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Magnitude and Associated Factors of Unmet Need for Contraceptive Methods among Currently Married Women in West Belessa District, North Western Ethiopia

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Abstract:

The objective of the study was to examine the underlying factors of unmet need for contraception among currently married women in West Belessa district. A community based cross sectional study was made. A multistage sampling procedure was carried out to interview 662 women in the study area. The study is designed in such a way that the various demographic, socioeconomic and family planning variables have effects on unmet need for contraception. The results indicated that 39.5 percent of women have an unmet need for contraception. The result of logistic regression suggests that, among the variables, age of women, number of living children, ever use of contraceptive methods, and discussion of women with health extension workers about family planning methods are found to be significantly affecting women unmet need for contraception. It is, therefore, recommended that raising the status of women through education, discussion with health extension workers about family planning and efficient counseling about contraception may help to reduce this high unmet need.

Keywords: Unmet need, contraception, married women, Ethiopia

1. Introduction

Unwanted births are increasing in developing countries because of the low prevalence level of contraception. Every day, more than 400,000 conceptions take place around the world, of which about half are deliberate while the other half is unintentional (Potts, 2000, cited in Omwago and Khasakhala, 2006). This indicates that women exposed to unwanted births are not practicing contraception in accordance with their reproductive preferences for spacing and limiting. This group of women is considered as having an unmet need for contraception (the discrepancy between an expressed fertility goals and contraceptive practice) (Casterline et al, 1997). Recently, there was an estimated 105.2 million married women in developing countries who have unmet need for contraception (55.4 million for spacing and 49.8 million for limiting). From this, sub Saharan Africa constitutes 24 million (22% of the total) (Ross and Winfrey, 2002).

In Ethiopia, it is estimated that 34% of married women had unmet need, of which 20% for spacing and 14% for limiting (CSA and ORC Macro, 2005). The same study indicated that in *Amhara* region (northern part of Ethiopia), the prevalence of unmet need among married women is high, though declining from 41% in 2000 to 30% in 2005 (CSA and ORC Macro, 2005).

The high unmet need prevalence affects the maternal and child health of a population. Ramalingasulami (1994) suggested that high risk of maternal and child mortality and morbidity is associated with unwanted pregnancies, i.e., too early, too many, too often, and too late pregnancies. He also stated that a woman conceiving while less than 15 years of age and over the age of 35 is five times more likely to die than a woman who conceives in her twenties. In Ethiopia, the maternal mortality ratio is among the highest in the world (673 deaths per 100,000 live births (CSA and ORC Macro, 2005).

Abortion is another indicator of unmet need for contraception. It is common among women who have the experience of unwanted pregnancy. Worldwide, 40-60 million abortions are estimated to be performed annually, of which half of it is believed to be illegal and unsafe that exposes women to the risk of pregnancy related illness and even death. (Sanstrom, 1993, Cited in, Ramalingaswami, 1994).

In addition, women with unmet need, because of pregnancy and childbearing burden, may also fail to be what they want to be. They are less likely to improve their own lives through education, participation in economic activities and other opportunities, which could cause reduction in economic productivity over the entire life of the individual.

In order to limit the fertility rate by preventing all unwanted births, it is necessary to identify the factors associated with low contraceptive prevalence among those who have the knowledge and positive attitude to regulate their fertility. Thus, the purpose of this study is to identify the magnitude and associated factors of unmet need for contraception among currently married in West Belessa district.

2. Data and Methods

A community based cross sectional survey was conducted among currently married women living in the study area. A multi-stage stratified sampling technique has been employed for the selection of the sampling units (married women). From the total kebeles (29 rural and one urban), eight kebeles were selected, one from urban, and seven from rural. The seven kebeles from rural areas were selected by using simple random sampling method. Finally, on the basis of the sampling frame of household in each kebele, currently married women within reproductive age were selected from the selected eight kebeles by systematic sampling method. The sample size is allocated to each enumeration area based on the proportion to the size of the enumeration area.

The sample size was determined based on the estimate of the prevalence of unmet need for contraception among currently married women in *Amhara* region which is 30% (CSA, and ORC macro,2005) ,i.e., the population proportion of currently married women who have unmet need for contraception(p) in the study area is assumed to be 30%. And the error to be tolerated in this study is taken to be 0.05, fixing the level of confidence interval at 95% and power at 80%, then the sample size (n) is determined by the following formula (Woodward, 1992).

$$n = \frac{\left[Z_{\alpha/2} + Z_{\beta} \right]^2 p(1-p)}{e^2} = \frac{[1.96 + 0.84]^2 \times 0.3 \times 0.7}{0.05^2} \approx 659 \text{ and } 5\% \text{ for non response (33), in total } n=692. \text{ Accordingly,}$$

692 questionnaires were prepared and distributed. Out of these, 662 eligible women respondents were interviewed. Non-response and absentees accounted for the remaining 30(4.3%).

The current study is entirely based on primary data. Both quantitative (structured questionnaires) and qualitative (FGDs) methods were used. Questionnaires were administered to currently married women with their reproductive age (15-49). Participants in the discussions were recruited to represent the socio-economic and demographic compositions of the targeted population. Interview was carried out by female high school graduates to overcome the socio-cultural factors that could be a barrier to make free communication on issues related to reproductive health matters with opposite sexes.

3. Results

3.1. Socio-Economic and Demographic Characteristics

The socio economic background characteristics of all respondents as presented in Table one shows that the majority of women are rural residents (83.5%) and orthodox Christians (97.9%). In terms of education, with approximately 91% of the respondents have no formal education. About 5% of women have primary school education, and around 3.4% of them have secondary and above education. Regarding their occupation, the majority of women (91.7%) were housewives. Only 1.8% of the respondents were employed in government sectors. As far as the exposure to mass media is concerned, more than half of the respondents (58%) have no exposure to media (radio and television). While 37% and 4% of women have the exposure to radio and both radio and television respectively.

As far as the demographic background characteristic of respondents is concerned, table one illustrates that about 95% of women married before the age of 20. Only 3% of women married after the age of 19. The same table also depicts that 12.1% of the respondents did not give birth at all. 41.7% of women have 1-3 ever born children and 46.2% of them have four or more ever born children. In this table, one can easily understand that 12.4% of women have no living children. 48.3% of women have 1 to 3 living children and 39.3% of them have four or more living children. Regarding age at birth, around 73% and 25% of women gave birth to their first child with in age before 20 and between 20 and 24 respectively. About 10.4% and 10.6% of women are currently pregnant and amenorrheic (who gave birth in the last six months) respectively. The rest, 79% were neither of the two.

Socio-economic Characteristics	Women		Demographic Characteristics	Women	
	No	%		No	%
Place of residence			Age		
Urban	109	16.5	15 – 24	191	29.6
Rural	553	83.5	25 – 34	338	52.3
			35+	117	18.1
Education			Age at first marriage		
Illiterate	601	90.8	< 15	364	73.7
Read and write	6	0.9	15 – 19	113	22.9
1 – 8	33	5	20 – 24	13	2.6
9 – 12	15	2.3	25+	4	0.8
12+	7	1.1			
Religion			Age at first birth		
Orthodox	648	97.9	< 15	67	16.5
Others	14	2.1	15 – 19	228	56
			20 – 24	100	24.6
			25+	12	2.9
Occupation			Number of living children		
No work	38	5.7	None	82	12.4
Farmer	-	-	1 – 3	320	48.3
House wife	607	91.7	≥ 4	260	39.3
Merchant	3	0.5	# of ever born children		
Daily laborer	2	0.3	None	80	12.1
Government employee	12	1.8	1 – 3	276	41.7
			≥ 4	306	46.2
Exposure to media			Current Reproductive status		
No exposure	389	58.3	Pregnant	69	10.4
Exposure to radio	245	37	Amenorrhic	70	10.6
Exposure to Radio and TV	28	4.2	Neither	523	79

Table 1: Percentage distribution of currently married women by reported socio-economic and Demographic characteristics, West Belessa Woreda, 2008.

3.2. Knowledge and Practice of Family Planning Methods

Knowledge of the method here simply means that a respondent has heard of it, but it does not imply respondent knows of how to use it or knows where to obtain the service. As a result, according to table two, around 31% of the respondents have not heard of any family planning method. About 51% and 18.3% of them knew utmost two methods, and at least three contraceptive methods respectively. Regarding the knowledge of places where family planning services are provided, about 31% of the respondents didn't know any place where to obtain. About 64% and 5% of them knew utmost two places and at least three places respectively as to where contraceptive services are provided.

Table two illustrates that women who approved the use of contraceptive methods in order to avoid unwanted or mistimed pregnancy were about 81%. It is also revealed in the table that around 65% of the respondents have never discussed with partners issues concerning family planning. About 22% of women have discussed utmost two times, and the rest 13% of the respondents have discussed at least three times in the past 6 months with their partners about contraceptive methods. The same table also indicates that around 69% of the respondents have never discussed with health extension workers about family planning methods and 31% of them have discussed at least once in the past six months. As indicated in the table, the main source of information about contraceptive methods is health extension workers, which account for 50.3%. This clearly shows that the role of health extension workers as a source of information for family planning is useful and in which case may affect the level of knowledge of potential users. Regarding the attitude towards contraceptives, 65% of women reported that they have the intention to know more about contraceptive methods. Respondents were also asked as to whether they have any accessible site as a source of contraceptive methods. Health stations and health posts are the most accessible sites in that 44.5% and 78.2% of women reported as source of methods respectively. As one can understand from these figures, the availability of health posts in each kebele in the study area made the potential users more accessible to contraceptive methods.

As it is illustrated in the table, 39.7% of the respondents were ever users of contraceptive methods, and 28% of them (22.8% for spacing and 5.2% for limiting) were currently practicing contraceptive methods. Those non-users of contraceptives were asked to list down number of reasons that hindered them from the practice of certain contraceptive methods. The result shows that the desire for more children, health concern, side effects and lack of knowledge were the major reasons which account 63.8%, 23.8%, 10.7% and 22.4% respectively. Concerning spousal disapproval, 19.2% of the respondents' spouses didn't approve for the use of contraceptive

methods. With regard to the need status of women, 29% of women have met their need, 39.5% of them have unmet need and 31.5% of them were neither of the two.

Characteristics	Women		Characteristics	Women	
	No	%		No	%
Knowledge of FP			Ever use of any modern contraceptive method		
Do not know	204	30.8	Yes	263	39.7
Know utmost two	337	50.9	No	399	60.3
Know at least three	121	18.3			
Knowledge of places where FP services provided			Current use of modern contraceptives		
Do not know	204	30.8	For spacing	187	28
Utmost two places	422	63.8	For limiting	153	22.8
At least three places	36	5.4		34	5.2
Discussion of FP with partner			Need status of women		
Never discussed	426	64.6	-met need	187	29
utmost two times	147	22.3	-unmet need	254	39.5
Greater than 2 times	86	13.1	-indifferent	203	31.5
Approval of FP			Reasons not intend to use contraception **		
Approve	535	80.8	Side effect	46	10.7
Disapprove	127	19.2	Health concern	102	23.8
Discussion of FP with health extension workers			Lack of knowledge	96	22.4
Never discussed	452	68.3	No preferred method	44	10.3
Discussed at least once	210	31.7	Spousal disapproval	67	15.7
Source of information about contraceptives **			Religion prohibition	47	11
Health extension workers	333	50.3	Family disapproval	10	2.3
Radio	143	21.6	Death of child	22	5.1
Television	28	4.2	Desire more children	273	63.8
Friends	78	11.8	Sources of contraceptive methods **		
News paper	6	0.9	Hospital	30	7.1
Spouse	20	3	Health station	188	44.5
School	8	1.2	Health post	330	78.2
Intention to know more about contraceptives			Shop	6	1.4
Yes	380	65.2	Pharmacy	12	2.8
No	203	34.8	ADA* RH project center	10	2.4

Table 2: Percentage Distribution of Currently Married Women by Reported Knowledge and Practice of Family Planning Methods, West Belessa Woreda, 2008.

** Multiple responses,

*ADA RH=Amhara Development Association Reproductive Health project center.

Table three below displays results from logistic regression model. Results suggest that women's age is very significant in determining unmet need for contraception. This means that women with 35 and above were 70% less likely to have unmet need than women with 15-19 age group. Number of living children were strong indicators of the likelihood of having unmet need. The odds of having unmet need for contraception increase as the number of living children increases. This means that women with a higher number of living children have a higher unmet need than women with no living children. Women who didn't use any contraceptive method at any time in the past were about 82% more likely to have an unmet need compared to those who used contraceptives at a time in the past. Women who didn't discuss with health extension workers about family planning methods were about 97% more likely to have unmet need for contraception compared to those who discussed at least once with health extension workers.

Variables and Categories		Unmet Need		OR (95% CI)
Variables	Categories	No	Yes	
Age of Women	15-24 (RC)	108(56.8%)	82(43.2%)	1.00
	25-34	196 (60.3%)	129(39.7%)	0.39*** (0.21-0.74)
	35+	71(62.8%)	42(37.2%)	0.30*** (0.13-0.71)
Number of Living Children	None	62 (75.6%)	20(24.4%)	0.15*** (0.06-0.39)
	1-3	178 (57.4%)	132(42.6%)	0.44*** (0.24-0.80)
	≥4 (RC)	150 (59.5%)	102(40.5%)	1.00
Exposure to Media	No Exposure (RC)	221 (58.6%)	156 (41.4%)	1.00
	Have Exposure	169 (63.3%)	98 (36.7%)	1.3 (0.77-2.14)
Discussion with HEW*	Yes (RC)	166 (79.8%)	42(20.2%)	1.00
	No	224 (51.4%)	212(48.6%)	2.68** (1.41-5.11)
Know where Contraceptives obtained	Yes (RC)	290 (69.7%)	126 (30.3%)	1.00
	No	16 (44.4%)	20 (55.6%)	1.04 (0.47-2.34)
Discussion with Spouse	Yes (RC)	180 (77.3%)	53 (22.7%)	1.00
	No	210 (51.1%)	201 (48.9%)	0.63 (0.32-1.25)
Ever use of modern Contraceptives	Yes (RC)	233(89.3%)	28(10.7%)	1.00
	No	157(41.0%)	226(59.0%)	17.73*** (9.70-32.39)

Table 3: Results of logistic Regression Analyses on unmet need for contraception, west Belessa Woreda, 2008

* HEW = Health Extension Workers,

*** $p < 0.01$, ** $p < 0.05$,

4. Discussion and Conclusion

The results have shown that the level of unmet need for contraception among currently married women in West Belessa Woreda was 39.5 percent which is much higher than that of prevailing in Ethiopia (34%) and Amhara region (30%) (CSA and ORC Macro, 2005). From the present study it appears that the likelihood of having unmet need increases with the number of living children. Women who have more living children are more likely to have unmet need than those who have fewer children or none at all. The result is consistent with earlier studies (Sahelu, 2007). This possibly seems that couples are aware of the consequences of having many children both on the economy of the family and the health of mother.

Discussion of women with health extension workers about family planning was found to be one of the key factors in changing patterns of contraceptive use. The finding indicates that discussion of women with health extension workers significantly and negatively affects the level of unmet need which is of fundamental importance for future strategies. Discussion about reproductive health issues enhances the utilization of family planning services. The health extension workers can help them find ways to deal with side effects or advice to different methods which lead them to be beneficiaries of services.

It can be concluded from the analysis that there is an obvious gap between knowledge and use of contraceptives among those who have positive attitudes towards family planning. Not all who know about contraceptives practice it. This is due to many reasons including, limited access to different services, fear of side effects, health concern, spousal and familial disapproval, and religious prohibition. These groups of women need a more effective communication, and consultation about family planning in addition to making the service accessible.

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