

KNOWLEDGE, ATTITUDE AND PRACTICE TOWARDS CONTRACEPTIVE USE AMONG REPRODUCTIVE AGE GROUP OF FEMALES IN HOSANNA TOWN, ETHIOPIA

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ABSTRACT

Background: over the past 30 years there have been significant advances in the development of new contraceptive technologies including transitions from high dose to low dose estrogen combined oral contraceptives. In addition to progesterone only injectables, combined injectable contraceptives and progesterone only implants have been introduced. However the range of modern family planning methods still remains unavailable to at least 350 million couples worldwide. The population over growth is seen in the world, especially in the developing countries, if not controlled well, may lead to increased socio-economic problems.

Methodology: Community based cross-sectional study design has been employed in March and April 2011. The respondents were 408 women of reproductive age group (15-49) of Hosanna town, Southern Ethiopia.

Results: Among 408 respondents 75.24% know about modern contraceptive method. From the total respondents of women 20.5% strongly disagree, 20.5% disagree, 31.37% agree and 27.45% strongly agree towards attitudes of contraceptive use. From the total of 408 respondents, (24%) use modern contraceptives.

Conclusions and Recommendation: Most of the respondents know about modern contraceptive method. Even though the majority of women have a positive attitude towards contraceptive use they don't implement in practice. The reasons for this were they need more children, fear of side effects and there was some restrain from partners. So health education program should be given not only to women but also to men in this area. In addition to this increasing awareness of the community on the overall type of contraceptive method use is very important.

KEY WORDS: Contraceptive, knowledge, attitude, practice and Hosanna

1. INTRODUCTION

Contraceptive is a method of voluntary and temporary or permanent prevention of fertility which may be indicated or desired for socio economic, medical, or personal reasons (Park, 2002). Irrational use of modern contraceptive made worse the health of the women; the commonest irrational contraceptive drug use practices are inappropriate combination of oral contraceptives, missing of the interval, taking with contraceptive action inhibiting drugs, etc. (Bertram, 1989).

Low level of contraceptive use and high urban-rural variation in contraceptive use implies the need for effective family planning program to reach the disadvantaged regions and areas in Ethiopia, to ensure further fertility reduction (Ethiopian Central statistical authority, 2005).

The international planned parenthoods Federation (IPPF) has played a great role in the expansion of family planning program worldwide. International planned parenthoods Federation have adopted the concept of sexual and reproductive health agenda in its vision 2000. In 1994, the international Conference on Population and Development (ICPD) held in Cairo gave great attention to IPPF's reproductive and sexual health agenda. It emphasized people's right to reproductive health and the most important was quality service. Service should be accessible, acceptable, and convenient to all contraceptive users (ICPD, 1995). The need for family planning service in Ethiopia is evidenced by its population growth, morbidity and mortality statistics. Due to rapid population growth, systematic provision of family planning service had begun in 1966, when the family Guidance Association of Ethiopia (FGAE) was established as Non-Governmental, non-profitable organization by small group of concerned individuals (FAGE, 1991).

In Ethiopia, there have been some efforts in family planning service to increase contraceptive prevalence rate. The Ethiopia population policy, which was adopted in 1993, has the objective of reducing the total fertility rate as well as raising the contraceptive prevalence rate to a national coverage of 44% by the year 2015. This effort was focused on expanding the service for previously uncovered areas by increasing the number of health institutions and other outlets. But still the contraceptive prevalence rate is low (21.5%) (Ministry of Health of Ethiopia(MOH), 2002). To the knowledge of the investigators, there was no study done in Hosanna town addressing the knowledge, attitude and practice of contraception among women of reproductive age group, which is a vital for family planning that allows people to attain their desired number of children and determine the spacing of pregnancies. Thus, the

aim of this study is to investigate the knowledge, attitude and practice of contraceptives among women in child bearing age (15-49 years of age) in hosanna town, south west Ethiopia.

2. METHODOLOGY

Study Area and Study Period: This cross sectional study was conducted in Hosanna town which is the capital of Hadiya zone, Southern Nations, Nationalities and Peoples' Regional State, Ethiopia. The town is located 230 km south West of Addis Ababa. Based on the 2007 Census projection it has a population of 75,336 and of this 36,915 & 38,421 are estimated to be male & female respectively, belonging to different Ethnic groups (Central statistical authority (CSA), 2008). The town is organized into 11 Kebeles (In Ethiopia Kebele is the lowest administrative unit which is comprised of 1,000-5,000 inhabitants). The climate of the area is Woinadega (temperate). The town has one public zonal hospital, three public health centers, 10 private clinics and 12 drug retail outlets. Data collection period was from March 30- April 7, 2011 on 408 women of reproductive age group (15-49).

Study design, study population, Sample Size and sampling: the study design was a prospective descriptive cross sectional household based study and the source population was women of the reproductive age group (15-49) in Hosanna Town. And the study population was the sampled 408 women from 408 households in Hosanna Town. From the source population, the size of the sample was determined by the single population proportion formula by taking prevalence of contraceptive use 14% which was obtained from previous research done on modern contraceptives use in Ethiopia (CSA, 2005). Moreover the researchers used 5% maximum Error, the standard normal value $(1-\alpha)$ confidence interval 1.96. Considering 95% confidence interval, 5% margin of error and a design effect of 2, the sample size was calculated to be 408. With regard to sampling technique, from the 11 Kebeles, five Kebeles were selected by lottery method, and then the recent registration list of households was used to determine the number of households to be selected from each study sites. The total number of households in a given Kebele was divided by the share of households for each Kebele to determine a sampling interval and then households were selected by systematic random sampling. To identify the first household in each site, bottle spinning technique was used. After identifying the household by using systematic random sampling, a woman among reproductive age group (15-49) or when more than one woman is present in the household the elder woman from each household was interviewed. So, 408 women from the respective households were interviewed.

Data Collection, Instruments for Data Collection and Data Quality Assurance: Interviewer administered questionnaire, containing open and close ended questions was used to collect the appropriate data. The questionnaire was developed first in English. The original English version was translated into Amharic (National language) for actual data collection. The Amharic version was back translated into English by another individual to check the consistency of the translation. The study units were all women in the reproductive age in the selected households drawn from five Kebeles using a probability proportional to size allocation. Data was collected by 6 trained druggists (diploma in pharmacy) recruited from the study area. Five days before the actual data collection period, pre-testing of the questionnaire was conducted on 5% (20 women) of the study population in the Kebeles not selected for the study and necessary modification was made before being applied on the study participants.

Before data collection, training was given for data collectors to enable them to have common understanding on the objectives of the study and each of the questions in the questionnaire. Therefore, the personal variations on interpretation of the questions were minimized. Each day the data collectors were supervised & assisted in the field by the investigators. The quality of the data was kept high from the very beginning by the thorough training of the data collectors.

Data entry, analysis and interpretation: Analysis was done by combinations of manual calculator and Vassar stats (statistical tables' calculator) and also SPSS software package. The results were presented in absolute figures (percentages) as depicted in Tables and Figures.

Ethical Consideration: First, ethical clearance was obtained from the Ethics Review Committee of the college of public health and medical sciences, Jimma University. Then an official letter of cooperation written from Jimma University was delivered to the administrative bodies of Hosanna town. The objective of the study was explained and permission was obtained from the town administration. After a thorough discussion with the town administration health office, a letter of agreement and cooperation was written to each study Kebele. During data collection culture and norms of the society was respected. Moreover, verbal consent was secured from each respondent.

In this study a woman is considered knowledgeable if she knows what contraceptive is and if she explains it as a method of birth control. They were considered to have inadequate knowledge if they fail to answer these questions. The women's attitude was measured using a question rated on a four-point likert scale as strongly

disagree, disagree, Agree, and strongly agree. Respondents were considered to have good attitude if they responded agree and strongly agree. The women's practice was assessed by identifying whether they used contraceptives.

3. RESULTS

Among the total of 408 visited households in the study Kebeles, fortunately data was filled completely and collected from all households making the response rate of 100%.

Socio Demographic characteristics: Age, Ethnicity, Religion, marital status, and Educational status of those who have participated in the study during the specified period, i.e.; 408 participants were involved in the study of which 168(41.1%) were found with the age group of 15-24 and followed by 149(36.5%) which were 25-34 age group; 293(71.8%) were married and 77(18.9%) were single. From the total respondents 158(38.7%) were in between grade 5-8 and 123 (30.1%) were between grade 9-12(Table 1).

Most of the study participants, 226(55.3%) were from Hadiya ethnic group followed by Silte 65(15.9%). Concerning the religion of the respondents, 250 (61.2%) were followers of Protestant Christianity followed by Orthodox Christianity 100 (24.5%).

This study show that out of the total respondents 307(75.2%) had have Knowledge/information about modern Contraceptive Methods and 101(24.75%) don't have any knowledge/information on contraceptive. This study also shows that the majority of the respondents 184 (59.35%) know about pills, 96(30.96%) know about injectable contraceptives, 17(5.48%) know about Norplant and the rest 13(4.1%) know other type of contraceptives. Among the respondents of 408 women, the largest number of women 169(54.5%) know about side effect of contraceptives, 98(31.61%) know about administration interval, and 6(1.93%) know about the toxicity of contraceptives (Table 2).

Among the total respondents of women of reproductive age group 84(20.59%) strongly disagree, 84(20.59%) disagree, 128(31.37%) agree and 112(27.45%) strongly agree towards attitude of the contraceptive use(Table 3). In this study only 98(24%) women claim to use contraceptives. Among the total respondents, who used contraceptive from different sources, the majority 56(57.1%) use form health center, followed by clinic 17(17.34%), as given in figure 1.

Figure 2 shows the distribution of different contraceptives used by women of reproductive age group-the majority used injectables 37(39.78%), followed by Norplant 26(26.5%).

The reasons given by women for not using any of the contraceptive method is 120(29.41%) want more children followed by 98(24%) is due to fear of side effects (Figure 3).

Table 1: Distribution of respondents of women age group (15-49) years by socio demographic characteristics in Hosanna Town, south Ethiopia, March 30- April 7, 2011

Sociodemographic Characteristics		Frequency	Percent (%)
Age (year)	15-20	168	41.1
	25-34	149	36.5
	35-44	72	17.6
	45-49	19	4.65
Ethnicity	Hadiya	226	55.3
	Silte	65	15.9
	Kambata	52	12.7
	Gurage	34	8.3
	Amhara	18	4.4
	Others*	13	3.1
Religion	Protestant	250	61.2
	Orthodox	100	24.5
	Muslim	40	9.4
	Catholic	18	4.4
Marital status	Married	293	71.8
	Single	77	18.9
	Divorced	23	5.6
	Windowed	15	3.2
Educational status	1-4	89	21.8
	5-8	158	38.7
	9-12	123	30.1
	> 12	38	9.3

*Others include Gamo, Wolayta, Sidama

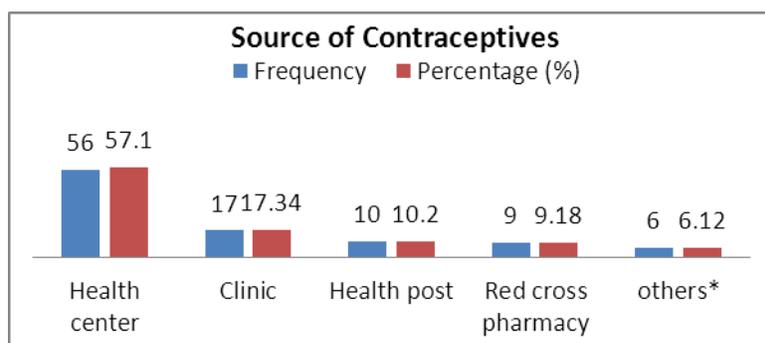
Table 2: Distributions of women of reproductive age group by knowledge of modern contraceptive, type of contraceptive and drug related things in Hosanna town, south Ethiopia, March 30- April 7, 2011.

Knowledge/ information about modern Contraceptive Method		Yes 307 (75.2%)	No 101 (24.75%)	
		Frequency		Percent (%)
Modern Contraceptive type	Pills	184		59.35
	Injectable	96		30.96
	Norplant	17		5.48
	Others *	13		4.1
		Frequency		Percent (%)
Knowledge on contraceptive drugs	Drug-drug interaction	37		11.93
	Side effect	169		54.5
	Toxicity	6		1.93
	Interval needed	98		31.61
		Frequency		Percent (%)**
What is the use of a contraceptive?	Prevent unwanted pregnancy	400		98
	Used to space children	174		38.7
	Prevent sexually transmitted diseases	57		14

*Others includes condom, loop, emergency contraceptive **Percentage may exceed 100% due to multiple responses

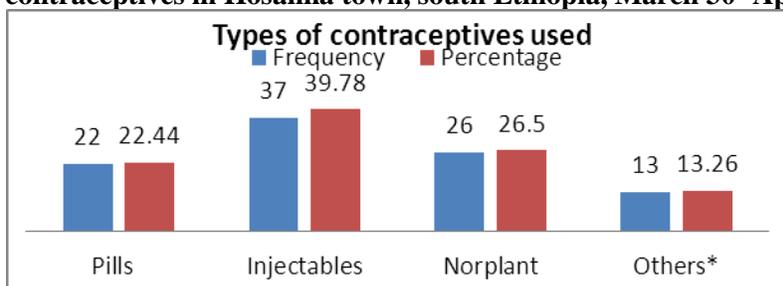
Table 3: Distribution of women of reproductive age groups by level of attitude towards contraceptive use in Hosanna Town, south Ethiopia, March 30-April 7, 2011.

Attitude level towards contraceptive use	Frequency	Percentage (%)
Strongly disagree	84	20.59
disagree	84	20.59
Agree	128	31.37
Strongly agree	112	27.45



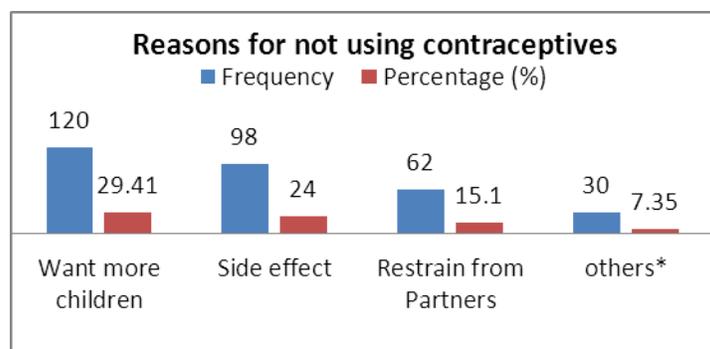
*others include rural drug vendor, drug stores, pharmacies and ordinary shops.

Figure 1: Distribution of reproductive age group of women currently using contraceptives against the source of contraceptives in Hosanna town, south Ethiopia, March 30- April 7, 2011.



*others include Intrauterine Contraceptive Device, condom and Coitus interruptus.

Figure 2: distribution of type of different contraceptives used by women of reproductive age group in Hosanna town, south Ethiopia, March 30- April 7, 2011.



*others include Failure of the method and religion

Figure 3: Reasons given by women of reproductive age group for not using modern contraceptives in Hosanna town, south Ethiopia March 30- April 7, 2011.

DISCUSSION

This study shows that Knowledge of women about modern contraceptive method was found to be 75.24%. Knowledge about modern contraceptives was around 85% in Tanzania, 96% in Kenya and 99% in Cambodia (Central statics agency, 2000) (Breslin, 1998) (NIPH, 2001). Again the result obtained in the present study is less than a study conducted in *Woreta* town, North West Ethiopia (Weldegerima, 2008). The probable reason may be more public education about contraceptives in *Woreta* than Hosanna and this may lead to differences in awareness level among study participants. The current study result is also less than studies done in other countries; the reason might be that the family planning and contraceptive use education may not be appropriately given to women in Hosanna area. Moreover, the difference might be attributed to differences in study methodology, sample size, socioeconomic and socio-demographic factors.

Study conducted in *Woreta* town, South Gondar zone, injectable was the most common preferred modern contraceptive method (63.2%) followed by oral contraceptive pill (21.2%). Few women reported giving preference for the use of condom (9.5%) and Norplant (6.1%). But, this study shows that 39.78% use injectable contraceptive method, 22.44% use oral contraceptive pill, 26.5% use Norplant and the share of other methods is 13.26%. The increase in the use of Norplant in Hosanna compared to *Woreta* town might be due to the presence of non-governmental organization (South Synods Mekaneyesus Church) promoting and providing Norplant service. The present study shows that injectable is the most widely used contraceptive method similar to the study done in *Woreta* town, Ethiopia. However, the reason for the decreased magnitude of injectables in *Hosanna* town [compared to *Woreta* town] might be due to the promotion by the non-governmental organization which made women incline to other long lasting alternatives.

In the present study, the prevalence of contraceptive is 24% and in Ethiopia prevalence of modern contraceptive is 14% (National Institute of Public Health (NIPH), National Institute of Statistics of Cambodia (NIS), and ORC Macro, 2001), the probable reason is Hosanna doesn't represent the average Ethiopia prevalence because there were some rural areas included in Ethiopian prevalence and Hosanna is somewhat urban area. Moreover, the variation in the study areas and methodology might partly explain the disparity in the reported rates.

In a study conducted in *Woreta* town South Gondar zone 90% of respondents have a positive attitude towards modern contraceptive (Weldegerima, 2008). In the present study only 58.82% have positive attitude. The decrease in attitude in Hosanna is probably due to cultural, religious and socio-demographic factors which differed from *Woreta* Town.

Concerning the reasons given by women for not using contraceptive methods, the majority (29.41%) want to have more children. The second major reason for non-use of contraceptive method is due to fear of the side effects (24%) followed by restrain from partners 15.1 % (figure 3). The major reason for nonuse of modern contraceptive methods was a desire for more children. Followed by fear side effect and among the women, since some think that contraceptive can create infertility. Similar to study done in *Woreta* town, Ethiopia (Weldegerima, 2008) desire to have large number of children by most of study participants and fear of side effects were the major reasons that were observed by the present study for not using contraceptives. This coincidence in findings of studies in the same country implies that more education on importance of having smaller families and the nature of the contraceptive need to be given to the community and hence increase the contraceptive uptake.

As mentioned above, husband opposition was also noted as a barrier to modern contraceptive use among women in the present study population. Restrain from partners not to use modern contraceptives was also listed as a barrier to modern contraceptive use by women elsewhere in African as well as in Asian countries (Dabral, 2004) (Igwegbe, 2009). The situation is further aggravated by dominance of males in decision making in a household which is observed commonly in Ethiopia. This observation reflect a need for males to be given more education on importance of family planning in Hosanna population to improve uptake of modern contraceptives, this could be through involvement of males in family planning programs.

Regarding the usage of contraceptive methods, in this study only 98(24%) women claim to use contraceptives whereas in a study done in Pakistan about 53% of the respondents were using some sort of contraception (Mustafa, 2008). In this study even though most women have positive attitude on contraceptive, they don't practice it, the reason might be they want more children and think having many children is a wealth. Moreover, satisfactory contraceptive education may not be delivered to the women in Ethiopia and this might have led to the difference. Differences in the cultural, religious and socio-demographic characteristics might also contribute for the observed variation in practice. To solve the gap between positive attitude and less practice part, giving health education and promotion to women and their husbands can fill the gap.

4. CONCLUSION

Regardless of socio-economic status, respondents have a high knowledge and a positive attitude towards contraceptives. Even though the majority of respondents have a positive attitude on contraceptives, the gap occurs on the practice part. A lot of educational and motivational activities and improvement in contraceptive services are needed to promote the use of contraceptives. Health education should be given not only to women but also to the partners.

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Conflict of interest: The authors declare that they did not have any conflict of interest.

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