

Impact of Family Planning and Religious Belief upon Family Growth in Addis Ababa, Ethiopia, 2022

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Abstract

Introduction

Family and virus programs are currently important for union and about 7 million, and unfortunately (250 million) reproduce. Above the place, it closes; it's slow, slow, causing serious injuries and women during pregnancy. In addition to friends and couples who want health and quality and quality and quality and quality. Especially in a hurry, access to FPS is valid and accessible limited, or you have the opportunity to go home safe and healthy and health plan programs. The final change is very associated with its own interests in the world. The focus agreement in women of fecund women takes advantage of the opportunity to defend themselves between women's threats. In addition, women are classified with different methods.

Objectives

To assess the Impact of Family Planning and Religious Belief upon Family Growth in Addis Ababa, Ethiopia.

Methods

Research style was a descriptive cross-sectional survey, which assessed the employment of semi permanent strategies and effects of contraception among ladies of fruitful age, through health facilities in Addis Ababa, Ethiopia. Data are entered in to applied math software package Epiinfo v 3.7 and export into SPSS to code decrypt and analysis. Outcome is gift as a variety of table, graph and bivariat and multi chance variable regression are presented.

Result

The magnitude of current utilization of modern contraceptive was 59 % among women in Addis Ababa public health facilities. Age (AOR =0.14(95%CI(0.03-0.68)), Educational status (AOR=0.04(95%CI (0.02- 0.63)), number of children wanted (AOR=10.8(95%CI (4.02- 18.97)) and communication with partner about modern contraceptive use (AOR=3.17(95%CI (0.89-11.27)) were statically significant factors for utilization of modern contraceptive.

Introduction

Background of the study

Access to own circle of relatives making plans offerings and birth control is important with the world's populace presently at seven billion inhabitants. Unfortunately near 250 million humans do now no longer have the manner to manipulate their fertility.(1) A discrepancy exists among the share of ladies who recognize approximately long-time period own circle of relatives making plans strategies that are powerful for three to twelve years and people who make use of them as a preference of birth control(2).

The 2005 World Health Organization (3) technical session organization on delivery spacing endorsed a delivery to concept c program language period of at the very least 24months or a delivery to delivery c program language period of 33 or quite a few months (4) long performing reversible contraceptives include the contraceptive implant and IUD. alive though there is a few communicate concerning whether or not or now no longer three month contraceptive injections are LARCs, in the course of this paper we was predisposed to do not recall them on this category, in keeping with the definition used by WHO (5) and Duration of use and time on account that first and ultimate use of oral contraceptives have been exceedingly correlated, with present day and current customers being much more likely to have used contraceptives for longer. (8) Short delivery c program language period (9) is thought to have a bad impact on according to natal, neonatal and infant fitness effects such as: preterm delivery, nevertheless delivery, highbrow incapacity and developmental put On the alternative hand moms can also additionally be afflicted by dietary depletion, anemia, ante partum hemorrhage, cervical insufficiency, untimely rupture of membranes and In many research, the maternal dietary depletion speculation has been taken into consideration as a probable reason of SBI and detrimental maternal and infant out comes (4).Oral contraceptives were to be had for forty years and, despite the fact that their brief time period outcomes on fitness were studied in detail, relatively little is thought approximately whether or not those outcomes persist after use stops. (8) Several research have tested the connection among oral contraceptive pill (OCP) use, abortions and breast most cancers, with blended results. Hormonal modifications related to OCP use and abortion can also additionally boom hazard of breast most cancers over time.(10)

Evidence on childbearing preference and reproductive behaviors in ladies residing with HIV on Associate in Nursinging Antiretroviral clinical aid (ART) is scarce, drastically in West The occurrence and related elements of childbearing need in HIV-inflamed women in care in Abidjan, safe haven d'Ivoire and explored whether or not or now no longer such wishes have been translated into behaviors concerning contraceptive use and conversation with fitness personnel. (3) Satisfying the unmet would really like for making plans on my own would possibly reduce the quantity of maternal deaths via way of means of almost a third. However, an calculable 215 million ladies who would really like to put off or keep away from maternity nevertheless lack get right of entry to secure and powerful (11)

Thus along with supplying whole maternal care, supplying making plans is important to avoiding maternal deaths. Eleven though numerous global corporation member international locations, drastically the ones inside the advanced world, have robust own circle of relatives making plans programs, that is frequently now no longer the case in barren region Africa, anyplace in spite of an boom in contraceptive occurrence, many girls nevertheless have unmet would really like for birth control. The resultant excessive fertility is associated with excessive degrees of maternal mortality, specifically most of the poorest communities.(12)

Ethiopia is one of the Sub-Saharan African international locations with excessive unintentional being pregnant fee. Every lady in Ethiopia studies as a minimum one unintentional delivery. Although there have been a few research approximately contraceptive use amongst all ladies in Ethiopia, proof approximately contraceptive use amongst ladies without a fertility aim changed into limited. (13) A look at carried out in sixty one international locations, recognized the age of ladies, area of residence, wealth status, academic attainment, parity, age at the beginning marriage and fertility desire because the maximum critical elements influencing contraceptive use. (14) The own circle of relatives making plans carrier in Ethiopia changed into delivered via way of means of the Family Guidance Association of Ethiopia in 1966. The FP carrier at the moment changed into in particular consciousness advent because of social and political constraints.

Ethiopia advanced a countrywide populace coverage in 1993 to harmonize the fee of populace increase and united states improvement and rational usage of herbal resources.(1) To boost up contraceptive and different maternal carrier use Ethiopia released the fitness extension application in 2003. Family making plans carrier is one of the sixteen programs on this application. Because of this contraceptive use expanded from 8% in 2000 to 36% in 2016. (15)However, 24% of reproductive age women who want to put off or keep away from maternity were not using a contraceptive. Women's occupational, consciousness concerning FP, dialogue with husband, aid from husband, age of ladies, parity, and wealth status of the own circle of relatives have been elements located associated with contraceptive use. (16) The Ethiopian fitness quarter transformation set up focused to increase the contraceptive occurrence fee to 55% and reduce returned unmet has to 10% via way of means of the tip of 2020.

Statement of the problem

Family coming up with is key within the effort to scale back the rate (human population) and therefore the of import maternal mortality and morbidity also as tributary to improvement in child welfare. All fecund and married reproductive-age girls who shall limit their fertility are expected to use contraceptives. However the situation is also totally different in developing countries. distinctive factors related to contraceptive among fecund, married reproductive-age women who need no more youngsters is crucial because the incidence of unmet need for contraceptives may be high among this cluster of women. (17)

According to the International Conference of Population Development Program of Action (ICPD, 1994), procreative health is concerning permitting folks the chance to decide, conjointly the} ability to breed once and the way typically whereas being accountable by leading safer and Furthermore, per the ICPD, men and girls ought to each be knowledgeable of, and have access to approved strategies of contraception while effort their agency in selecting their methods of family This leniency also depends on settings, with some areas a lot of acceptable to contraceptive use than others, despite following a similar religion. Against this backdrop, it remains to be examined whether or not there are contraceptive differentials between spiritual denominations in Ethiopia, and the way this might have an effect on the dynamics of fertility in Ethiopia.

Research questions

1. What is the extent of utilization of long-time period usage of own circle of relatives making plans techniques amongst own

2. What are the (socio-economic, socio-demographic, behavioral, logistical and provider quality) elements influencing own circle of relatives making plans preference concerning LAMs amongst
3. What are the jobs of fitness care providers“ at the uptake of long-time period usage of own circle of relatives making plans approach to eligible girls of reproductive
4. What is the affiliation among non secular association and contraceptive use in Ethiopia?

Hypothesis

- ◆ There can be sizeable courting among socio-economic, demographic, logistical, carrier pleasant traits and usage of LAMs amongst own circle of relatives making plans customers
- ◆ There can be courting among own circle of relatives making plans carrier provider’s understanding and talents and usage of long-time period own circle of relatives techniques amongst own circle of relatives making.

Objectives

General objective

- ◆ To assess the impact of family planning and religious belief upon family growth in Addis Ababa, Ethiopia.

Specific objectives

- ◆ To assess impact of family planning among the family planning clients in health facilities of Addis Ababa, Ethiopia.
- ◆ To determine the religious view of family planning utilization among the study group.

Significance of the study

The study findings might be used to recommend the MOH thru the department of reproductive fitness on strategies/tactics to beautify fine elements and get rid of poor elements that have an impact on LAM (IUCDs, implants, and male/female) use in order to growth contraceptive occurrence and decrease the unmet want of beginning manipulate.

The study findings might as properly assist the department of reproductive fitness and different key stakeholders in making choices on the way to initiate/continue with LAM competencies schooling applications for fitness care employees in FP clinics and as properly interact fitness care offerings to make complete use of possibilities to offer own circle of relatives making plans facts and Family making plans has been recognized as a key precedence element within side the National Reproductive Health Policy (MOH, and has a excessive effect intervention to decrease maternal and little one mortality with the aid of using the maternal, little one and adolescent reproductive coverage group.

The study findings have additionally furnished treasured facts on uptake of LAMs contraceptives that might help the country’s initiative to cope with the unmet desires for own circle of relatives making plans offerings as properly scale up of long-appearing reversible contraceptives beginning manipulate method. In addition, this study will offer facts concerning the socio-monetary and demographic elements that have an impact on using contraceptives. This can also be checked out in phrases of non secular association wherein those elements might be managed for to be able to have a look at the real impact of faith on contraceptive use. It is crucial to recognize whether or not non secular association is related to

contraceptive use within side the context of Ethiopia, which can similarly have an effect on the ranges of Therefore, with contraceptives being important so as for fertility to decline, it's far critical to appearance concurrently at non secular association in addition to the socio-monetary and demographic elements that have an effect on using.

Strengths and limitations

A major strength of the study was that the study applied the Health Belief Model and examined contraceptive use among all sexually active women not just those in union or married. However, this study must be considered in light of some limitations. First, unmarried women might be reluctant to report recent sexual activity in Ethiopia due to the sensitivity of the questions and social desirability bias. Therefore, a few sexually active unmarried women might have been excluded from the analysis. Second, all the data were self-reported, which is subject to recall bias. However, the data were collected using a standardized questionnaire by experienced female data collectors who had never worked at the selected health facilities to minimize biases. Third, we cannot infer associations described to causality because of the cross-sectional nature of the data. Our study did not exclude POC formulations when considering types of OCs, which makes it unique. Furthermore, our sample population is restricted to Medicaid beneficiaries, which provides us with unique insight to underrepresented groups. However, this data registry did not provide information on potential confounders such as diet, physical activity, serum lipids, blood pressure, family history, and other reproductive factors (e.g. menstrual history), estrogen/progesterone receptor status, and post-operative treatment. Limited information was provided on tobacco use, and stratification of events by type of OC use and race led to small numbers and reduced the strength of the association. It would also be interesting to study the long-term use of OCs (including POCs) and breast cancer mortality.

Research Methodology And Research Design

Study area

The study is done in capital of Ethiopia, Ethiopia. Addis Ababa is a capital and largest town of Ethiopia. It's situated on a well-watered highland enclosed by hills and mountains, within the geographic centre of the country. Solely since the late 19th century has Addis Ababa been the capital of the Ethiopian state. Its immediate predecessor, Entoto, was situated on a high tableland and was found to be off owing to extreme cold and an acute shortage of firewood.

The empress Taitu, partner of Emperor Menilek II (reigned 1889–1913), persuaded the emperor to create a house close to the new springs at the foot of the tableland and to grant land within the space to members of the town was so based in 1887 and was named capital of Ethiopia (“New Flower”) by the empress. In its 1st years the city was a lot of sort of a military encampment than a town. The central focus was the emperor’s palace that was enclosed by the dwellings of his troops and of his uncounted retainers. Because the population increased, fuel became scarce. In 1905 an oversized range of eucalyptus trees were foreign from Australia; the trees unfold and provided a forest protect the city, Addis Ababa was the capital of Italian East Africa from 1936 to 1941. Fashionable stone homes were designed throughout this period, significantly within the areas of European residence, and plenty of roads were paved. Other innovations included the institution of a water reservoir at Gefarsa to the west and also the building of an electricity station at Akaki to the south. There have been solely restricted changes in capital of Ethiopia between 1941 and 1960; however development has been spectacular since

then. Addis Ababa is that the academic and body centre of Ethiopia. It the positioning of Addis Ababa University (1950) and contains many teacher-training schools and technical schools.

Additionally situated in the town are the depository of the Institute of Ethiopian Studies (operated by the university), the National faculty of Music, the National Library and Archives, palaces of former emperors, and governmental ministries. Many international organizations have their headquarters within the city; the foremost necessary are the African Union and the international organization Economic Commission for Africa, each situated in Africa Hall. Addis Ababa's manufactures embody textiles, shoes, food, beverages, wood products, plastics, and chemical products. Most of Ethiopia's service industries also are located in the city. Banking and insurance services are targeted in Addis Ababa, and also the nation's major newspapers are printed there. The bulk of the export and import trade of Ethiopia is channeled through capital of Ethiopia on its thanks to or from the ports of Djibouti, on the Gulf of Aden, or Asseb, Eritrea, on the Red the town is additionally the gathering and distribution centre for a lot of the country's internal trade. The Mercato, situated within the western a part of the city, is one amongst the most important alfresco markets in Africa.

The place in the heart and Bole Road to the southeast feature more-expensive European style looking facilities. Addis Ababa is that the hub of the nation's transportation network. Many roads connect it to different major cities; the only railway runs to Djibouti. The town is additionally served by a world airport. Formally selected recreational areas are limited; however there are several open areas appropriate for recreational purposes. A little facility is found in a very park close to the university, and also the lake region, that may be a short drive to the south, has facilities for boating, waterskiing, bathing, and the foremost well-liked athletics is soccer (soccer). Basketball, volleyball, and different sports also are played, in the main by faculty teams. Pop. (1994) 2,112,737; (2006 est.) 2,973,000.

Study design

The study was a descriptive cross-sectional survey that assessed the clients of long-run ways of contraceptive method among ladies of generative age, through associate exit survey. This style allowed the investigator to solicit personal and self-reported info directly from respondents regarding birth control method they were utilizing.

Study variables

Dependent variable was utilization of long term/acting family planning method

Independent variables will be;

- a) Socio-economic (education, occupation, residence, social status),
- b) Demographic characteristics (marital status, age, religion, culture, and beliefs, parity),
- c) Behavioral characteristics (ease of use of FP methods, fear of side effects related to FP, partner involvement, FP awareness levels),
- d) Service quality and role of health care provider (technical competency, staffing ratio, staff motivation, method counseling, and follow-up).

Target Population

The target population was all women of reproductive age(15-49) years, who was using family planning services in different service delivery points in Addis Ababa and all providers of FP services.

Sampling techniques and procedures

Sample size

The required sample size for client exit interview was determined by using the following assumption to estimate the sample size of single population proportion for prevalence studies by Kish Leslie (1965).

Where $Z = 1.96$ (For a normal standard distribution table for a CI 95% P is the prevalence; in Kenya the CPR is 46% (KDHS, 2009) (The absolute precision required is $\pm 5\%$)

$$D = 5\% = 0.05$$

Therefore $n = 1.96^2 \times (0.46(1-0.46) \div 0.05^2) = 381 \times 10\% (38)$ was added to cater for incompleteness of questionnaire. The total participants for the exit survey interview was 419.

Sampling technique and procedure

Stratified proportionate sampling was used where eight strata (contraceptive service delivery points) was identified. Given the total monthly average attendance of 2045 clients for all service delivery points and that the estimated attendance for each SDP will be; Gandhi Memorial Hospital 1177, Zewditu Memorial Hospital 517, Yeka Health Center 32, Kazanchis Health Center Approved 63, Feres Meda Health Center 36, Kirkos Health Center 92, Meshalekiya Health Center 32 and Yekatit 12 Hospital Medical College 96.

Eligibility criteria

Family planning clients

Inclusion criteria: FP clients aged 15-49 years and who consented to participate in the study.

Exclusion criteria: FP clients < 15 years of age and those > 50 years. Those FP clients who did not consent to participate in the study

Construction and research instruments

Data was collected using structured interview questionnaire for family planning clients. They are constructed from research questions.

Pilot study

A pilot study intended to pretest the data collection instruments was carried out at urban government health facilities of Addis Ababa, which shared similar characteristics with the study area. 42 (10% of the study sample) structured interview questionnaires was pretested. The results of the pilot study was cleaned, coded and analyzed by SPSS to check for data quality control; amendment was done to the data collecting instruments guided by study objectives. Control of bias was done through appropriate selection and training of research assistants and piloting of data collection tools and procedures. The recruitment of research assistant followed the understanding of the subject under study, dynamics of the study area and avoidance of bias. A second year nursing student with a better understanding of English and Amharic was recruited and trained. Three of them were assisted in data collection.

Data collection techniques

An exit structured interview questionnaires was given to clients by the researcher and trained research assistants.

Data quality control

The validity and reliability of data was achieved through pre-testing and piloting of the study in a different field before the actual study. The research assistants were thoroughly trained and closely supervised by the investigator and data collection tools were checked in the field to ensure completeness and consistency.

Data management and analysis

Collected data was coded, entered and cleaned in the Microsoft Excel software 2010. All quantitative statistical analysis was performed using the statistical package for social sciences (SPSS) software version 25. Descriptive statistics were computed to generate frequencies, mean, mode and standard deviation. Chi-square test was used to test the association between dependent and independent variables. A p-value of less than 0.05 was considered for all statistical analysis. Strength and direction of the relationship was established using multiple regressions.

Ethical and Logistical Issues

Ethical approval was obtained from Gelila international Seminary Ethical Committee, and permission from Addis Ababa health bureau, and from MOH Ethiopia, before the study was carried out. Informed consent was also sought from the study participant and was informed of their rights to withdraw from the study any time by way of signature or thumbprint. Study numbers other than names were used to promote anonymity and confidentiality. There was no direct benefit to study participants. The final report of the project was disseminated to the participating institutions through the County Director of Medical Services.

Data Presentation, Analysis And Interpretations

Socio-demographic Characteristics of long term contraceptive users among reproductive age group in Addis Ababa public health facilities, Ethiopia, 2022

From 419 sampled women of reproductive age group 419 were involved in the study (response rate =100%) of whom 24.1% were between the age group 25 and 29 years old. The mean age of the respondent was $28.3 \pm (S.D=6.5)$ years ranging from 15-49 years.

Further characteristics collected showed that 80.7% orthodox in their religion, most of the women were married 64.4% and 42.2% were secondary school and above concerning educational level. The present study attempted to assess the utilization of modern contraceptive and associated factors among women of reproductive age group. Overall, most married women had information about contraceptives, which indicated that the government's family planning education interventions were successful in raising contraceptive awareness. Regarding occupational status of the respondents were Private employ (32.5%) and 53.9% of the respondents had an average monthly income of <1000 Ethiopian birr.

Reproductive history of women of reproductive age group in Addis Ababa public health facilities, Ethiopia, 2022.

Majority of the respondents (74.0%) reported that they had pregnancy, among them, 71.4% of these pregnancies were wanted. Half of the respondents (31.0%) had 1-2 numbers of live births. Regarding living Children (33.2%) of the respondents had 1-2 Children and (46.8%) of them had first pregnancy at eighteen and above years. More than half of the respondents (58.2%) had desire to have 3-4 children in the future. According to the national family planning service strategies of FMoH, family planning

services are intended to be delivered through community-based, facility-based, social marketing, and outreach approaches. The current study showed that mothers accessed structured contraceptive services primarily at health facilities. In contrast, community-based contraceptive services were fragile which was mainly due to weak home-based contraceptive services which required regular house-to-house visits to each mother. Findings of this study confirmed that only 23% of mothers received house-to-house contraceptive visits by health extension workers in the last one year. A comparable result (20%) was reported in another previous study conducted in Ethiopia based on analysis of the 2000, 2005, and 2011 Demographic and Health Surveys (22). The current study showed that magnitude of utilization of modern contraceptive was 59 % among women in Addis Ababa public health facilities which is lower than the magnitude reported from Tigray (80.1%) (12) And western Ethiopia (71.9%) (13). The finding is consistent with a study done in urban Kenya (65%) (14). However, this utilization is higher than those reported from the 2016 EDHS (35%)(6), Dembia District in northwest Ethiopia (31.7%) (15), Misha District, Southern Ethiopia (31.2%) (16), Jimma zone (43%) (17), pastoralist women in Bale zone (20.8%) (18), Afar region of Ethiopia (8.5%) (8) and Tanzania (12.5%) (19). This disparity might be due to variation in access and services of the contraceptive methods, study setting, study period, sample size, cultural and socioeconomic status of the participants.

Knowledge towards contraceptive use among reproductive age group in Addis Ababa public health facilities, Ethiopia, 2022.

All participants (100%) had information heard about modern contraceptives. Health professional was the most common source of information was (34.6%). Regarding contraceptive had use (59.7%) of the respondents use modern contraceptives.

The main reason reported by the respondents not use modern contraceptives were religious reason (25.8%). Sixty eight percent of the respondents believed that use of modern contraceptives is culturally acceptable. However, the information was shallow as their knowledge about contraceptive was limited and not consistently translated into behavioral change that leads them to utilize contraceptives as such. This marks that knowledge, but not awareness, is the prime catalyst to contraceptives uptake. It also indicated that universal contraceptive information in the community, in the absence of adequate contraceptive knowledge, did not guarantee effective utilization. The finding regarding contraceptive knowledge gap concurs with related studies conducted elsewhere in Ethiopia (19, 20). Findings of this study indicated that religion, irrespective of the type, was a major barrier to contraceptive uptake. Although religion has a major influence on a variety of social attitudes, the relationship between religion and its insight on contraceptives remained largely unexplored (21).

Regarding religious father's acceptability of modern contraceptives utilizations (6.4%) of the respondents believed that not acceptable by religious father. Concerning communication of women about utilization of modern contraceptives with their husband (16.0%) of them did not communicate.

Current and ever use of contraceptives among reproductive age group in Addis Ababa public health facilities, Ethiopia, 2022.

Forty percent of women reported ever use of contraceptives, of whom 8.8% were Protestant, 50% Orthodox, 30% Muslim and 11.2% Catholic. Out of these, 36% used the contraceptives for limiting and 64% for spacing children.

The current use of modern-contraceptives was 34.1% Injectables were the most commonly used ever (7.4% and current (8.8%) used methods, followed by implants and pills. The decision to seek contraceptive was made jointly with husbands for majority (58%) of women, and one-fifth of the women were sole decision makers. About 64% recalled as they had been counseled about contraceptive methods and related issues by contraceptive service providers, while 10% were informed about method effectiveness and 3% were instructed how to use.

Factors Associated with Modern Contraceptive utilization among reproductive age group women in Addis Ababa public health facilities, Ethiopia 2022.

In the bivariate logistic regression analysis age, educational status, number of children wanted, communication with husband and monthly income had a significant association with modern contraceptives at $p < 0.2$. In multivariate logistic regression analysis Age, Number of children wanted and communication with husband of modern contraceptive was statically significant association at p -value < 0.05 . Women with the age group of 15-19 years were 86% less likely (AOR = 0.14(95%CI (0.03-0.68)) use modern contraceptive as compared with women who categorized in the age group of 35-39 years old. Regarding educational status those women who are illiterate were 96% less likely (AOR=0.04(95%CI (0.02-0.63)) use modern contraceptive than with educational status of secondary and above. Another associated factor for utilization of modern contraceptive was number of children they want to have in the future. Respondents who want to have 1-2 children were 10.8 times more likely (AOR=10.8(95%CI (4.02-18.97)) to use modern contraceptive as compared with those respondents who want to have four and above children in the future. Women who communicate always with husband about modern contraceptive utilization were 3.17 times more likely (AOR=3.17(95%CI (0.89-11.27)) use modern contraceptive than those who did not communicate with their husband. The key factors associated with utilization of modern contraceptive among reproductive age group were Age of the respondents, Number of children wanted and communication with husband about utilization modern contraceptive. In our study association of educational status of the women with use of contraception was found to be statistically significant. Those women who are illiterate were 96% less likely (AOR=0.04(95%CI(0.02-0.63)) utilize modern contraceptive than women of with educational status of secondary and above. This result is supported by similar studies done in Ethiopia (20, 22, 31 and 32). The reason may be women with higher educational status have better health information so that they decide to use modern contraception method.

In addition age of the respondent was another statically significant factor for utilization of modern contraceptive. Women with the age group of 15-19 years were 86% less likely (AOR = 0.14(95%CI (0.03 -0.68)) to use modern contraceptive as compared with women who categorized in the age group of 35-39 years old. This study similar to study conduct in Ethiopia demographic and health survey, 2016 (6) and in contrary with study conduct in western Ethiopia (20), This may be due to those who are 15-19 where most of them were unmarried but those 30-34 were most of them are married and within this range of age, their educational status was high or most of women in the age of 15-19 years are not strength economically.

Another associated factor for utilization of modern contraceptive was number of children they want to have in the future. Respondents who want to have 1-3 children were 10.8 times more likely (AOR=10.8 (95%CI (4.02-18.97)) to use modern contraceptive as compared with those respondents who want to have six and above children in the future. This findings was in agreement study conducted in North West

Ethiopia (9). Women who do not want to have more than three use modern contraceptive strictly this may be economical or health condition of the women.

This study showed that communication of women with their husband was associated with utilization of modern contraceptive. Women who communicate always with husband about modern contraceptive utilization were 3.17 times more likely (AOR=3.17(95%CI (0.89-11.27))) use modern contraceptive than those who did not communicate with their husband. Similarly a study conducted in Adama (23).

Conclusion and Recommendation

Conclusion

In conclusion, the finding revealed that the women's decision making on contraceptive utilization was low compared to the expected reality of women's decision on her reproductive issue. But the majority of women decide jointly with their husbands or partners. Women's decision on contraceptive use was influenced by many factors such as age of women, place of residence and region in which the women dwell, women and husbands education, occupation of both woman and her husband, and number of children were significantly associated with women's decision for contraceptive use.

The majority of sexually active women in our study were using contraception, which gives insights into the role contraception plays in meeting family planning goals as well as in supporting PMTCT programs. Despite this, our findings also suggest the need for ongoing counseling and access to effective contraception given the rate of unmet needs for contraception and unintended pregnancies. Further interventions are required to address factors that impede the use of contraception when women do not want to conceive, particularly in terms of increasing the uptake of highly effective contraception because of lower efficacy of some of the methods (e.g., condom use only). The concepts within the Health Belief Model could shape contraceptive counseling for the identified 'at risk' women to achieve their reproductive goals as well as prevent mother to child transmission of HIV although this might require further investigation using an interventional study.

Use of modern contraceptive methods was low while unmet need was high among postpartum women who participated in the study. In spite of integration of services at the mother baby care points. Among premenopausal women using OCs, COCs were the strongest predictor of breast cancer mortality and POC+COCs were the strongest predictor of overall mortality. The type of OC used should be taken into account when assessing breast cancer mortality risk. POCs may be associated with less short- and long-term adverse events related to the estrogen component of COCs. However, due to the small sample size of POC users in the current study, additional research is necessary to confirm whether the association with breast cancer mortality differs by OC type. The impact of hormonal contraception, specifically progestogen-only injectables, on risk of HIV acquisition or transmission remains inconclusive. If an increased risk is determined with certain contraceptives, this would need to be balanced against consequences of reducing availability of hormonal contraception, especially in regions with high rates of injectable use and maternal morbidity and mortality. However, in certain regions with high HIV prevalence, particularly South Africa, should increased risk of HIV acquisition or transmission via specific contraceptive methods be proven, the overall public health impact of increased HIV incidence might warrant policy changes. Any policies must carefully balance regional HIV risk, contraceptive method safety, regional maternal mortality, and availability and acceptance of alternative effective methods. Both HIV and pregnancy risk reduction strategies, such as the development of female

-controlled prevention technology, should be the focus of research efforts. Dual protection with consistent and correct condom use in addition to more effective contraception is a critical.

Recommendations

- ◆ Strength health education about modern contraceptive utilization for reproductive age.
- ◆ Creating awareness on using modern contraceptives on different mass media and printing medias as well as using brushers and fliers.
- ◆ Strengthen community mobilization regarding to modern contraceptives utilizations.
- ◆ The findings also suggest the Health Belief Model would be a valuable resource for healthcare providers, program planners and policymakers to develop guidelines and policies for contraceptive counseling and choices.
- ◆ Hence, policymakers and health managers should pay special attention to empower women to decide on their matters including contraceptive use. Moreover, due emphasis should be given about empowering women by all stakeholders including governmental and nongovernmental organizations during their plan and implementation.
- ◆ The findings suggest the need for further strengthening of contraceptive service delivery at these Health care points.
- ◆ Improved access to modern contraceptive methods at the care points, provision of counseling and promotion of male partner involvement through couple communication may enhance modern contraceptive use.

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Conflicts of Interest

The authors have no conflicts of interest to declare for this study.

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