

Original article

Determinants of contraceptive use among urban youth in Ethiopia

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Abstract: Population and family planning interventions are generally accepted as important components of the general development package. The use of contraception by young married couples for either limitation or birth-spacing may slow down the existing high fertility in the country. For the adolescents who are involved in premarital sexual activity, contraceptive use will avoid the risk of pregnancies and the concomitant health hazards, social disapproval and parental support for children born out of wedlock. This paper will attempt to shed some light on the determinants of contraceptive use, reasons for non-use, and knowledge and practice of contraceptives among the urban youth. The data used for analysis is extracted from a household sample survey of 55 urban centers in Ethiopia, undertaken by the Ministry of Labour and Social Affairs [MLSA] to study the adolescent fertility and employment status of the urban youth. [Ethiop. J. Health Dev. 1996;10(2):97-104]

Introduction

The population of Ethiopia was estimated at 54 million in 1992 of which 40% was below the age of 14 years. According to the medium variant projections of the UN Population Division, Ethiopia is anticipated to reach 116.1 million by the year 2020. The medium variant scenario is achievable if the contraceptive prevalence rate increases from the current 4.3% (14.6% for urban areas and 2.1% for rural areas) (4) to approximately 44% by the year 2020.

The imbalances in population growth and employment creation/generation have created a large pool of unemployed persons. The urban youth unemployment rate was around 41% (3). The implication is that Ethiopia is currently facing an accelerating problem of urban youth unemployment.

The rapid population growth, if uncontrolled by proper population policy, will exacerbate the existing unemployment problem, environmental degradation, food shortage and considerable pressure on the country's welfare system -education and health services among others. Therefore, the need to study the contraceptive behaviour of youth stems from:

- i) the size of this group of population; the youth population comprised of 21.2% of the total population of Ethiopia in 1985; this proportion has grown to 26.3% in 1995 (of which 4.5% resides in urban areas) (3);
- ii) The expected demographic impact of this large number of population in a country with a tradition of early and universal marriage; iii) the health, social and economic repercussions of early pregnancies.

The dissemination of contraceptive information vis-a-vis deliberate family size limitations by couples, controlling sex-related diseases, avoiding unwanted pregnancies and abortions among teen-age girls is necessary. It seems reasonable to assume that increased access to contraceptive

information at younger ages would allow individuals to gain knowledge and experience on contraceptives which might later be translated into birth spacing and family limitations .

In Ethiopia, family planning services are delivered, sporadically and on a limited scale. The existing Family Guidance Association of _____

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Ethiopia (FGAE) is a non-governmental and non-profit organisation. The services rendered by this association are limited to few urban centers of the country .

Contraceptive use is among the measures prescribed for fertility regulation, control of STDs and unwanted pregnancies. An appropriate programme to enhance the awareness of the youth on family planning, sex related diseases and population matters is vital. Given the knowledge and opportunity of modern contraceptive methods, many youth would use them to plan their family size more effectively.

This paper examines the factors that may determine contraceptive use among the youth who reside in urban areas of Ethiopia.

Methods

Data for this analysis was obtained from a survey conducted on the urban youth population in Ethiopia during June-September 1990. The survey was conducted on samples of urban youth aged 15-29, who were usual members of non-institutionalized households. A multi-stage stratified sampling design was adopted in the selection of the households. The sampling frame was prepared from the 1984 Population and Housing Census of Ethiopia (3). The survey covered a national representative sample of 55 urban centers (such as Addis Ababa, Gondar, Dire Dawa, Jimma, Bahr Dar, Harar,). The objectives of the survey were to assess the reproductive behaviour, sexuality, knowledge of family planning methods and the employment situation of the youth in urban areas.

The survey covered 4,216 eligible youth of which 2, 155 reported to be sexually active. They were asked if any of the partners has ever used contraceptive method. The methodology employed to study the relationship between contraceptive use and , different socio-demographic variables is the binary logistic regression model. The logistic regression model explains the association between the dichotomous response variable and the explanatory variable by quantifying the relationship (3).

The model, therefore, estimates the odds in favour of an outcome category relative to another outcome category (called the 'reference') as linked to the predictor variable. The multivariate logistic regression model was fitted to analyse the relationship between the predictor variable (contraceptive use) and selected explanatory variables. The method of maximum likelihood estimation was used to obtain parameter estimates (11).

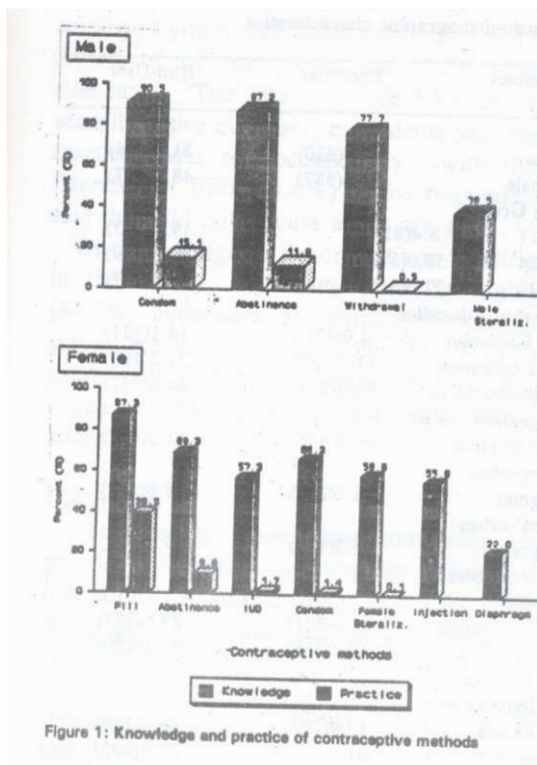
Results

Knowledge and Use of Contraceptive Methods. Most of the youth in the survey seem to have some sort of contraceptive information. The most widely (90%) known contraceptive method among sexually active male respondents was condom, while the pill was the most (87%) widely known

among females. Abstinence followed condom and the pill, with 87% of the male and nearly 70% of the female respondents having reported to know the method (see figure 1). More than threequarters of male respondents have claimed to have heard of withdrawal.

As can be seen from Figure 1, there is a large discrepancy between knowledge and the actual practice of contraception. Both the male, and female youth had hardly used modern methods other than condom and the pill. Only 15% of the males had used condom while 39% of the females had used the pill. The second most frequently practised method is abstinence; nearly 12% of the male and 10% of the female respondents had used this method.

Even though the knowledge of effective contraceptive methods, in terms of birth control, such as, IUD, sterilization and diaphragm, is high, these methods had rarely been used by the respondents.



The majority of ever-users made their own decision on using contraception (40.7%) or at their partner's suggestion (34.6%). Only 12.9% of the ever-users reported that they initiated use on the advice of their friends. As shown in Table 1, more males were influenced by their friends (18.5%) than were females (8.8%).

Knowledge of STDs, opinion towards premarital sex and contraceptives . Sexually transmitted diseases (STDs) are consequences of unprotected sex. Among the sexually active youths, 85.5 % of the ever-users of contraception and 76.0% of the non-users reported to have heard of AIDS. Similarly, 86.8% of the ever-users and 77.8% of the non-users said they have heard of Gonorrhoea. More than three-quarters of the ever-users and non-users claimed to have heard about STDs. Unfortunately, the Proportion of current-users using condom (prospective contraceptive against STDs) among the sexually active youths is very low (only 16.5%) (10). table 1& 2

Table 1: Source of suggestion for first use of contraception

Source	Male	Female	Total
Own decision	35.4	44.7	40.7
Partner	33.7	35.4	34.6
Friend	18.5	8.8	12.9
Doctor/Nurse	7.8	9.2	8.6
Other Sources	4.6	2.0	3.1

Table 2: Percentage of ever-users and non-users with opinion towards premarital sex and contraception and knowledge of STDs

Opinion	Everusers	Non-users
Approve sex		
-Never before marriage	31.9	49.7
-If plan to marry	35.5	32.9
-Whether planned to marry or not	32.6	17.4
Adolescents have harder time to get contraceptive than adults		
-Agree	24.4	37.1
-Strongly agree	15.3	17.2
-Disagree	35.5	28.4
-Strongly disagree	24.8	17.3
Contraceptives make sex less natural		
-Agree	33.1	47.2
-Strongly agree	15.8	15.4
-Disagree	31.4	29.1
-Strongly disagree	19.7	8.3
Only women should use contraceptives		
-Agree	9.7	16.9
-Strongly agree	4.6	8.0
-Disagree	46.8	47.0
-Strongly disagree	38.9	28.1

The ever-users and non-users of contraception have different opinion on premarital sex and contraceptives. As shown in Table 2, 49.7% of the non-users and 31.9% of the ever-users disapprove pre-marital sex. Over two third of the ever-users and half of the non-users approve premarital sex.

A third (33.1 %) of the ever-users agree with the opinion that using contraceptives made sex less natural while, on the contrary, nearly 5% of the non-users agree with this opinion. Only 9.7% of the ever-users and 16.9% of the non-users agree with the opinion that only women should use contraceptives. About 24% of the ever-users and 37% of the non-users agree with the opinion that adolescents cannot get contraceptives as easily as adults.

Reasons for non-use of contraceptive methods . The majority (27.1 %) of the respondents indicated that the reason for non-use of contraception was the desire to have a baby. The second most common reason for never using contraception was ignorance of contraceptive methods (16.1 %), followed by beliefs that pregnancy was unlikely. (13.1 %) , About 10% reported to have difficulty in obtaining contraceptives. However, 'more than one-fourth (26.2%) did not report specific reasons for not using any contraceptive. Ever- Use and Non-Use of Contraception. Table 4 shows that ever-use of contraception was higher among better educated respondents: 4.9%, 13.1% and 82.0% for those with no education, low education and high education, respectively.

Rural-urban migrants were the least (18.5%) ever-users of contraception while the non- migrants reported, the highest (55.9%) level of contraceptive use.

Table 3: Reasons for non-use of any contraceptive methods

Reason	%
Wanted to have baby	27.1
Lack of knowledge about contraceptives	16.1
Did not think to get pregnant	13.1
Could not get contraceptive	10.1
Concern about safety of contraceptives	3.0
Objection from partner	2.9
Religious objection	1.5
Other reasons	26.2

Table 4: The percentage distribution of users according to socio-demographic characteristics

Variables	Ever-User	Non-User
Sex		
- Male	42.4(410)	51.6(444)
- Female	57.6(557)	48.8(417)
Age Group		
- 15-17	8.4(81)	19.2(165)
- 18-24	59.0(571)	56.8(489)
- 25-29	32.6(315)	24.0(207)
Level of Education		
- No education	4.9(47)	14.1(121)
- Low education	13.1(127)	21.2(183)
- High education	82.0(793)	64.6(557)
Migrations Status		
- Non migrant	55.0(256)	51.3(442)
- Inter-urban		
- Migrant	26.5(256)	18.8(162)
- Rural-urban		
- Migrant	18.5(179)	29.8(257)
Activity Status		
Active		
- Unemployed	24.9(241)	29.8(257)
- Employed	37.7(365)	30.1(259)
Not Active		
- House wives and other	19.9(192)	16.3(140)
- Students	17.5(169)	23.8(205)
How often discuss about sex with friends?		
- Not at all	19.6(190)	33.3(287)

- Occasionally	66.5(643)	60.9(524)
- Frequently	13.9(134)	5.8(50)
No of contraceptive methods known		
0	1.6%(15)	14.2(122)
1-3	9.5(92)	17.5(151)
5-6	33.7(326)	36.7(316)
7+	55.2(534)	31.6(272)
Parents' Education		
No education 48.6(470)	48.6(470)	55.5(478)
Low education	28.3(274)	25.6(2220)
High education	23.1(223)	18.9(163)
Religion		
Christian	84.2(814)	77.3(596)
Muslim	15.1(146)	20.5(157)
Others	0.7(7)	2.2(17)
Have Radio/TV/Video at home?		
Yes	76.1(739)	67.2(579)
No	23.9(231)	32.8(282)

The survey revealed that 37.7 % of the employed youth were ever-users compared to 24.9% of the unemployed and 17.2% of the students. The majority (66.5%) of the sexually active ever-user respondents said they discuss about sex occasionally with their friends. A fifth (19.6%) of the respondents said they did not discuss about sex at all. Of those religious denominations identified in the survey, Christians were the highest (84.2%) ever-users of contraceptives. The survey results also showed that 23.1% of the users said that their parents attained high education while 48.6% said their parents attained low education.

Discussion

This study showed that knowledge and practice of family planning are related to education. A similar study on young urban Nigerians (9) showed that having primary or secondary education had positive effect on contraceptive use. This clearly shows the importance of education as a determinant of contraceptive use.

The findings of the study suggest that the unemployed and students are less likely to use contraception than the employed youths. Employed youths who are sexually active are more likely to practice contraception than the unemployed and the inactive (students, non- students). It is highly likely that employed youths have better access to various educational media -such as films, magazines, TV, video, radio and others. Similar results have been found for unmarried adolescent women with premarital sexual experience (16).

Adolescents living in rural areas are less exposed to contraceptive use than their urban counterparts. The limited availability and accessibility of contraceptive information about reproductive health and family planning are considered to be the major constraints for contraceptive use in rural areas. Due to these and other factors (such as lack of contraceptive services, IEC) a majority of adolescents who' migrate from rural to urban areas are expected to be non-users (5) of contraception than the inter-urban migrants.

The number of contraceptive methods known by the youths have positive relationship with ever-use of contraception. The more methods of contraception known the higher the probability of ever-use.

Discussion about sex and contraception with friends have positive impact on contraceptive use. The youths prefer their own peers to discuss frankly about sex, contraception and other reproductive health aspects. In countries like Ethiopia where traditional values have direct impact on the minds of the youth, discussing about sex with adults is considered as a taboo. The survey results indicate that those who discuss about sex frequently have higher chance to ever-use contraception than those who do not discuss at all. This result indicates how knowledge acquisition and more information on contraceptive methods is relevant in contraception.

Religious dogmas and tradition have subtle dogmatic differences, one would not expect them to exert the same type of influence upon lives of people. The differential effects of these dogmas may be reflected in people's attitudes towards family planning and hence contraceptive use. In Ethiopia, the impact of religion on family planning services may not be considered to be negative [8]. However, very little is known about differences in attitudes towards the practice of contraception as a function of religious identity.

Binary logit regression model was used for assessing simultaneously the effects of the independent variables on the dependent variable -contraceptive use. A number of models were fitted to select a parsimonious model. The categories of explanatory variables were also combined which did not differ significantly with regard to the, outcome variable, Different interaction terms were also evaluated.

Results of the logit regression analysis In Table 5,' are presented in the form of the actual and predicted percentage probabilities of contraceptive use. The predicted percentages for each category of a particular variable is obtained by setting all other predictor variables at their mean values.

Table 5: Percentage distribution of actual and predicted probabilities of contraceptive use for urban youth by different socio-demographic characteristics

Variables	N	Probabilities	
		Actual	Prdicted
Level of Education			
No education	47	4.9	47.0
Low education	127	13.1	49.0
High education	793	82.0	54.0
Migration Status			
Non-migrant	532	55	53.0
Inter-urban			
Migrant	256	26.5	57.0
Rural -Urban			
Migrant	179	18.5	48.0
Activity Status			
Employed	365	24.9	57.0
Unemployed	241	37.7	47.0
Not active	361	37.4	53.0
How often discuss about sex with friends?			
Not at all	190	19.6	51.0
Occasionally	643	66.5	51.0
Frequently	134	13.9	66.0
No of contraceptive methods known			
0	15	1.6	
1-3	92	9.5	44.0
4-6	326	33.7	51.0
7+	534	55.2	63.0
Religion			
Christian	814	84.2	53.0
Moslem	146	15.5	51.0
Others	7	0.7	31.0
Have Radio/TV/Video at home?			
Yes	736	76.1	54.0
No	231	23.6	50.0

The predicted probabilities show that youth who know more contraceptive methods have higher probability of use. For instance those who claimed to know 7 or more methods have 63%

probability of using contraceptives, while this was only 14% for those who know no method. Thus, the probability of contraceptive use increases with the number of methods known by the respondent. Better information on contraceptive methods and knowledge about sexuality have greater impact on contraceptive use. youth who frequently discuss about sex with their friends have higher probability of use (66%) than those who are not inclined to discuss about sex (51 %).

The results in Table 5 also indicate that educational level of the respondents show contrasting patterns, in terms of probability of contraceptive use among better educated and less educated youth. Youth with high level of education (54.0%) are more likely to use contraceptives than those with no education (47.0%).

The results of this study have important policy implications for programs directed towards family life education, family planning and contraceptive use. Providing the youth with detailed, practical knowledge about their sexuality , and use of and access to contraceptive methods is essential. A large proportion of the sexually active youth had not used preventive methods. Those who had used condom are very few , which indicates that the youth are at risk of ns sexually transmitted disease, and in particular AIDS due to unsafe sexual activities.

Most studies have indicated education to be an important factor to contraceptive use. Contraceptive use rises as the; adolescents are able to understand how to use particular methods and what side effects to expect. Family planning programs should identify appropriate strategies directed at developing the dissemination of information on contraceptive use to the youth. Strong and relevant IEC programs at schools (formal and informal), workplaces, public gathering and through media are essential to increase youth awareness on contraceptive use and family planning.

The findings of the study also reveal the importance of peer influence. Communicating with friend about sexuality, other family planning aspects may provide useful information and advice to adolescents, With better knowledge and accurate information, peer influence could be contemplated as strategy to disseminate information on contraceptive use.

As the shadow cast by AIDS lengthens, unsafe sex should be discouraged and the danger be realized by the youth. A survey of AIDS knowledge and attitudes in Jamaica indicated that the image of the condom as a .family planning method was enhanced by its role in AIDS prevention (12). In this regard, the dissemination of information on contraceptive use is very important.

The survey indicates that those who know more contraceptive methods are highly likely to Use them. Providing a wide enough array of contraceptive methods would help the youth to ensure preference in contraceptives and switch methods. In addition, greater attention must be given to the perspective of the user or the potential user, with a view of increasing contraceptive options. Family planning programmes can accommodate the wide preferences of potential users.

If the public at large needs to improve contraceptive use among the youth, clarifying commonly held erroneous beliefs and provide detailed practical knowledge concerning sexuality, use and access to contraceptive methods is essential. According to the survey report by the MLSA (10) there is common misbelief related to women's monthly cycle when pregnancy is most likely. For instance 10.2% of the youth in the sample thought a woman cannot get pregnant immediately before the cycle, and 29.9% did not know when pregnancy is likely to happen. To combat general

ignorance about reproductive health and contraception, there is a need for the preparation and dissemination of concise information on reproductive biology and contraception, in simplified and easily understandable language to the youth. Thus, strategies should be designed to foster family life education in schools, through mass media, community based youth centers and training institutions.

Another area that requires government concern is exploring the possibilities for integrating programs to the extent possible, to include family planning programs, such as counselling and information, contraceptive supplies and health. Making family planning and Primary health care more accessible to the community is desperately needed. New approaches to contraceptive marketing and distribution, such as those that rely on grass- root community centers -such as the kebele, and shopkeepers to disseminate information . and supplies, must be encouraged.

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