

The use of modern family planning methods by the rural women in baligham santa sub – division, Cameroon

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Abstract

Globally, modern family planning methods are promoted as mechanisms to address the reproductive health needs as well as the crucial challenge of rapid growth in population. Despite the measures put in place to improve on the use of modern family planning methods, the level of use is still very low in most rural areas in Africa. This cross – sectional descriptive hospital based study was therefore aimed at evaluating the use of modern family planning methods amongst the rural women of Baligham in the Santa Sub – Division of Cameroon. Data was collected from 79 women in their reproductive age using a pre – tested questionnaire and was analyzed using IBM SPSS version 20.0. Results obtained showed that majority of the participants were in the age range of 15 – 25 years (43%) who were mostly married (78.8%), had attained primary level of education (46.8%) and were mostly farmers (78.5%). Most of the rural women were aware of modern family planning methods (74.9%) with the hospital being the main source of the awareness on modern family planning methods (74.2%). The few who reported to have used modern family planning methods (25.3%), said the mostly used injectables (65%) which were obtained from the hospital (65%). However, the main barriers to the use of modern family planning methods were; fear of side effects (4.3%) and poor knowledge on modern family planning methods (30.5%). In conclusion, the level of awareness on modern family planning methods was found to be high amongst the rural women in Baligham (74.9%) however, a very low proportion of the women reported to have used modern family planning methods (25.3%). Fear of side effects and poor knowledge on the different modern family methods were the main barriers to the use of modern family planning methods amongst the rural women in Baligham.

Keywords: Modern family planning methods, rural women, Baligham, Santa, Cameroon

Introduction

Globally, it is estimated that over 100 million acts of sexual intercourse take place each day resulting in one million conceptions of which 50% are unplanned and 25% definitely unwanted (WHO, 2007; Tadele and Nigatu, 2011) [15]. Cameroon is one of the Sub – Saharan African countries with a high fertility rate of 4.78 births per woman (Cameroon Fertility Control, 2013) and low level of use of modern family planning methods in rural areas of 5.5% compared to 19.3% in urban area (Cameroon Demographic Health Survey, 2014). Despite the integration of family planning services in the reproductive health programs of most African countries, the use has been slow from 13% in 2004 to 14.4% in 2011 (Cameroon Demographic Health Survey, 2014). The above report shows an increase of 1.4% in 7 years which is extremely slow and this slow pace in the use of modern family methods could lead to a series of problems such as unwanted pregnancies, unintended pregnancies, undesired spacing, unsafe abortions, transmission of STDs and maternal death. Despite the measures put in place by the Ministry of Public Health and NGOs as well as the integration of family planning services in Reproductive Health programs in Cameroon, the use of modern family planning methods is still very low especially amongst women in rural areas. This study therefore evaluated the use of modern family planning methods amongst

the rural women of Baligham in the Santa Sub – Division of Cameroon.

Methodology

Study Area

This cross – sectional hospital based descriptive study that lasted for a period of one month was carried out at the Baligham health center located in the Santa Sub – Division in the North West Region of Cameroon. Santa portrays great ecological variations and consequently climatic variations that influence the agricultural patterns. Two seasons mark the area, being the rainy and dry season. The annual rainfall is between 2000 – 3000 mm mostly from March to September and the dry season is from October to February.

Sample size and sampling

This study included 79 women within the reproductive age group (15-49 years) who were randomly selected to take part. The sample size was calculated using the single population proportion formula by taking prevalence of contraception use at 18% which was obtained from previous research done on modern family planning method use in Zambia (Clifton *et al*, 2008) [3].

Data collection

A well – structured pre – tested questionnaire composed of both open and closed ended questions was used to collect appropriate data from the participants.

Data analysis

Each questionnaire was checked for completeness, coded and entered into Microsoft excel spread sheet 2013. Analysis was done using IBM SPSS version 20.0 and results represented on tables and charts

Ethical considerations

Clearance was obtained from the Ethical Review Committee of the St Louis University Institute of Health and Biomedical Sciences mile 3 Nkwen Bamenda while authorization was given by the Regional Delegate of Public Health for the North West Region of Cameroon. Each participant signed a consent form before participation and all information collected from participants were kept confidential.

Results and Discussion

Demographic characteristics of the participants

Majority of the rural women in Baligham were within the age range of 12 – 25 years (43%) who were mostly married (78.8%). When a girl reaches maturity in most rural areas in Africa, she is given out for marriage which probably explains why majority of the rural women were married. Also, most of them had attained a primary level of education (46.8%) and were mostly farmers (78.5%). The hilly and mountainous topography has caused much of the soils to be eroded into valleys as fertile colluvium where cabbage, Irish potatoes, green beans, and green spices are cultivated (Cameroon Hunger Project, 2015) [2].

Table 1: Demographic characteristics of the study participants

Variables	Number	Percent
Age range (in years)		
15 – 25	34	43
26 – 35	33	41.8
36 – 49	12	15.2
Marital status		
Single	13	16.5
Married	62	78.5
Widow	4	5.0
Level of education		
Primary	37	46.8
Secondary	36	45.6
Tertiary	4	5.1
No formal education	2	2.5
Occupation		
Farmer	62	78.5
Seamstress	4	5.1
Hair dresser	3	3.8
Teacher	10	12.7
Total	79	100.0

Awareness, source and definition of modern family planning methods

From the results, most of the rural women of Baligham were aware of modern family planning methods (74.5%). This result is similar to the 81% awareness reported by Rozina *et al*, (2014) [11] and the 80% reported by Nanvubya *et al*, (2015) [8]. The high level of awareness can be attributed to increase

sensitization on modern family planning methods, exposure to messages on modern family planning methods and the extension of modern family planning services to rural areas. The 74.5% awareness in this study is however different from the 40% reported by Namuunda *et al*, (2014) [7]. This difference in results may be due to lack of trained personnel as well as lack of family planning services. In the present study, majority of the awareness was from the hospital (74.4%) which is in contrast to the report of Jimma *et al*, (2013) [6] who reported that media and closest individuals like family and friends were the major pillar of information for respondents about modern family planning methods. It is also worthwhile to note that most of the rural women who were aware defined modern family planning methods as methods used to prevent pregnancy (44%).

Table 2: Awareness, source and definition of modern family planning methods by the rural women of Baligham

Variables	Number	Percent
Aware of modern family planning methods		
Yes	75	74.9
No	4	5.1
Total	79	100.0
Source of awareness		
Family/Friends	12	16
Hospital	56	74.7
Media	1	1.3
School	6	8
Total	75	100.0
Definition of modern family planning methods		
Methods used to prevent pregnancy	33	44
Methods used to stop delivery	3	4
Methods used for spacing	24	32
Do not know	15	20
Total	75	100.0

Utilization of modern family planning methods

The results clearly show that a very low proportion of the rural women of Baligham had used modern family planning methods (25.3%). This is in line with the 32% reported by pathfinder International Ethiopia (2004) [10] and the 35% reported by Nanvubya *et al*, (2015) [8]. The low level of utilization of modern family planning methods could be due to opposition by husbands, the ineffectiveness of modern family planning methods as perceived by some of the participants as well as the uncomfortable feeling associated with its use. Based on the methods used, most of the rural women of Baligham used the short acting reversible methods such as injectables and pills (85%) with only a very few using long lasting reversible methods such as Implants and IUDs (15%). This result is similar to that of Seid *et al*, (2013) [13] who reported in their study that most of the participants widely used injectables but however the results deviates from the study of Odušina *et al*, (2012) [9] and Eko *et al*, (2013) [4] who reported pills as the most popular method in their study. This difference may probably be due to the fact that pills are more advertised in some areas compared to others. It is important to note at this point that none of the participants in this study used permanent methods.

Table 3: Utilization, modern family planning methods used and the source

Variables	Number	Percent
Have used modern family planning method		
Yes	20	25.3
No	59	74.7
Total	79	100.0
Method used		
Injectables	13	65
Pills	4	20
Implant	2	10
IUD	1	5
Total	20	100.0
Source of modern family planning method		
Hospital	13	65
Pharmacy	4	20
Drug store	3	10
Total	20	100.0

Barriers to the use of modern family planning methods

The main barriers to the use of modern family planning methods amongst the rural women of Baligham were fear of the side effects (42.3%) and poor knowledge on the different family planning methods (30.5%). This result is in accordance to that of Williamson *et al*, (2009) [17] and Sajid and Malik, (2010) [12] who reported that fear of side effects and the belief of being sterile were the major reasons for not using any contraceptive method. Also, in a similar study by Vathing and Hourn, (2009) [16] stated that Cambodian women believed modern family planning methods can cause infertility especially when used before having had at least one child. A similar study also reported that most women mistakenly believed that contraceptive methods have long – term effects on fertility and causes abortion (Shoveller *et al*, 2007) [14]. This results however, contradicts the report of Ghaum *et al*, (2015) [5] who stated that distance to the hospital was the main reason for the non – use of modern family planning methods.

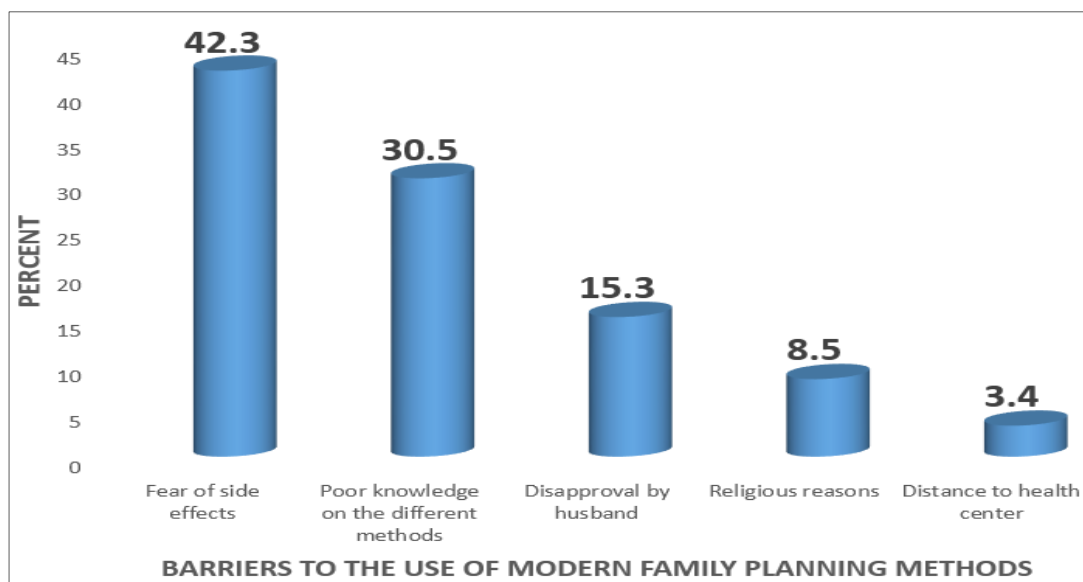


Fig 1: Barriers to the use of modern family planning methods amongst the rural women of Baligham

Conclusion

The results of this study showed a high level of awareness of modern family planning methods amongst the rural women of Baligham (74.9%) but only a few of the women had used modern family planning methods (25.3%). The main barriers to the use were fear of side effects and poor knowledge on the different modern family planning methods.

Limitations

This study was done on a small scale and so findings cannot be generalized to the whole country but looking at the importance of the subject matter, we recommend that same research be conducted on a larger scale so that results could be used for policy making in the country.

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