Barriers to Adoption of Family Planning among Women in Eastern Democratic Republic of Congo

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General Background

- **DRC**: one of the largest countries in Africa (2.345 million sq Km).
- **Capital City**: *Kinshasa*
- **Shares borders with nine countries:**
  - To the east: Uganda, Rwanda, Burundi, and Tanzania
  - To the west: Congo
  - To the south: Zambia and Angola;
  - To the north: Central African Republic and Sudan
- **Total population >60 million**
  - High population growth since the 1970s: Growth rate is 3%.
  - Projected to be among the **10 most populous countries in the world by 2050**
General Background

- DRC health system destroyed by years of neglect and conflict.

- Health indicators are among the worst in the world:
  - Average fecundity: 6.3 *
  - FP: High level of knowledge on contraceptives (82%) but low CPR (7%)*
  - Infant mortality Rate: 148 per 1,000 live births*
  - Maternal mortality ratio: 549/100,000 live births*

* Latest DRC DHS 2007
General Background

- The above DHS data apply to the whole country;

- Information specific to the eastern part of DRC is lacking

- DHS Results may not be representative enough to conclude the above for Eastern Democratic Republic of Congo, and specifically for the city of Butembo
Study Objectives

- To assess the KAP about FP among women delivering in Butembo.
- To determine their preferred FP methods used or to use in the future.
- To determine their source(s) of information for modern contraceptive methods.
- To estimate the degree of unmet need
- To determine whether FP is being promoted by health workers
Methodology

- Cross-sectional survey conducted in June 2010 in the city of Butembo,
- Questionnaire was developed, and pre-tested.
- A total of 53 Maternities in the city were included in the survey.
- Interviewed number proportional to number of deliveries at facility
- Women provided informed consent
- All approvals to conduct the survey were obtained
- Data entry, analysis done with EPIINFO 3.5.1
Key Findings
Demography

- 572 women were interviewed.
- Almost two-thirds of respondents (64%) were from urban areas of the city.
- Their mean age was 26.7 (range: 14 – 48).
- Most of the women were married (62%) and had some degree of education (83%).
- About two-thirds (60%) were Catholic and the rest Protestant.
- The mean daily expense was 4.6 US$ (range: 1 – 25 US$).
## Degree of Knowledge about Family Planning

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar (fertile period awareness)</td>
<td>56.1</td>
</tr>
<tr>
<td>Condom, Male</td>
<td>42.3</td>
</tr>
<tr>
<td>Pills</td>
<td>32.9</td>
</tr>
<tr>
<td>Injectables</td>
<td>25.9</td>
</tr>
<tr>
<td>Implants</td>
<td>18.4</td>
</tr>
<tr>
<td>BTL</td>
<td>10.5</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>10.3</td>
</tr>
<tr>
<td>Condom, Female</td>
<td>10.3</td>
</tr>
<tr>
<td>IUCD</td>
<td>8.2</td>
</tr>
<tr>
<td>Others</td>
<td>3</td>
</tr>
<tr>
<td>Breastfeeding (LAM)</td>
<td>2.3</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>1.4</td>
</tr>
<tr>
<td>Vasectomy</td>
<td>0.7</td>
</tr>
</tbody>
</table>
Source of information about Family Planning

- Friends: 50%
- Nurse: 32.3%
- School: 14%
- Other: 5.4%
- Relative: 4.5%
- Radio: 3.1%
- Doctor: 2.6%
- Church: 2.4%
- Newspaper/Book: 1.9%
- TV: 1.6%
Use of Family Planning and Preferred Methods

Modern Methods 36%

Traditional Methods 64%
Modern Methods Used

- Condom, Male: 25.3
- Pills: 11.5
- Injectables: 4
- Implants: 2
- Condom, Female: 1.2
- IUCD: 1.2
- BTL: 0.4
Traditional Methods Used

- Calendar: 72.3%
- Withdrawal: 8.7%
- Breastfeeding: 1.2%
Unmet Need for FP

- Wanted Preg: 48%
- Spacing: 21%
- Limiting: 31%
Barriers to using modern FP included:

- lack of knowledge,
- fear of side effects,
- religious considerations
- and husband opposition.

Promotion of FP by health professionals was poor (42%).
DISCUSSION & CONCLUSION

- Based on these findings, to help improve FP in this city,
  - integrating and improving FP access in all public health facilities,
  - advocacy for use of modern contraception,
  - training of health workers on FP,
  - intensifying promotion of FP to women at each contact is highly recommended.
THANK YOU!