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RYWY]jYX XU^hY. November 03, 2016; 5WWYdhYX XU^hY. February 15, 2017; DiV]g\YX XU^hY. February 23, 2017

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6UW_ [fcibX. Ethiopia is one of Sub-Saharan Africa countries in which high fertility (5.4 births per woman) is observed. Family planning programs have always been considered as the interventions of choice for slowing population growth and family size preference is useful in suggesting its demand.

CV^hYWh]jY. The objective of this study was to assess contraceptive use and family size preferences among currently married women of reproductive age in Jimma Arjo district.

AYh\cXg. Community based cross sectional study design was conducted from January to February 2011. A total of five kebeles were selected by lottery method from 22 kebeles in Jimma Arjo district, Oromia, Ethiopia and a total of 475 married women were interviewed using systematic random sampling technique.

RYgi^hg. The result indicated that 57.1% of married women were using modern contraceptive methods. Average number of children a woman had during the survey excluding current pregnancy was 3.8. In the logistic regression,

information on fertility preference is needed to provide insight into married women's attitude towards future child bearing, desired and completed family size and the current demand for contraception.

Therefore, the purpose of this study were to assess the current status of contraceptive use and family size preferences and to generate information necessary for program and policy makers in the development of strategies for strengthening and improving the provision of quality family planning service in general and in the study areas specifically.

Methods and Materials

Study area and period

The study was conducted in Jimma Arjo district from January to February 2011. Arjo is 48 km away from Nekemte town and 379 km from the capital city of the country, Addis Ababa. It is one of the 180 woredas in the Oromia Regional state located in the east Wellega Zone. It is bordered on the southwest by the Didessa River which separates it from the Ilu Ababor Zone, on the northwest by Diga Leka, on the northeast by Guto Wayu, and on the southeast by Nunu Kumba. The administrative center of this woreda is Arjo. This woreda has 22 kebeles and an estimated total population of 93,547, of whom 47,109 are men and 45,438 are women. In this woreda, there are 4 health centers and 20 health posts. It has served as a capital of the area for greater than 130 years.

Study design and sample

A community based cross sectional study design combining both qualitative and quantitative methods was used to assess contraceptive use and family size preferences among married women of reproductive age group in Arjo district. Sample of 475 married women of reproductive age group was calculated using the formula for a single population proportion with a 95% confidence level, 5% margin of error and 16.9% estimated contraceptive prevalence rate in Oromia region. A 10% non-response rate was considered.

To complement quantitative data, principal investigator has made three FGD sessions with service providers, married women other than those included in the study and religious leaders in 02 kebele of Arjo district. Accordingly, a total of 24 discussants each containing 6-9 discussants were participated in the discussion.

Currently married women: women of reproductive age group (15-49 years) who were married before one year by any means and in union during data collection.

Service providers: health workers (Community Health Workers) those involved in direct provision of family planning service in the study area.

Previous child death: death of biological child that encountered a woman previously.

Results

Quantitative results

Socio-demographic characteristics

Out of the total respondents, 119 were from urban area and the other 356 were from rural areas. Regarding age distribution of respondents, this result shows that majority 315 (66.3%) of participants were in the age group of 20-39 with mean age of 29.8 years and median age of 29 years. Additionally it indicated that about half 239 (50.3%) of respondents were Protestants followed by Orthodox 223 (47%) and Muslims 13 (2.7%), respectively. Most 455 (95.8%) of respondents were Oromo followed by Amhara 17 (3.6%) and only three women were from other ethnic groups. Regarding educational status, majority 298 (62.7%) of women were illiterate and the other have attended at least grade one and most 308 (64.8%) are housewives.

On the other way, more than half 287 (60.4%) of their husbands are literates and 315 (66.3%) are farmers, followed by government employees 87 (18.3%) and other occupations 73 (15.3%).

Concerning reproductive health histories of respondents the result indicated that minimum age at

breast feeding for not using any method of contraceptives where 12 (5.9%) were those preferred natural method as family planning. Ten (4.9%) women mentioned side effects for not using modern contraceptives and in significant number of respondents mentioned religion, husband refusal and unawareness as a reason for not using

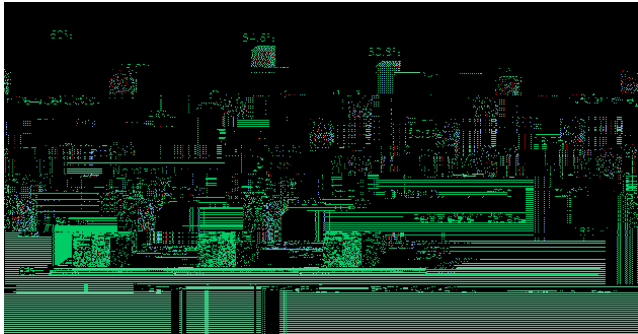


Figure 1: Ever used, current use and future intention of contraceptive methods by type among currently married women in Jimma Arjo district 2011, *percents are not added together as they are different variables.

Fertility intention of currently married women

knew pills, Norplant, Depo-Provera and female sterilization as modern methods of contraceptives and only one participant mentioned male sterilization as a contraceptive method.

Factors affecting family size preferences

Ideas of the FGDs discussants on factors affecting family size preferences were categorized and organized into the following themes.

Husband dominance

In order to have small family size, majority of participants prefer short acting methods to permanent methods fearing of husband disapproval. One of the participants, (female, 27, Protestant expressed her neighbour's experience saying

"Some husbands are not ready to take responsibility of determining their family health. My friend is family planning client even if her husband does not support. They are always in conflict for the reason that her husband suspects that she has other mate that enforces her to use contraceptives. So education is needed not only for females but also for males."

Misconceptions

Almost all the participants (women of reproductive age) said that having more than five children is said to be large family except the couples can satisfy all the needs of their children. Hence they expect having this much children is small and still they see family size preference in the perspective of economical status rather than other health risks. In addition, community health workers were asked to define family planning and they defined it as having the number of children fit with the economical status of the family. Furthermore, most women fear of side effects (unable to do household works after taking some contraceptives). Concerning this, one religious leader from protestant (Meserete Kiristos) explained his idea saying

"Families should be told not to use contraceptives before first birth as it may lead to some complications like unable to bear a child (infertility)."

In relation to this, religious leader from Orthodox Christian said:

"Information on family planning should be given for those currently married because; others have already large family size and it is not this much good to discuss about this idea for them"

Religious disapproval

Almost all religious leaders explained that family planning is good to space births, to bear a child depending up on own capacity (economy, health and other facilities). However, they have a fear that using contraceptives especially condom may promote having sex with many partners.

On the other hand, some religious leaders do not agree with the idea that one can determine the number of children. One religious leader from Muslim explained his belief saying

"In Muslim community, there are pre-requisites before one's marriage. Thus, enough facilities (economical, material and etc.) should be fulfilled first and then family size is determined by husband depending on the capacity of the couples. However, there is religious principle promoting large family size. In addition unless government body told to do so, it is too difficult to limit the number of children one

Conclusion

More than half of married women in the study area were using modern contraceptives and highly significant gap was seen among rural and urban residents of the district are very low. Most of women aged 45-49 years were not using contraceptives considering that they could not get pregnant which may make them get extra child birth at later ages. No difference was observed between contraceptive users and non-users in fertility intention. On average, actual family size was seen to be smaller than desired family size in this study area and women who desired to limit child bearing in this study area were lower compared to other studies.

Therefore, any program aimed at promoting family planning at national level should look for ways and means of reducing the intension of having many children. Service providers in the district should provide necessary information regarding reproductive behaviors to minimize misconceptions among women 45-49 in the area. In addition, women should also be told how having many children can affect the health of the mother, child and family as whole in addition to economic crisis. Program planners at the district level should also give due attention to rural residents in order to minimize the gap of contraceptive utilization.

At last, further study is needed to identify relationship of family planning and family size preferences.

Acknowledgement

We would like to acknowledge UNFPA in collaboration with Addis Ababa University for sponsoring this study and Jimma Arjo woreda administrators and other kebele leaders for their cooperation during data collection.

Competing Interest

The authors declare they have no competing interest.

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