

Prevalence and Factors Related to Non-use of Modern Family Planning Methods among 15-49 Years Aged Married Women in the Medical Officer of Health Area Horana

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1 INTRODUCTION

Family Planning (FP) refers to the constellation of activities, in particular, fertility regulation-timed contraception and planned conception, undertaken by a heterosexual couple of child bearing years to achieve the desired birth spacing and family size (Westoff, 1978). Contraceptive Prevalence is the percentage of women who are practicing or whose sexual partners are practicing any form of contraception and usually measured for married women aged 15-49 years (WHO, 2016).

FP helps individuals or couples to avoid unwanted pregnancies, bring about wanted births and regulate the intervals between pregnancies, control the time at which births occur in relation to the ages of the parents and to determine the number of children in the family. Non-use of effective FP methods by sexually active couples resulted in unplanned pregnancies which could be ended up with an induced abortion which is unsafe most often, especially in the developing world leading

to high rates of maternal mortality (WHO, 2016). Even the pregnancy is continued, the pregnancy and the born child will be given less care and attention leading to many adverse outcomes including infant deaths and infanticides. Apart from that, having too close, too many pregnancies will lead to have many adverse outcomes like maternal malnutrition including anaemia, pre term births, intra uterine growth retardation leading to intra uterine death and low birth weight (Westoff, 1978). Purpose of the study was to examine the prevalence and factors related to non-use of modern family planning methods among 15-49 aged married women in the Medical Officer of Health (MOH) area Horana.

2 METHODOLOGY

The study was community based descriptive cross sectional study conducted among 15-49 aged married



women in MOH area Horana in Kalutara District, Western Province, Sri Lanka, excluding those who are not at risk of pregnancy named; women who have undergone hysterectomy, bilateral oophorectomy which were verified based on diagnosis cards or clinic records and those who attained menopause (No menstruation for last six months and not pregnant and not on hormonal therapy), those had minor or moderate auditory and visual disturbances which interfered participation and mental impairment thus cannot give the consent.

The required sample size was calculated using the prevalence of modern FP use in the Demographic and Health Survey (DHS) 2006/7; the latest available at the time of study, considering the critical value of specified confidence as 90%. Final sample size was 200 with added 10% to counteract the non-response rate as it was a community based survey. Cluster sampling was adopted considering the Public Health Midwife (PHM) area as a cluster; selected based on probability proportion to size of each (PHM) division. Cluster size was limited to 10 participants considering the feasibility as revealed by pre-test. One eligible female from one household was selected with informed consent.

The study instrument was an investigator Administered Questionnaire (IAQ), pre tested in MOH area Bandaragama to ensure reliability, acceptability, wording and flow of words, comprehensiveness and ease of administration. Data was collected by members of the research team. The survey was conducted at participants' residences with minimal possibility to miss them within a period of 12 weeks during months of February to April 2017. Contraceptive prevalence and future preferences were expressed as percentages of the study participants. The

statistical associations between different categories and the nonuse of a modern family planning methods were assessed by the chi-square test and p value for significance. The study was conducted under ethical approval from the Ethical Committee of the National Institute of Health Sciences, Kalutara, Sri Lanka.

3 RESULTS

The response rate was 99.5%. Among the participants, 55.3% (n=199) of women were in age range of 30-39 years. Most of women (97.8%) of the study, were Sinhalese. Among non-users, 81.9% of women were more than 35 years and all were Sinhalese. Majority of the study participants (62.5%) completed General Certificate Examination (Ordinary Level) and 44.4% were employed.

3.1 Prevalence of non-use of modern family planning methods

The prevalence of non-use of modern methods in MOH area Horana was 36.2% (n=72). Among the 199 respondents who participated the study, 127(63.8%) was using a modern method and 10 (5%) was using traditional and natural family planning methods at the time of survey.

When consider the individual family planning methods, 43 (21.60%) were using Intra Uterine Devices, 20 (10.05%) were using condoms, 20 (10.05%) were using sub dermal implant, 18 (9.04%) were using oral pills, 15 (7.35%) of the participants have undergone female sterilization, 11 (5.52%) were using Depo-Provera injection. There were no participants whose husbands have got vasectomy done in the study sample at the time of survey.



Table 1: Distribution by socio-demographic characteristics of modern FP non-users

Characteristics	Frequency	Percentage
Marital Status		
Married	68	94.44%
Divorced	2	2.77%
Separated	0	0.00%
Widowed	2	2.77%
Living together	0	00.0%
Level of education		
No schooling	2	1.00%
Grade 1- 5	3	4.16%
Grade 6 – 11	12	16.66%
GCE O/L	45	62.5%
GCE A/L	10	13.88%
other	2	2.77%
Employment		
Employed	32	44.44%
Not employed	40	55.55%

Characteristics	Frequency	Percentage
Age(Years)		
15 – 19	0	00.0%
20 – 24	0	00.0%
25 – 29	5	6.94%
30 – 34	8	11.11%
35 – 39	22	30.55%
40 – 44	17	23.611%
45 – 49	20	27.7%
Ethnicity		
Sinhalese	72	100%
Tamil	00	00.0%
Moor	00	00.0%
Others	00	00.0%
Religion		
Buddhist	68	94.44%
Catholic/ Christian	4	5.55%
Hindu	00	00.0%
Islam	00	0.00%

3.2 Factors related to non-use of modern family planning methods

Among 72 non users of modern methods, majority (45.83%) has stated the fear of side effects of modern methods as their

reason for not using while 31.94% have no faith on methods. 20.83% stated infrequent sex only one woman gave the reason of not having enough privacy in the family planning clinics.

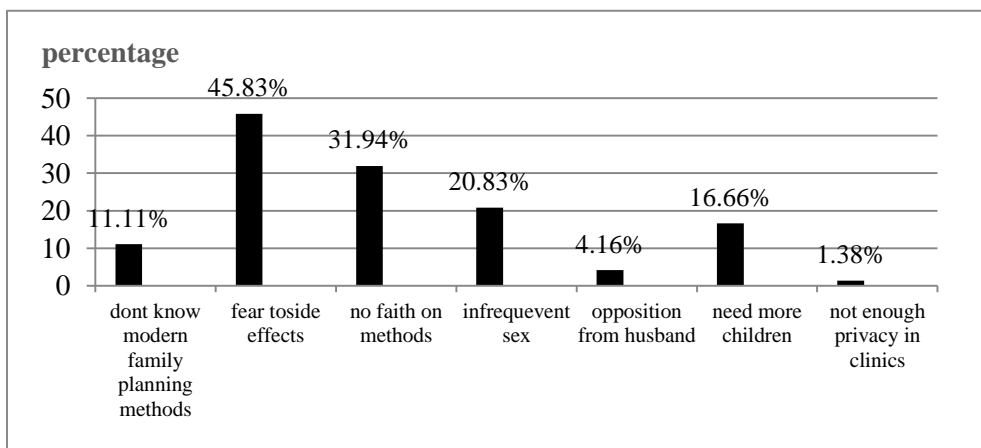


Figure 1: factors related to non-use of modern family planning methods

4 DISCUSSION

Prevalence of non-use of modern FP methods was much lower (36.2%) than that of national level (43.8%) which could be attributed to the better service provision as well as higher socio economic status in women living in MOH area Horana (DHS, 2006/7). Compared to district levels assessed in 2010, it is further lower reflecting the change of socio economic status of the country with time (Malwenna, 2010). It is much lower (43%) than the estimates of some countries (United Nations, 2015). According to that survey, female sterilization and the IUD are the two most common methods all over the world. In the current study IUD was the most popular method being 21.6%.

When considering the reasons for not using a modern family planning method, 45.8% were expressed their fear of side effects of FP methods. This factor has been identified in the study done in Kalutara District as the mostly stated (28.9%) reason (Malwenna 2010). Although most of the respondents were getting information from the PHM and still the fear of side effects remains as the main reason for non-use. Compared to nationally available data in Demographic and Health Survey (DHS) in 2006/7, the reasons for non-use have been assessed for the whole group who were not practicing modern methods of FP. The reasons described in the DHS 2006/7 for non-use included, 37.5% for menopausal / sub fecund states, 20.5% for health concerns and side effects, 8.1% for opposition to use and 21% for infrequent sex (DHS, 2006/7).

Usually in eastern culture, women tend to have less use of FP methods when they have more children, usually in older age groups thinking that their risk of conceptions are low because they are old. This is much dangerous because until

women reach menopause the risk of conception exists leading to unwanted pregnancies which are more prone to be terminated.

5 CONCLUSIONS AND RECOMMENDATIONS

The trend of using modern methods was IUD and implants in the MOH area Horana. Identified reasons warrant the need of clear information coupled with good counselling services to the public to increase the use of modern methods of family planning in the community. Continuous professional development is a pre requisite to improving counselling services by health care workers.

Recommendations to reduce the non-use of modern family planning in the MOH area Horana based on the findings of the study are improve the community awareness on modern family planning methods, make available all types of FP services demanded by the clients, train the field staff to update their knowledge and skills to provide accurate information and provide counseling services to the community and involve all health care providers including hospital staff the medical officers nursing officers in providing accurate information and service on modern FP to the community.

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