Contraception Use and Factors Contributing To Non-Use of Contraception among In-School Adolescents in Toke Kutaye Woreda, West Shoa Zone, Oromia Regional State, Ethiopia

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Abstract

Background: Adolescence is a transitional period from childhood to adulthood characterized by significant physiological, psychological and social. The main issues that have strongly influenced the pattern of adolescent pregnancy include the declining age at menarche and the increase in the number of years spent in school. This increases the length of time that they are exposed to the risk of adolescent pregnancy.

Objective: Objective of the study was to assess use of contraceptive and factors contributing to nonuse of contraceptive among school adolescents in toke kutaye woreda in west shoa Zone, Oromia regional State, Ethiopia from November 1, 2014 to December 31, 2014.

Methods: Design of the study was institutional based cross-sectional study design.

Result: From sexually active adolescents 40.2% of adolescents ever use contraceptive. Multivariate logistic regression analysis showed residence, Discuss about contraceptive boyfriend /girlfriend, Educational status of mother illiteracy and knowledge of contraceptive method were significantly associated with adolescents contraceptive nonuse [AOR = 2.079 (95% CI: 1.25 3.45)], [AOR = 3.034 (95% CI: 1.874 4.912)], [AOR = 4.72(95% CI: 1.4 16.0)] and [AOR=2.9 (95% CI: 1.255 6.867)], respectively.

Conclusion: Only 40.2% of sexually active adolescents were using contraceptive method. Non-use of contraceptive was highly associated to predictive variables rural residence, not discuss about contraceptive boyfriend/girlfriend, illiteracy of mother and not knowing any method of contraceptive. Adolescent health education on reproductive and sexual issues like contraception should focus on early age of adolescence.

Keywords: Adolescence; Pregnancy; Contraceptive

Introduction

World Health Organization defines the age group of 10-19 of age as adolescents. There are 1.2 billion adolescents aged 10–19 in the world today and almost 90% live in lower- and middle- income countries. Half are very young adolescents ages 10–14, are growing in number, and virtually, this growth is in developing countries [1].

Adolescence is a transitional period from childhood to adulthood characterized by significant physiological, psychological and social. Poverty is associated with high-risk behaviors, such as rape and unsafe sex in exchange for monetary incentives. These behaviors put young women at risk of unintended pregnancy and sexually transmitted infections such as HIV, which in turn affect their reproductive health [2].

However, studies of contraceptive use and contraceptive methods choice among young women in countries in sub-Saharan Africa are few, probably because of the generally low contraceptive prevalence in the region. Researchers have primarily focused on contraceptive use and method choice among married women, leaving the vulnerable unmarried young women unattended. Improving contraceptive access and usage is vital to overcome the challenge of unintended pregnancies among unmarried young women and this will reduce the rates of deaths and morbidity as a result of abortion [3].

Unwanted pregnancy is one of the problems facing adolescent girls. In Sub Saharan Africa it is estimated that 10% of girls become pregnant at the age of sixteen. Teenage girls who get pregnant are likely to drop out from school and are unlikely to have the social and economic means to raise their children [1].

In Ethiopia fertility among adolescents age 15-19 is 79 births per 1,000 women. Current contraceptive use is lower among young women than among those at the intermediate age group. This study was done on school adolescent’s sexual activity and contraceptive use and factors associated to nonuse of contraceptive since the sexual activity among adolescents increasing as a result pregnancy is a problem for in-school adolescents. Therefore this study will be significant to provide information on the current contraceptive use and associated factors for nonuse of contraception for health sector and other stakeholders.

Methods

Data was collected from November –December/2014 in Toke Kutaye woreda. Tokke kutaye woreda is one of west shoa Zone woreda and 126 km from Addis Ababa to west and 12 km from Ambo town of west shoa Zone. The woreda has a total population of 123,890 and 3146 in school adolescents in grade 9 and 10 and 3 public secondary schools. Study design was institutional based cross
sectional study and study population was all school adolescents in grade 9 and 10 in Toke Kutaye Woreda.

To calculate sample size we used the prevalence of sexual activity among in school adolescents. Thus Sample size determined using a single population proportion formula, with the following assumption:

\[ n = \frac{Z^2 \cdot \pi \cdot (1 - \pi)}{d^2} \]

where:
- \( n \) = sample size.
- \( Z \) = statistical level of confidence
- \( \pi \) = sexual activity proportion among adolescents 30 % (Yeshalem M et al. 2014)
- \( d \) = margin of error taken as 5%.\( N = 3146 \)

To get 293 sexually active adolescents including 10% non-response rate we needed 1,076 adolescents. Finally we used 1,076 sample size to assess contraceptive use and factors associated with non-use of contraception Regarding Sampling Procedure there were three (3) secondary schools in the Toke Kutaye woreda. All these Public secondary school was used. Simple random sampling method was used to select number adolescents who included in the study by using roster of home room teacher. The number of the students included in the study was proportional to the number of students in grade 9 and 10 from each school. Data Collection tool was self-administered using structured questionnaires designed for assessing use of contraception and factors associated with non-use of contraception of participants. The Questionnaires was translated to Afan Oromo from English version to be easily understandable for the students. One diploma nurse data Collector was collect data, additional to the investigator. The training was given for data collector for one day on the contents of the questionnaire, procedures for data collection, data accuracy and completeness process of the study. For data analysis completed questionnaires were edited, coded, cleaned for consistency, and entered into Epi Info 3.5.3 software. The Data was exported to SPSS version 20 software for analysis. The association between the outcome variable not use contraceptive methods and predictor variables were first analyzed in the bivariate logistic regression model. Then predictor variables having p-value < 0.05 were retained and entered to the multivariate logistic regression analysis. A p-value < 0.05 was considered as a cut off point for a predictor to be significantly associated with the outcome.

For keeping data quality pretest performed in Guder secondary School on November 10-12, 2014 before actual data collection started. Besides this training (Orientation) was given for data collectors and two individual were enter the data (double entry) to computer to minimize the error during data entry.

**Result and Discussion**

Socio-demographic characteristics: A total of 1076 study participants took part in the study, after excluding incomplete data. Out of these 563 (52.3%) of them were male and 513 (47.7%) female. The mean age of respondents was 17.3 years (standard deviation = 0.9), with a range from 14 to 19 years. The majority of the students, 751 (69.8%) were living in Rural area before they joined secondary school and about 557 (51.8%) were in grade 9 and 519 (48.2%) of the study participants were grade 10 (Table1).

**Contraceptive use**

This study intended to insight the contraceptive use and factors associated to nonuse of contraceptive. This study showed that Sexual activity among in school adolescents was 358 (33.1%) out of 1076 respondents about their sexual experiences of the participants ever had at least one sexual partner. Accordingly out of 358 sexually active adolescents 144 (40.2%) of them ever use one method of contraceptive; 80 (22.4%) Males and 64 (44.4%) of female Adolescents use the contraceptive methods (Figure 1). This means even though sexual activity among in school adolescents increasing the use of contraception still low. This leads the adolescents to early and unwanted pregnancy.

This finding was consistent with study conducted in Tanzania that revealed 58.5% have ever used any contraceptives while 41.5% were current users in South Africa youths also 52.2% sexually active female reported currently using contraception [4]. Amongst South Africa youths who reported that they were currently using a contraceptive 26.5% were using condoms, 6.8% were using dual method (barrier and hormonal); and 66.6% were using only a hormonal method of contraception. A small percentage of women reported using less reliable methods (1.1% of contraceptive users) such as natural, rhythm, withdrawal or safe period [4]. In contrast to this, in Central region of Ghana among the sexually active respondents, 82.2% were not using any form of contraception. This is high rate of nonuse as compared to our study.

**Contraceptive method used**

In this study the majority of adolescents used Condoms 78 (54.2%), pills 32 (22.2%), injectable 23 (16%), calendar method 9 (6.2%) and withdrawal method 2 (1.4%) (Table 1). This was consistent with study in central Ghana (57.6%) of the sexually active respondents used condoms compared with the other contraceptive methods known. Another commonly used method was the pill (42.4%). In Kenya the most common method in use was the male condom, especially among the younger youth [5].

**Factor associated with non-use of contraceptive**

In this study. Out of 358 sexually active adolescents 214 (59.8%) of them not ever use any method of contraceptive. The analysis showed that nonuse of contraceptive among in school adolescents was highly associated to rural residence, not discussing about Contraceptive with boyfriend or girlfriend, maternal illiteracy of educational status and not knowing about contraceptive (Table 3).

Originally rural resident Adolescents was two (2) times higher for nonuse of contraceptive as compared to Urban residence [AOR

| Variable          | Group | No (%) |
|-------------------|-------|--------|
| Gender            |       |        |
| Male              | 563   | (52.3) |
| Female            | 513   | (47.7) |
| Age Category      |       |        |
| 14-16             | 136   | (12.7) |
| 17-19             | 940   | (87.3) |
| Grade             |       |        |
| 9                 | 557   | (51.8) |
| 10                | 519   | (48.2) |
| Residence         |       |        |
| Urban             | 325   | (30.2) |
| Rural             | 751   | (69.8) |
| Religion          |       |        |
| Orthodox          | 384   | (35.7) |
| Protestant        | 412   | (38.3) |
| Muslim            | 29    | (2.7)  |
| Wakafeta          | 245   | (22.7) |
| Others            | 6     | (0.5)  |
| Father Education Level |   |        |
| Illiterate        | 522   | (49.1) |

**Table 1:** Socio demographic characteristics of Tokay Kutaye Woreda in school adolescents, Oromia Region, Ethiopia from November 1, 2014 to December 31, 2014.
Inconsistent with the study conducted in Zimbabwe which revealed contraceptive use among adolescent women increased with age. Adolescent women aged 18 to 19 year old were almost 1.5 times more likely to use contraceptives compared adolescent aged 15 to 17 years (44% vs. 31.1%) with mean age of modern contraceptive users at 18.0 years [7] but in our study age were not significantly associated [8-17].

Conclusion and Recommendations

Conclusions

Only 40.2% of sexually active adolescents were using contraceptive method and most common contraceptive method used was male condom. Non-use of contraceptive was highly associated to predictive variables rural residence, not discuss about contraceptive with boyfriend/girlfriend, illiteracy of mother and not knowing of any method of contraceptive.

Recommendations

We recommend to stakeholders specially health sector and education sector to work on:

- Adolescent health education on reproductive health issues should be at early adolescence age to reduce early sexual debut.
- Reproductive communication between parents and adolescents needs promotion.
- Provision of information and services on contraceptives use and methods needs attention to avoid unwanted pregnancy among in school adolescents.
- Establishing and promoting sexual and reproductive clubs at schools.
- Informal adult education for illiterate mothers since maternal illiteracy was highly associated to nonuse of contraceptive.

Ethical Consideration

Ethical clearance for study was obtained from institutional research Ethics review committee of Haraaya University. The Education offices of Toke Kutaye woreda as well as school directors were informed through formal letters. Discussions were made with school directors regarding the purpose and the contents of the data collection tool, and permission was obtained. Verbal informed consent was obtained from the participants. Respondents were given assurances about the privacy and confidentiality of their responses. Anyone who was not be willing to participate in the study have the right to discontinue at any time in the process.

References

1. World Health Organization, 2004. Geneva, Discussion papers on Adolescence Issues in adolescent health and development.
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Table 3: Factors associated to Nonuse of contraceptive multivariate logistic regression among Toke Kutaye in school adolescents, Oromia Region, Ethiopia from November 1, 2014 to December 31, 2014.

| Predictive variable                  | Nonuse of Contraception | COR 95% | AOR 95% |
|--------------------------------------|-------------------------|---------|---------|
|                                       | Yes         | No      |         |         |
| Discuss on contraceptive boyfriend /girlfriend | No          | 151     | 63      | 3.2(2.038 4.9)** | 3.034 (1.874 4.9)** |
|                                       | Yes         | 62      | 82      | 1       |         |
| Residence                             | Rural        | 153     | 79      | 2.06 (1.3.3.2)** | 2.08 (1.25 3.45)** |
|                                       | Urban        | 65      | 61      | 1       |         |
| Educational status of mother          | Illiterate   | 122     | 50      | 5.4 (1.6 18.6)** | 4.72 (1.4 16.08)** |
|                                       | Primary school| 76     | 73      | 1.678 (1.09 2.56) | 2.58 (1.676 9.891) |
|                                       | Secondary school| 12   | 12      | 2.250 (.542 9.3) | 2.86 (.612 13.36) |
|                                       | 4-above      | 4       | 9       | 1       |         |
| Discuss about reproductive with mother| No          | 123     | 91      | 1.68 (1.09 2.56) | 1.4 (0.858 2.29) |
|                                       | Yes         | 82      | 62      | 1       |         |
| Have you ever heard about Contraceptive| No          | 127     | 67      | 3.34 (1.565 7.2)* | 2.9 (1.255 6.87)* |
|                                       | Yes         | 87      | 77      | 1       |         |

* P<0.05      **P<0.01,      ***P<0.001