

Family Planning Utilization Among Model and Non Model Family Women Enrolled in Urban Health Extension Program in Addis Ababa, Ethiopia, 2015

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Abstract

Background: In 2003, the Ethiopian Federal Ministry of Health (FMOH) launched a new health care plan, the “Accelerated Expansion of Primary Health Care Coverage,” through a comprehensive Health Extension Program (HEP). Recognizing the huge gap between need and health care services available, the FMOH has focused on “providing quality promotive, preventive, and selected curative health care services in an accessible and equitable manner to reach all segments of the population, with special attention to mothers and children.

Objective: To assess on family planning service utilization among model and non-model family women enrolled in urban health extension program of kirkos sub-city administration.

Method: A cross sectional study design using a quantitative method was used. A total of 424 (212 model families and 212 non-model families) participated the study. Adjusted ORs that controls the confounding effects of other covariates were calculated using the multiple logistic regression models of SPSS version 16 statistical programs. Statistical significance was considered at P-value less than 0.05.

Result: Large proportion study population 210(81.08%) [109(78.4%) and 101 (84.1%),) model and non-model respectively] were they prefer to be informed by health professional and followed by other (like friend husband...) were 27(10.42%) [18(12.9%) and 9(7.5%) for model and non-model families respectively], media (radio and TV) were 15(5.79%) [5(3.59) and 10 (8.33%) for model and non-model families respectively] with $X^2 = 4.21$, p value = 0.000021.

Conclusion: By this measurement the UHEP programs lacks the aspects expected to be done. FMOH should see the implementation strategies of UHEP on providing and upgrading family planning service.

Keywords: Family planning, Urban Health Extension Program (UHEP), Model /Non-model Family

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Background

According to Planned Parenthood, Ethiopia has among the highest fertility and maternal death rates in the world. Approximately 1 out of every 7 women die from pregnancy or abortion related complications. Ministry of Health (MOH, 1996) of Ethiopia provide family planning services to 8.5 million women across the country during the next years.

If the program fully implemented, the plan will definitely have a positive ripple effect across the Ethiopian society. Although family planning tools are available in Ethiopia, access to them has been a major hindrance for the majority of the women. Planned Parenthood states that only 13% of Ethiopian women -and only 4% in rural areas -use modern contraception.

This is despite the fact that, as studies show, approximately 60% of the women in the country approve family planning. Undoubtedly, improved access to family planning and other reproductive health services in the country could significantly combat the incidence of maternal mortality and improve the state of women.

The findings or results obtained from this research could be used as a baseline for Researchers who are interested to examine further on in this area. And also for Governmental and non-governmental organizations could take intervention measures and set appropriate plans to reduce and improve the existing level of awareness and practice of family planning by identifying and giving priority for the areas which have low and poor practice.

The outcome study will show the program does it have been any contribution on family planning service utilization so far. And also use as input for MOH, policy maker and other politician and programmers to strength the implantation strategy of UHEP.

Methods

Study design

Cross sectional comparative study design using quantitative methods.

Source Population

The study population was all women in kirkos sub-city administration.

Target population

Women in reproductive age group in model and non-model families that enrolled in urban health extension program in selected wereda of kirkos sub-city administration.

Data Collection Process

A structured anonymous closed questionnaire was developed by revising questionnaires developed for similar study and adapting it to the objectives of the present study to collect quantitative data.

Data Analysis

After collection of data the responses was coded and entered into a computer using EPI Info version 6.4 statistical programs, after data entry finished, 10% of the responses were randomly selected and checked for consistency of data entry. Then printed frequencies were used to check for outliers and clean data. Data is leaned accordingly and then exported to SPSS version 16.0 for further analysis.

To establish associations between dependent and independent variables, P values were used. Chi-square test was used to select associated independent variables for multiple logistic regressions. Adjusted ORs that controls the confounding effects of other covariates were calculated using the multiple logistic regression models of SPSS version 16 statistical programs. Statistical significance was considered at P-value less than 0.05.

Result

Socio demographic status of study population

Among 422 respondents, 211(50%) were model family and 211(50%) were non model family women. Majority of the respondent (51.2% and 44.1% model and non model respectively) were found in age group of 25-34 and the mean age of model family was 33.39 and the mean age of non model was 31.29. Highest proportion of model family 49(23.2%) are found in first levels (elementary) of education while 16(7.6%) have first degree and above, for non model family about 73(34.3%) were secondary level completed, whereas only 2(0.9%) were can read and write. Majority of model and non model family 179(84.8%) and 160(75.1%) were married; and also only 2(0.9%) and 1(0.5%) were widowed, respectively.

Majority of the respondents model and non model (184(87.2%) and 183(85.9%) were orthodox respectively. About 57(27%) of model family have two children and 29(13.7%) were don't have child, while highest proportion of non model families women, 70(33.2%), don't have child and only 15(7.1%) were have more than three children.

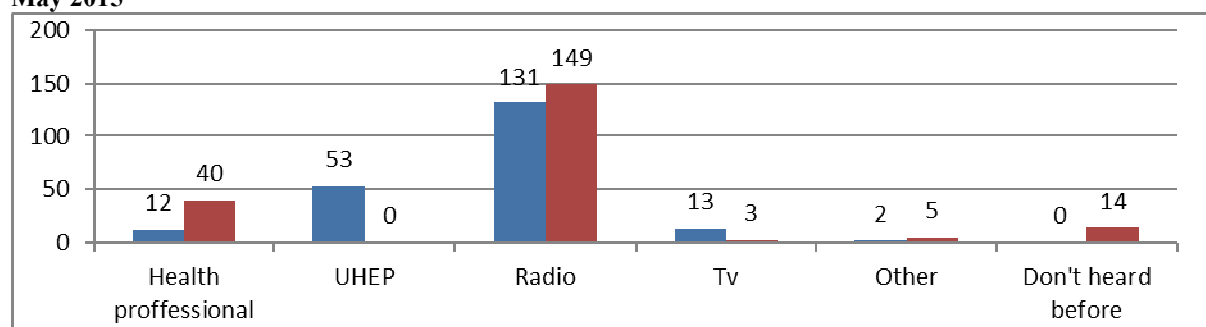
Table 1.0 Distribution of respondents by socio demographic status of study population, in kirkos sub city May 2015

variables	Model family	Non model family	Total no.(%)
Age group			
15-24	8	41	49(11.6%)
25-34	108	94	202(47.86%)
35-44	82	56	138(32.7%)
45-49	13	20	33(7.84%)
Marital status			
Divorced	6	4	10(2.3%)
Married	179	160	339(80.3%)
Unmarried	24	46	70(16.58%)
Widowed	2	1	3(0.71%)
No. Of children			
One	35	55	90(21.32%)
Two	57	50	107(25.35%)
Three	43	21	64(15.16%)
More than three	45	15	60(14.21%)
Don't have child	31	70	101(23.93%)
Levels of education			
Not educated	11	10	21
Read and write	11	2	13
Secondary level	46	73	119
First level	49	36	85
Secondary level	38	39	77
Twelve completed	40	40	80
Diploma	16	11	27
Degree and post graduates			

Source of Information

From those that have heard about contraceptive, preferred source of information for contraceptive were, Radio, UHEP and Health center/health professional 280(66.35%), 53(12.55%) and 52(12.32%) with respective order. 12(5.7%) of model family women were heard from health center/health professional with OR=2.8 (strong association, i.e. the contribution of health center/health professional as a source of information much higher), 131(62.1%) from radio with OR=1.8 (strong association, i.e. the contribution of Radio as a source of information much higher), 13(6.2%) from TV, from UHEP 53(25.1%) with OR=0.38 (weak association/preventive, i.e. the contribution of UHEP as a source of information much weaker than any other sources) and 2(0.94%) from other (like from their friend, husband and other). (As indicated in figure 1.1). For non model family women the source of information were, 40(18.95%) from health center/health professional 149(70.61%) from radio, 3(1.42%) from TV, 14(6.2%) don't heard before.

Figure 1.0 distribution of respondents by Source of information for Contraceptive use, in Kirkos sub city May 2015

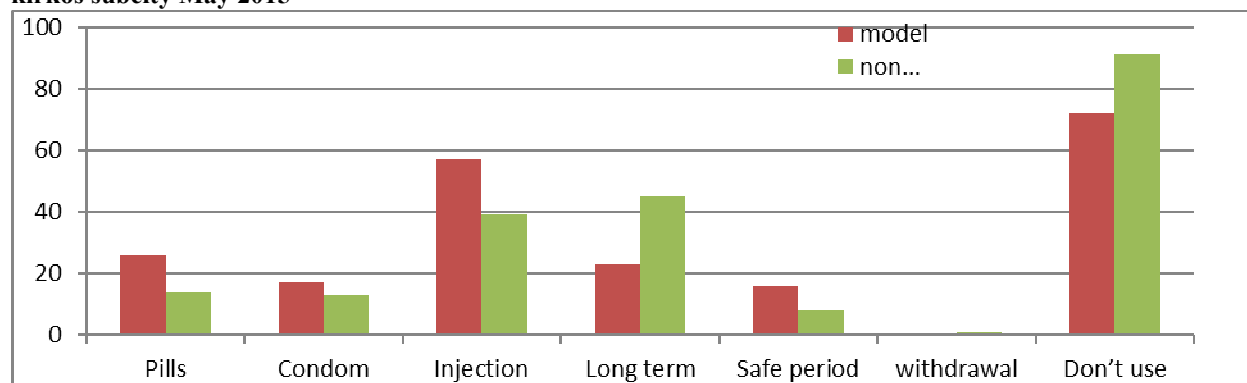


Contraceptive use and methods

As indicated table 1.5 from those that have heard about family planning more in model than non model, 139(65.87%) and 120(60.9%), respectively ever use of contraceptive methods.

From those that are using one of contraceptive methods, large proportion model and non model (109(78.4%)) and 101 (84.1%), of were got advise from health professional to choose those methods respectively.

Figure 1.3, Distribution of respondents by contraceptive methods for model and non model families in Kirkos subcity May 2015



Discussion

Knowledge of family planning is a prerequisite to obtaining access to and using a suitable contraceptive method in a timely and effective manner. In this study 96.6% of total study population (100% and 93.36% for model and non-model family women respectively) have heard /informed about contraceptive, i.e. all models have knowledge about contraceptive than non-model families. Of these 65.9% of model and 57.8% non-model family spontaneously named at least one CP. Similarly 65.9% of model and 57.8% non-model family correctly identify at least one CP from the list of item.

The study has also indicated that radio, health professional/institution, TV, UHEP and other; were frequently reported as a source of information. While, the majority of respondent reported they prefer to hear more about CP from radio, UHEP and health professional/institution, if they are given choices, their choice mainly depends on reliability of the sources. In other words the source information were largely accounted by radio 280 (66.35%), by UHEP were 53(12.55%) (Which is for model families only) and by health professional/institution 52(12.24%). In addition there are no non model family women that have been informed

by UHEP about CP rather they have heard more from radio and health professional, 71.8% and 18.48%, respectively.

Current use of contraceptive methods is one of the indicators most frequently used to assess the success of family planning programs. In our study, of the total of study population who have heard /got information from different sources, 51.7% were ever-use of one contraceptive methods, 65.9% and 60.9% for model and non-model family women respectively. And the rest 48.3% of the study population were don't use any kinds of CP.

Conclusion


Even though the study has shown that UHEP have brought some little contribution as the first sources of information about FP practice especially for model families next to Radio, large proportion of study population were they prefer to be informed about contraceptive methods were by health professional followed by, Other (like friend, husband and the like), media and finally the least referred choice of study population about CP were by UHEP, which accounts only 2.7% of study population. From this we can say that UHEP were not the right preferable source of information for the community, so that enhancing them to choose and use CP methods as compare to other source of information like media and health institution/professional.

Abbreviations

AA	-----	Addis Ababa
AAHB	-----	Addis Ababa Health Bureau
AAU	-----	Addis Ababa University
AIDS	-----	Acquired Immunodeficiency Syndrome
CHWs	-----	Community Health Workers
CI	-----	Confidence interval
CP	-----	Contraceptive
CPR	-----	Contraceptive Prevalence Rate
CBRHAs	-----	Community Based Reproductive Health Agents
DHS	-----	Demographic and Health Survey
FHI	-----	Family Health International
FP	-----	Family Planning
HEP	-----	Health Extension Program
HSDP	-----	Health Sector Development Program
KSHO	-----	Kirkos Sub-city Health Office
L10K	-----	The Last Ten Kilometres
MDGs	-----	Millennium Development Goals
OR	-----	Odds ratio
TFR	-----	Total Fertility Rate
TTBAs	-----	Trained Traditional Birth Attendants
UHE-Ps	-----	Urban Health Extension Professionals
UHEP	-----	Urban Health Extension Program
WrHO	-----	Woreda Health Office
X ²	-----	Chi-square

Declaration

My name is Yonas Assefa. I the under mentioned applicant have a Master in Public Health from Addis Ababa University and BSC in Environmental health University. I have more than 11 years' experience in different health related programs as PHEM (Public Health Emergency Management) Coordinator, M&E officer, WASH officer, & Public Health Emergency operation Center (PHEOC) coordinator at EPHI, In Ministry of Health. I, the undersigned, Public Health student declare that this thesis is my original work in partial fulfilment of the requirement for the degree of Master of Public Health. Name: Yonas Assefa

Signature: 

Place of submission: School of public Health, College of Health Sciences, Addis Ababa University.

Date of Submission: May 20015

This thesis work has been submitted for examination with my/ our approval as university advisor(s).

Advisors DR. MESFIN ADDISSIE (MD, MPH)

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