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Prevalence of Modern Contraceptive Utilization and Associated Factors Among Women of Reproductive Age Group at Boditi Town, Wolayita Zone, SNNPR, Ethiopia

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Abstract: Ethiopia is one of the most populous countries in Africa with high fertility and fast growth rate. Still, Modern contraceptive use persists to be low in most African countries where fertility, population growth, and unmet need for family planning are high. In Ethiopia, though there is an evidence of increased overall contraceptive prevalence, a substantial effort remains behind. The aim of this study was to assess the prevalence of modern contraceptives method utilization and its associated factors among women of reproductive age groups at Boditi town, Wolayita zone, SNNPR, Ethiopia. A Community based cross sectional study designs were employed on 388 sampled women of reproductive age groups in Boditi town in 2017. From the 9 kebeles, four kebeles were randomly selected using simple random sampling method. Data were collected by face to face interview by using semi-structured. Data-entry, cleaning and statistical analysis was done using Version 21 SPSS software. Multivariable logistic regression analysis was performed to identify the factors which affect the dependent variable. In this study a total of 388 reproductive age women were participated with response rate of 92%. The mean age of the study participants were 27 years (±SD 7.46). The majority of respondents (63.7%) were married. Almost all, 99% of the respondents have ever heard about modern contraceptives at least one method. Among these, the most commonly used modern contraceptive method was injectable (84.3%), and followed by pills (80.2%). The majority of the respondents (62.4%) have ever used a method. Currently use of modern contraceptive was 48.2%; among these the injectable was the most commonly used method. Multivariable logistic regression analysis showed that women who are attended primary school (AOR=8.95, 95%CI (3.64-22.03)) and attended tertiary school (AOR=5.11, 95%CI (1.04-25.02)), Women with three up to five children (AOR=8.95, 95%CI (3.64-22.03)), Women with six up to seven children were 8 times (AOR=7.51, 95%CI (2.58-21.87)) and Women who have eight and above children (AOR=5.11, 95%CI (1.04-25.02)) were the factors associated with modern contraceptives utilization. The study showed that forty eight percent of reproductive age women were currently used modern contraceptive. Education and number of children were statistically significant with modern contraceptives utilization. Promoting women education and limiting number of children are very important in the community at large.

Keywords: Contraceptives, Side Effects, Associated Factors, Family Planning, Boditi, Ethiopia

1. Background

Contraception is defined as the intentional prevention of conception through the use of various devices, sexual practices, chemicals, drugs, or surgical procedures. Family planning includes both fertility inhibition and fertility stimulation. So, any device or act whose purpose is to prevent a woman from becoming pregnant can be considered as a contraceptive. In any social context effective contraception allows a couple to enjoy a physical relationship without fear of an unwanted pregnancy and ensures enough freedom to have children when desired [1, 2].

The United Nations Population Fund (UNFPA) says that modern contraceptives prevent unintended pregnancies, reduce the number of abortions, and lower the incidence of death and disability related to complications of pregnancy and childbirth [3]. Contraceptive methods classified into traditional and modern traditional method includes Coitus Interrupts or withdrawal which involves withdrawal of penis from the vagina just before ejaculation, lactational amenorrhea method, rhythm method, and etc. And modern contraceptives includes Condoms, Oral Contraceptive Pills, Diaphragm and Spermicides (Barrier/Chemical Method), Injectables, Intrauterine contraceptive devices (IUCDs), Female Sterilization (Tubectomy), Emergency Contraceptive Pill, and E. T. C [1].

Report indicate that contraceptive use is much low in less developed countries. In the year 2015, for instance, the highest figures are seen in Northern America (75%) and Oceania (59%). In Africa, the highest prevalence is observed in the Northern and Southern regions (53% and 64%, respectively) followed by Eastern (40%), Middle (23%) and Western Africa (17%) [4].

In Ethiopia, according to the Ethiopian demographic and health survey (EDHS) reports, contraceptive use among young married women was 6% in 2000, 16% in 2005, and 36% in 2011 exhibiting an upward trend [5]. In 2016 overall, 36% of married women were using a method of contraception. Of this, 97.22% was using a modern method, and the remaining percentage 1% was using a traditional method. In 2016, per cent distribution of currently married women and sexually active unmarried women age 15-49, who uses any method of modern contraceptive is 47.3% in Amhara, 39.9% in Southern Nations, Nationalities and Peoples (SNNP), 36.3%) in Tigray, 34.9% in Gambela, and 29.5% in Harari, (30.3%) and 55.9% in the two town administrations Dire Dawa and Addis Ababa [5].

When human reproduction is left unchecked, it results into high birth rates, and lead to large family size which intern causes negative effects on the health of the mothers and children. Consequently, this leads to negative impact on the family, the community and the nation at large as a result of economic overload. Overall, uncontrolled births can destroy a nation's development aspirations and prevent its people from enjoying an improved standard of living [6].

Too many women give birth too young, too often or with too little time between pregnancies to survive: every day 1,000 women die to give life, one every 90 seconds [7]. An estimated 358 000 maternal deaths occurred worldwide in 2008, a 34% decline from the levels of 1990. Despite this decline, developing countries continued to account for 99% (355 000) of the deaths. Sub-Saharan Africa and South Asia account for 87% (313,000) of global maternal deaths [8].

unfortunately, the vast majority of maternal and newborn deaths can be prevented with proven interventions to ensure that every pregnancy is wanted using modern contraceptive and every birth is safe [9]. More than 200 million women in the developing world want to avoid pregnancy but are not using modern methods of contraception [6]. Both early and late motherhood have increased risks. Young teenagers face a higher risk of complications and death as a result of pregnancy. Waiting until the mother is at least 18 years old before trying to have children improves maternal and child health [10].

Though the proportion of married women using a method of contraception in developing countries as a whole increased from 10% in the 1970s to nearly 60% in the late 1990s, while the total fertility rate (TFR) dropped from six children per woman to around three in the same period much has to be done[6,11]. Therefore, the purpose of this study was to assess utilization of modern contraceptive methods and its determinant factors among women of reproductive age at Boditi town, Wolayita zone, SNNPR, Ethiopia.

2. Methods and Materials

2.1. Study Area, Study Design and Period

The study was conducted June 10-June 15/2017 in Boditi town, SNNPR, Ethiopia. Boditi is a town in Damot Gale woreda, Wolayita zone, which mainly divided into the east and the west part. According to the town health office, the total population of Boditi is 53,615. With regard to health, Boditi town has 10 private clinics, 1 health center, 4 health posts and 4 drug stores. There are 21 health extension workers (HEWs). In terms of School there are 19 schools, of which, 12 of them are high schools, one college, and the rest seven are primary schools. There are also 199 total food and drink houses, of which, 112 are hotels [12]. A Community based cross-sectional study was conducted.

2.2. Source and Study Population

All women of reproductive age group who live in Boditi town. The study population was selected reproductive in the selected kebeles during data collection period.

Women are in reproductive age group (15-49) and livings more than six months in study area were included. Those who are seriously ill and mental problem during data collection were excluded from the study.

2.3. Sample Size Determination and Sampling Technique

The sample size was determined by using single population proportion formula with respective assumption. By Considering 10% non-response rate, the total sample size

was 422. There are nine kebeles in Boditi Town. From the 9 kebeles, four kebeles were randomly selected using simple random sampling method. Then Census was done to identify reproductive age women in four selected kebeles. Among reproductive age women 422 respondents were selected by simple random sampling method with random computer generation.

2.4. Data Collection Procedures

Data were collected by face to face interview by using semi-structured Amharic version questionnaire. The questionnaires were first prepared in English and translated in to Amharic and back to English to keep consistency of the questionnaires. The questions included in the questionnaire were prepared from different related literatures. Data were collected by trained Nurses. Supervision was done by principal investigators.

2.5. Data Quality Assurance

Orientation was done on interviewing techniques, on the importance of privacy, discipline and approach to the interviewees and confidentiality of the respondents by supervisors. And the questionnaires were translated to Amharic version. The completeness of the questionnaires has been checked daily after the data collection. Whenever incompleteness and inconsistencies occur, data collectors were gone back to respondent's house to refill the questionnaire.

2.6. Data Processing and Analysis

Data were entered and analyzed using Statistical Software for Social Sciences (SPSS) version 21.0 (SPSS Inc., Chicago, Illinois). Univariate analysis involved the estimate of mean, proportion and frequencies. Bivariate logistic regression was used to see the association between one explanatory variable and outcome variable at p value ≤ 0.25. Multivariable logistic regression analysis was performed to predict factors which affect the dependent variable. Those variables with AOR and a p value ≤ 0.05 were considered statistically significant in multivariable analysis. Backward stepwise regression method was used to test the model fitness. Data was presented by Tables and graphs.

2.7. Ethical Considerations

Before the data collection, a supportive coordination letter was written to the responsible bodies from Arba Minch University, College of Medicine and Health Sciences. The respondent's privacy and confidentiality of the information were assured throughout the study procedure, and they have been told that they have all the right not to involve in the study or not to answer any of the questions. The research team had made sure that any data is collected after taking full consent of participants.

3. Results

3.1. Socio Demographic Characteristics of Study Participants

In this study 388 Reproductive age group women were participated with response rate 92%. The majority of respondents were within age 15-24 years 148(38.1%) and 25-34 years 153(39.4%), while only 22.4% were within 35-49 age categories. The mean age of the study participants were 27 years (±SD 7.46). More half of respondents 213(54.9%) were protestants, and followed by orthodox 120(30.9%). Regarding to marital status, the majority 247(63.7%) were married. More one third of respondents 135(34.8%) were attended secondary school (Table-1).

Table 1. *Distribution of socio-demographic characteristics among Reproductive age group in Boditi town (n=388), Southern Ethiopia, June 2017.*

Variables		Frequency	Percent
Age	15-24	148	38.1
	25-34	153	39.4
	35-49	87	22.4
Educational Status	Unable To Read And Write	29	7.5
	Primary	122	31.4
	Secondary	135	34.8
	Tertiary	92	23.7
	Above	10	2.6
Marital Status	Single	116	29.9
	Married, Cohabiting	247	63.7
	Divorced,& Widow	25	6.4
Occupational Status	Unemployed	8	2.1
	House Wife	168	43.3
	Employed	107	27.5
	Farmer	5	1.3
	Student	91	23.5
	Other	9	2.3
Religion	Orthodox	120	30.9
	Protestant	213	54.9
	Muslim	48	12.4
	Other	7	1.8

3.2. Reproductive Health Related Factors

Out of the total 388 reproductive age women 46(11.9%) of them has a history of abortion. Only 24(6.2%) of the respondents had at least one still birth history. With regard to pregnancy history of the study participants 191(49.3%) have a history of pregnancy more than once, 122(31.4%) have never been pregnant, and the rest 75(19.3%) has been pregnant at least once (Table-2).

Table 2. *Distribution of study subjects Reproductive history among reproductive age women in Boditi town, Southern Ethiopia, June 2017.*

Variables(n=388)	Frequency	Percent
Had been pregnant (n=388)		
Yes	266	68.6
No	122	31.4
No of pregnancy		
1-2	136	35.1
3-4	80	20.6
5 and above	172	44.3
No of children		
1-2	141	36.3
3-5	93	24.0
6-7	15	3.9
8 and above	139	35.8
History of abortion		
Yes	46	11.9
No	342	88.1
History of still birth		
Yes	24	6.2
No	364	93.8

3.3. Utilization of Modern Contraceptives

With regard to modern contraception practices, the majority of the respondents (62.4%) were ever used method of modern contraceptive. Among those mothers, Injectable (70.9%), and pills (56.4%) were the most common ever used methods of contraceptive (Figure-1).

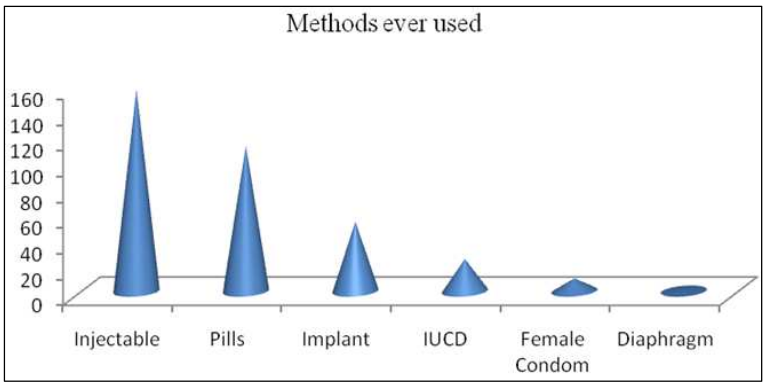

Figure 1. *Types of modern contraceptives methods ever used by reproductive age women respondents of Boditi town, June 2017.*

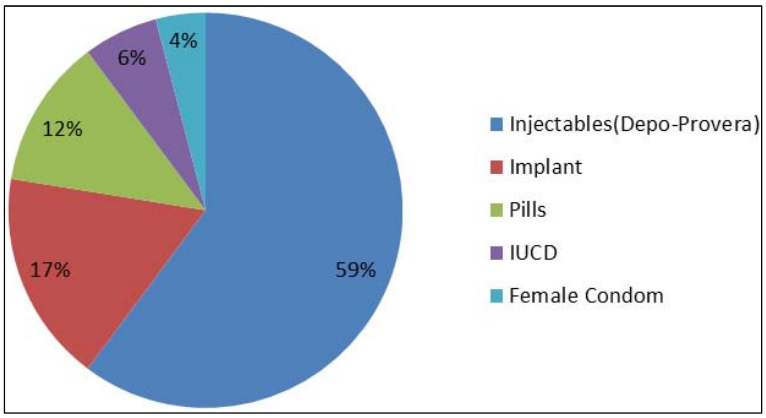

Figure 2. *Types of modern contraceptive methods utilized among Reproductive age women in Boditi town, Sothern Ethiopia, June 2017.*

Out of 388 respondents 187 (48.2%) of them are currently using modern contraceptive methods. among these the injectable (59%) and implant (17%) was the most commonly used method respectively. Having less side effects 115(61.5%), its effectiveness 41(21.9%), less expensive/free 18 respondents, attractiveness 7 respondents, being able to change or stop them at any time by 6 respondents were the mostly mentioned reasons for the current contraceptive choice. When asked about why they are not using other methods 119(63.6%) of them mentioned fear of side effects, 65(34.8%) inconvenient to use. Among two hundred fourth two (242) respondents who are using a method of contraceptives currently 84 (34.7%) have switched method due to fear of side effects (Figure-2).

3.4. Reasons for Not Using Contraceptives

Of the above mentioned 146 non user Women 91(62.3%) of them intend to use a modern contraceptive method in the future, and the rest does not intend to use a method. Also fears of side effects by 52.6% of the respondents were the main reason for not intending to use a method. The other reasons are inconvenient to use, and cost too much. Reason for non-use of modern contraceptive use, the first one is being not married 57(28.4%) and followed by they want more children 35(17.4%) and fear of side effect 31(15.4%) (Figure-3).

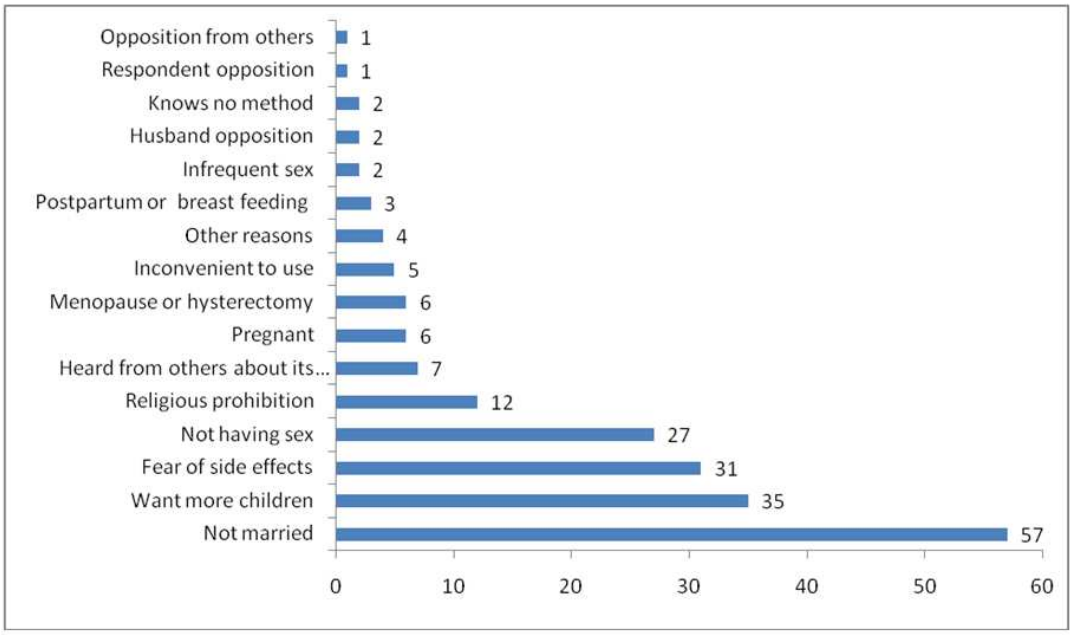

Figure 3. *Reason for non-use of modern contraceptive use among reproductive age group, Boditi town (n=146), Sothern Ethiopia, June 2017.*

3.5. Associated Factors of Modern Contraceptive Utilization

Multivariable logistic regression analysis showed that Women who are attended primary school were 9 times (AOR=8.95, 95%CI (3.64-22.03)) more likely to use modern contraceptive as compared to women who are unable to read and write. Women who are attended tertiary school and above were 5 times (AOR=5.11, 95%CI (1.04-25.02)) more likely to use modern contraceptive as compared to women who are unable to read and write. Women who have three up to five children were 9 times (AOR=8.95, 95%CI (3.64-22.03)) more likely to use modern contraceptive as compared to women with zero up to two children. Women who have six up to seven children were 8 times (AOR=7.51, 95%CI (2.58-21.87)) more likely to use modern contraceptive as compared to women with zero up to two children. Women who have eight and above children were 5 times (AOR=5.11, 95%CI (1.04-25.02)) more likely to use modern contraceptive as compared to women with zero up to two children(Table-3).

Table 3. *Bivariate and Multivariable Logistic regression analysis on factors associated with modern contraceptive utilization among Reproductive age group, Boditi town, Southern Ethiopia June, 2017.*

Variables (n=388)		Use of modern contraceptive		COR, 95% CI	AOR(95% CI), P-Value
		Yes	No		
Age in years	15-24	52	96	1	1
	25-34	89	64	0.48(0.29-0.83)	1.43 (0.56-3.64), 0.46
	35-49	46	41	1.24(0.73-2.10)	1.38 (0.66- 2.88)0.39
Educational Status	Can't read and write	13	16	1	1
	Primary	68	54	1.03(0.45-2.36)	8.95(3.64-22.03)**, 0.00
	Secondary	61	74	1.60 (0.94-2.71)	0.33 (0.05, 2.30), 0.26
	Tertiary and above	45	57	1.04(0.62-1.75)	5.11(1.04-25.02)**, 0.04

Variables (n=388)		Use of modern contraceptive		COR, 95% CI	AOR(95% CI), P-Value
		Yes	No		
Marital Status	Single	26	90	1	1
	Married,	150	97	1.63(0.15-0.91)	1.96 (0.51-7.51), 0.33
	Widow & divorced	11	14	1.97(0.86-4.51)	2.21 (0.70-6.89), 0.18
Religion	Protestant	93	120	1.02(0.22-4.73)	0.57 (0.08- 3.95), 0.56
	Orthodox	69	51	0.58(0.13-2.66)	0.33 (0.05-2.30), 0.26
	Muslim	21	27	0.58(0.12-2.89)	0.46 (0.06-3.53), 0.46
	Other	4	3	1	1
Income in ETB	<1000	66	63	1	1
	1000-1900	15	12	1.07(0.65- 1.75)	1.19 (0.66- 2.13), 0.56
	>1901	59	60	1.27(0.55- 2.94)	1.24 (0.47-3.32), 0.66
No of children	0-2	97	44	1	1
	3-5	54	39	9.15(5.27-15.8)	8.95(3.64-22.03)**, 0.00
	6-7	9	6	5.74(3.19-10.3)	7.51(2.58-21.87)**, 0.03
	8 and above	27	112	6.22(2.04-18.9)	5.11(1.04-25.02)**, 0.05

Key: **:- statistically significant at p-value <0.05 in multivariable logistic regression analysis.

4. Discussion

This study was identified the prevalence and factors associated with modern contraceptives utilization among Reproductive age group in Boditi town. The majority of the respondents (62.4%) have ever used a contraceptive method. This finding is similar with a study conducted in Ghana [13]. The most common ever used methods of contraceptive were injectable (70.9%) and pills (56.4%) respectively. The current modern contraceptive method use by reproductive age women was 48.2%. This study is consistent with a study done in North Shoa zone, Amhara region, Ethiopia [14]. But this finding is higher than Ethiopian Demographic and Health survey 2016 report (36%) and Bale eco-region (20.8%) and less than Farta District study in south Gonder [5, 15, 16]. The majority of the respondents (59.4%) are currently using injectable. This result is consistent a study done in Debre Birhan, but it lowers than a study done in Debre Markos town and Bale zone respectively [17, 18, 16]. But this finding is higher than a study done Holeta town showed that the most common modern contraceptive method used was injectable (48.5%) [19].

This study indicated the common reasons for non-use of modern contraceptive methods include: being not married (28.4%), desire for more children (17.4%), and fear of side effect (15.4%). This is slightly consistent with a study done in Bale Zone the common reasons for non-use of modern contraceptive methods includes: religious-opposition (55.9%), desire for more children (28.3%), fear of side effects (25.5%), and husband's opposition (17.5%) and also EDHS report showed that this s due they need more children, lack of knowledge or information and religious factors [16, 5].

Modern contraceptive utilization has showed significant difference in socio demographic characteristics such as number of children and education status of respondents. Regarding to educational status, those with tertiary and above were five times more likely to use modern contraceptive method as compared to those mothers who can't read and write. Also the women who have attended primary school were eight times more likely to use modern contraceptive method as compared to those mothers who can't read and write. This finding is similar with Ethiopian Demography and health survey (EDHS) report conducted in Ethiopia showed that educated women were more likely to use modern contraceptives than unable to read and write [5]. This might be due to the women has had probable to get contraceptives information during attending their education.

Women who have six up to seven children were eight times more likely to use modern contraceptive as compared to women with zero up to two children. This study is consistent with a study conducted in North Shoa zone and shire town 2014 respectively [14, 20]. And also a study done in Dawaro town in 2005 that it was statistically significant with the use of modern contraceptive [21]. The reason may due to get family planning related information during antenatal care visit and postpartum visit. In this study regarding source of modern family planning method 82.1% was public sector. This is in line with Mini EDHS report shows that the public sector continues to be the major source of modern contraceptive methods in Ethiopia [22]. Three hundred sixty four (93.6%) of them have heard at least one contraceptive method. This study is similar with a study done in Ambo Town and 2016 EDHS report [23, 5]. The limitation of the study was did not show cause and effect relationship.

5. Conclusion and Recommendation

The current modern contraceptive method use by reproductive age women was 48.2%. Among these, the most commonly used modern contraceptive method was injectable (84.3%). In this study the factors like education and number of children were statistically significant with modern contraceptive method utilization. In net shell, in this study the common reasons for not using of modern contraceptive methods includes: being not married (28.4%), desire for more children (17.4%), and fear of side effect (15.4%). Based on the finding the following recommendations are forwarded: Health education sector should strength women through improving education. Health Extension workers should be provides health education for reproductive age women and gives contraceptives for women who are in need.

Competing and Conflict of Interests

The authors declare that they have no conflict of interests regarding the publication of this paper.

Authors' Contribution

Feleke Gebremeskel, Dinkalem Getahun, and *Tesfaye Kanko* conceived and designed the protocol, performed the data collection, contributed for data analysis, and wrote the paper. All authors read and approved the final paper. Feleke Gebremeskel, Dinkalem Getahun, and *Tesfaye Kanko* contributed equally to this work. The funder has no role in the manuscript.

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