132	52.8
> 24	118	47.2
<b>No of children Alive</b>		
1 - 3	127	50.8
4 - 6	87	34.8
7 and above	36	14.4
<b>History of abortions</b>		
Yes	97	38.8
No	153	61.2
<b>No. of Abortion</b>		
One	45	18
Two	52	20.8
<b>Stillbirth</b>		
Yes	76	30.4
No	174	69.6
<b>No. of desired children</b>		
1 - 3	129	51.6
4 - 6	116	46.4
7 and above	105	42

**Table 2:** Reproductive characteristics of the study respondents in MCH Department, Jimma University Medical Center Medical Center April 1-30 2019.

### Source of information about contraceptive

Knowledge of women about modern contraception 245 (98%) were heard about modern contraceptive. On source of information majority of the respondents were contraceptive information from television and 145 (58%) were get information's from health professionals. On type of contraceptive majority 245 (98%) of the respondents now pills and 195 (78%) were now IUCD. On advantage of contraceptive 98 (39.2%) were prevent unwanted pregnancy and 79 (31.6%) were for child spacing.

### Factors associated with contraceptive use among women of reproductive age group in MCH Department, Jimma University Medical Center

Mothers with education of Secondary and above had significance association with contraceptive use. Except the marital status, religious had no significance association with the utilization of Contraceptive use. Contraceptive use was significantly higher among respondents who were married than single.

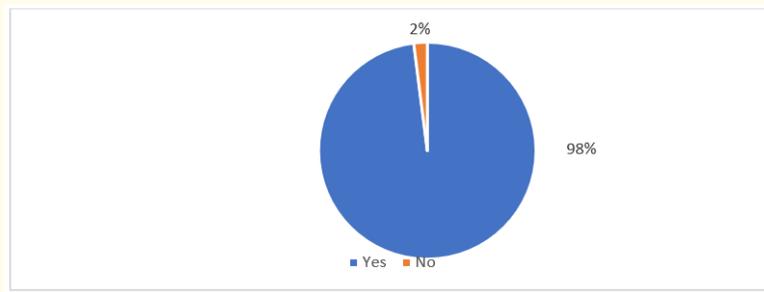


Figure 1: Heard about MCH in MCH Department, Jimma University Medical Center Medical Center April 1 - 30 2019.

Variables	Contraceptive use		X <sup>2</sup>	p-value
	Yes	No		
<b>Age</b>				
15 - 19	10	13	9.15	0.16
20 - 24	26	22		
25 - 29	33	29		
30 - 34	26	20		
35 - 39	18	19		
40 - 44	8	13		
45 - 49	2	11		
<b>Education status</b>				
Illiterate	13	27	19.8	0.000
Read and Write	11	15		
Primary	30	32		
Secondary and above	28	6		
<b>Marital status</b>				
Married	16	24	6.41	0.011
Single	37	19		
<b>Religion</b>				
Muslim	93	5	29.2	0.000
Christian	125	22		
Protestant	67	34		
<b>Occupation status</b>				
House wife	23	9	73.6	0.000
Farmer	8	40		
Employee	53	2		
Other	11	3		
<b>Monthly income in Birr</b>				
< 500	93	9	21.8	0.000
501 - 999	125	40		
> 1000	67	2		

Table 3: Factors associated with contraceptive use among women of reproductive age group in MCH Department, Jimma University Medical Center April 1-30 2019.

## Discussion

This present study revealed that Knowledge of women about modern contraception were 98%. On source of information majority of the respondents were contraceptive information from television and 58% were get information's from health professionals. On type of contraceptive majority 98% of the respondents now pills and 78% were now IUCD. On advantage of contraceptive 39.2% were prevent unwanted pregnancy and 31.6% were for child spacing. Similar study done in East Africa is area where family planning was historically low but is now increasing. However, there has been little examination of the factors influencing variation in the use of modern method in this setting. Contraceptive use varies from 23.6% in Kenya to 15.6 in Tanzania, with inject able and the pill being main methods used [14].

Botswana has one of the highest levels of contraceptive use in sub-Saharan Africa; with 42% of married women age 15 - 49 using contraceptives in 2002 [15]. Community based study done in rural areas of Jimma showed that current CPR of 7% among married women was reported of which 65% had used pills, injectables (4.4%) and rhythm (23%). The reasons given for contraceptive non-use was not knowing how to use, need for more children, unavailability of contraception, fear of side effects, believed to go with nutritious food are some of the reasons mentioned [16].

Mothers with education of Secondary and above had significance association with contraceptive use. Except the marital status, religious had no significance association with the utilization of Contraceptive use. Contraceptive use was significantly higher among respondents who were married than single. Similar Study done in Gondar 2000 Rural residents, women age 15 - 19 years old, illiterates, divorced or widowed women and women who earn low income were found at higher risk of not using modern contraceptives [19]. Another studies conducted in Mareka woreda, revealed that educational status at high school level and above is positively associated with current contraceptive utilization and women aged 25 - 34 and greater than 34 years were 1.6 and 2.4 times [20].

## Conclusion

Increasing the awareness and use of modern contraception is one means of reducing unwanted pregnancies. Knowledge of modern contraception is crucial and it is important that potential users have information and are educated about modern contraception before they actually need.

The study finding showed that the knowledge of modern contraception is good, more than half percent of the women were aware of modern contraception. On source of information majority of the respondents were contraceptive information from television. On type of contraceptive majority 245 (98%) of the respondents now pills and advantage of contraceptive 39.2% were prevent unwanted pregnancy and 31.6% were for child spacing. The knowledge of how EC prevents pregnancy is lacking some respondents thought that modern contraceptive can cause infertility.

The utilization of modern contraceptive was very low of the total respondents had ever used contraceptive and emergency contraceptive method respectively. This leads to higher chance of unintended pregnancy. Modern contraceptive use had significance association with age of the mother and educational status of the women. Medias, friends and schools were playing very important role in the dissemination of information to the women about modern contraceptive.

## Recommendation

- Strengthening advocacy and IEC to increase awareness and knowledge of women about emergency contraceptive as back up method.
- There is need to create/empower women to discuss sexual and RH issues with their parents friends and others.
- All modern contraception should be included in the other family planning methods.
- Media coverage for family planning awareness including emergency contraceptive should be improved
- Expanding accessibility of modern contraception method to all women as a whole.

## Consent

The purpose of the study was explained to the study participants at the time of data collection and verbal consent was secured from each participant before the start of data collection. Confidentiality was ensured by not including names or other identifiers in the data collection tool. The right of the participants to refuse participation or not to answer any of the questions was respected.

## Competing Interests

All authors declared that they have no conflict of interests. Jimma University covered only the survey cost for this study and there is no any funding organization.

## Authors' Contribution

Abiru Neme and Meti Desalegn conceived and designed the protocol. Additionally, Meti Desalegn performed the data collection. Meti Desalegn, contributed on data analysis, and checked the draft. Abiru Neme and Meti Desalegn prepared manuscript. All authors read and approved the final paper.

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