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Determinants of Contraceptive Practice Among Married Women, in the Health District of Dahra, Senegal



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Introduction

In Senegal, the contraceptive prevalence rate among married women was estimated in 2015 at 22% at the national level [1]. It was particularly weak in the health district of Dahra (14%). The health district has, since, benefited from the support of the United Nations Population Fund (UNFPA) and the Mother and Child Health Support Project / Projet d'Appui à la Santé de la Mère et de l'Enfant (PASME). PASME is funded by the French Development Agency / Agence Française de Développement (AFD). Thus, several interventions focused on communication and strengthening health care were made. At the end of the first year, the objective of this study was to re-evaluate the contraceptive prevalence and its main determinants in order to propose recommendations.

Method

A cross-sectional, descriptive and analytical study was conducted from 8 to 22 June 2016 in the health district of Dahra (6,980 km² for 151,446 inhabitants). It was centered on women of childbearing age (15-49 years), married, and residing in the health district for, at least, 6 months. These women were selected according to a two-stage cluster survey (village then concession). The sample, calculated with the Schwartz formula and taking into account the cluster effect, was $n = ([1,962 * p * q] / 12) * 2 = 185 * 2 = 370$. It was adjusted to 450 in order to have 30 clusters of 15 women to investigate. Data, collected in households using a questionnaire in individual interviews, were entered and analyzed with Epi Info software 3.5.3.

Result

The number of respondents was 433 (96%). The age, variable from 15 to 49 years, had an average of 29(±7.8). The majority of women were from rural area (69,3%) and in monogamous marital regime (62.3%). Among them, 89% knew family planning (FP); and 66.1% of husbands approved FP. The contraceptive prevalence reached 28.4% and the injectable methods were the most used (44.7%). The proportion of women with unmet need for FP was 20.3%. Contraceptive practice was greater among those who: resided in urban area, had an income-generating activity, and/or had a husband who approves FP.

Table 1: Description of the Population of the Population.

Description of the Population	Modalities		
	Yes	No	Total
Age < 25 years	139(32,10%)	294(67,90%)	433
Children alive > 3	190(43,88%)	243(56,12%)	433
Last child ≤ 2 ans	247(57,04%)	186(42,96%)	433
Urban residence	133(30,72%)	300(69,28%)	433
Instruction	336(77,60%)	97(22,40%)	433
RGA (revenue generated activity) / English	240(55,43%)	193(44,57%)	433
Monthly income	296(68,36%)	137(31,64%)	433
Husband favourable to FP	228(66,09%)	117(33,91%)	345

Table 2: Looking for Determinants of Family Planning (Fp) Practice.

Looking for Determinants of Family Planning (Fp) Practice		FP		p- value	OR
		Yes	No		
Age	Ado/Youths	33	106	0,138	---
	Adults	90	204		
Number of living children	> 3	62	128	0,08	---
	≤ 3	61	182		
Last children age	≤ 2 years	80	167	0,034	1,59 [1.03 -2.45]
	> 2 years	43	143		
Residence	Urbane	49	84	0,009	1,78 [1.14-2.76]
	Rural	74	226		
Instruction	Yes	98	238	0,54	---
	No	25	71		
Revenue generated activity	Yes	78	162	0,035	1.58[1.03-2.43]
	No	45	148		
Monthly income	> 50 000	45	130	0,3	---
	≤ 50 000	78	180		
Social organisation member	Yes	89	207	0,25	---
	No	34	103		
Husband's position	For	100	128	<0,001	4,60 [2,50-8,10]
	Against	17	100		

Discussion

The limits of this study are of three kinds [2,3]: Unmarried women who represent 35% of the women of childbearing have been overshadowed. The characteristics of women with unmet need for FP were not studied. The peculiarities of the service offer were not detailed. The estimated prevalence (28.4%) is above the national average of 22%. Four main factors influenced contraceptive practice: husband's attitude, place of residence, economic occupation and age of the last child. These data are comparable to the Faye M series in Ngaye Mékhé District, which found a contraceptive prevalence of 28.6% in 2015 [4]. The unmet need for family planning (20.3%) was similar to that of the 2014 demographic and health survey (DHS), which found that 25.6% of women had a SNB in FP, of which 19.2% for spacing and 6.3% for limiting births [1].

Conclusion

At the health district of Dahra, the contraceptive prevalence rate has been raised but remains low. Its improvement requires

a real global and inclusive dynamics for all actors. This calls for a multi-sectorial and interdisciplinary approach, aimed at empowering women and involving husbands, especially in rural areas.

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