

FOCUS GROUP IDENTIFICATION OF BARRIERS TO THE USE OF MODERN CONTRACEPTION IN THE GARA MULETA DISTRICT OF EAST HARARGHE

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ABSTRACT: With a crude growth rate in excess of 5% for the district and a contraception prevalence rate of less than 1%, the identification of barriers to the use of modern contraception was made a priority by the district health management team of Gara Muleta District, East Hararghe Administrative Region. As very little was known about barriers to use, it was decided to conduct focus group sessions with specific homogeneous groups of interest. These were young married males and females, older men and women (> 45 yrs), clergymen, and trained traditional birth attendants. Samples of each were taken from urban and rural settings. Large disparities based on sex and whether urban or rural dwellers were identified. Specific gaps in knowledge and misinformation regarding modern contraception were identified upon which the planning of initial family planning interventions will be based.

INTRODUCTION

The crude rate of growth in Ethiopia is estimated to be about 3% per year (1). With such rates of growth the population of Ethiopia will reach 100 million by the year 2015. In a recent survey conducted in the district of Gara Muleta, located in the eastern region of East Hararghe, the crude birth rate was estimated to be 68 live births per 1000 inhabitants (2). This, combined with a crude death rate of 18 per 1000 inhabitants, results in a crude growth rate of 5.0% and a population doubling time of less than 15 years. There are several consequences of the rapid growth rate in Gara Muleta. At present approximately 50% of the population is under 15 years of age and women of child bearing age between and 15 and 49 constitute another 20% (2). These populations are particularly vulnerable to preventable causes of morbidity and mortality. The infant mortality and maternal mortality rates are estimated to be 153 and 10 per 1000 live births respectively. The Ministry of Agriculture has identified Gara Muleta as a food security problem area. Rapid increases in population can be expected place increase burdens upon the already marginal food supplies in the district.

Gara Muleta is a predominantly rural population of 180,000 inhabitants. Little is known about their knowledge and attitudes towards modern contraception. Less than 1% of eligible women are using modern contraception methods (2). Given this information, the district health management team identified family planning as one of its highest priorities. However, prior to the planning of specific interventions it

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was decided more information was required regarding the population's understanding and interest in family planning and barriers to the use of modern contraception methods. The purpose of this study was to gather baseline information on these subjects through focus group discussions with particular subgroups of the population thought to have influence over the decision to institute family planning practices.

METHODS

Study Design: Focus group discussion (FGD) methodology was employed. This is a qualitative method which involves in-depth discussion sessions with a small (4 to 8), homogeneous group of subjects (3). They are conducted in neutral, non-threatening settings which are intended to foster free and spontaneous discussion. This study employed a trained nurse to animate the discussions and each session lasted between one and two hours. Responses were recorded by a research assistant who did not participate in the discussion.

Population: The FGD's were conducted in one urban (Girawa town) and one rural area of the district. The make up of the groups was as follows; rural [young (<30 yrs) married females, young married males, older (>45 yrs) males, community health agents] and urban [young married females, older women, trained traditional birth attendants, priests (Ethiopian Orthodox Church)].

Focus Group Discussion Content: The nurse animator was provided a general guideline which would insure the following topics were included in the discussions; optimal age at first marriage, family size, interval between pregnancies, family decisions about spacing, knowledge about modern contraception and their sources.

RESULTS

Tables 1 and 2 summarize the results for rural and urban focus groups. Among the rural groups, the optimal age at first marriage was consistently thought to be at 15 for a female and between 17 and 20 years of age for a male. Urban opinions varied more with the range for females being between 12 and 18 years. The younger ages given by the priests interviewed is to be noted. The most common reason given for early marriage was "to avoid spoiling of girls". Other frequently mentioned reasons for early marriage had to do with an early start on children who will help support the family and to improve the relationship between husband and wife (an early marriage results in a stronger bond between the two).

Groups were asked what represented too few and too many children. Here there were large differences between rural and urban dwellers, with larger families envisioned as more optimal among the rural groups. The largest estimates of family size came from the priests' focus group, however it was stated in this group that "instead of increasing food production, it is better to decrease the number of consumers". Common reasons given for larger families were increased family wealth, many workers, and God's will. It was also commonly acknowledged among the rural groups that too few children would invite the husband to search for another wife. Lack of knowledge about contraception was mentioned as a reason for too many children among the urban groups.

There seemed to be a general consensus among the focus groups that spacing between children should be 2 to 3 years. The one exception being young rural women who preferred a one year spacing. This group mentioned fear of divorce and community rumors of sterility as reasons for short spacing. Regarding how partners should decide on spacing, urban groups felt it was necessary that both be involved, while among rural groups this was not discussed between partners and was considered a male prerogative. Both urban and rural groups equated spacing with the health of the mother and her children.

A large variety of alternative contraceptive methods were identified, including herbs, rhythm method, breast feeding, injections, condoms, loops (IUD's), and the birth control pill. It was widely believed that the BCP provided through health institutions induce abortion, which is contrary to religious teaching. Lay knowledge of modern contraception methods was most complete among young married males.

Misconceptions about modern contraceptive methods were prevalent in all the focus groups conducted. The birth control pill was thought to lead to weight loss, heartburn, weakness, and

Table 1. Focus group discussion (rural)

	Type of focus group			
	Yong married males (5)	Young married females (5)	Elderly males >45 yers (5)	Community health agents (3)
Age of first marriage				
males	15	15	15	15
females	17	20	18-20	20
family size				
Few	7	4	<6	5
Many	12	10-13	8-12	11
Interval between pregnancies	2yrs	1yr	2 yrs	3-4yrs
Decision for spacing between partners	No decision	No decision	No decision	No agreement
Known contraceptive	-pills	No knowledge	Methods in Health institutions (unspecific) - Herbs, religions belief	- Rythm method - Breast feeding - Pills, condom, - Root of bambo Feeling of sterility
	-Injection			
	-condom			
Rumors on side effective s of contraceptives	Skin pigmentation	No knowledge	No knowledge	
	Clotting of			
	Menstrual blood			
	Infection of the			
	Uterus			
Source of knowledge on contraceptives	Health post		- Mass media	- Health institutions
	Radio		- Freinds	- Friends
	Freinds		- Health workers	
	From the town		- From the town	
	Type of focus group			
	Yong married males (5)	Elderly women >45 years (5)	Trained TBA's (4)	Orhodox curch priests (4)
Age of first marriage				
males	18	13	14-15	12-15
females	20-25	18	20	15-18
family size				
Few	2-3	3-4	2-3	<6
Many	6-7	12	9-10	14
Interval between pregnancies	3yrs	3 yrs	2-3yrs	3yrs
Decision for spacing between partners	Necessary	Necessary	Necessary	Necessary with God's will
Known contraceptive	- Rythm methods	- Breast feeding	- Breast feeding - Rythm method - Pills - Herbs	- Rythm method - Condom - Pills
	- Pills	- Pills		
	- Injection	- Herbs		
	- Condom			
Rumors on side effective s of contraceptives	- Loss weight	- Heart burn	- Weakness	- Loss of weight
	- Obesity	- Loss of weight	- Joint pain	
	- Melting of loop	- Pregnancy	- Accumulation of the pill in the body	
Source of knowledge on contraceptives	- Radio	- Health institution	- Mass media	- Health institution
	- Health institution	- Public meeting	- Freinds	- Mass media
	- School	- Social gathering	- Health workers	
	- Freinds	(Idir, Holidays)	- From the town	

joint plans. Others mentioned fear of the loop melting. Almost all felt side effects were likely to occur in those with inadequate dietary intake.

DISCUSSION

One of the principal advantages of focus group discussions is their ability to elicit a large amount of information in an efficient manner(4). In terms of the human and physical resources required, the cost of conducting focus group studies is considerably less than that of a survey or analytic research designs. Limiting factors are the qualitative nature of the information obtained, difficulties in summarizing the information, and concerns about the generalizability of the findings.

From this investigation it is evident that in rural and urban communities in Gara Muleta expectations regarding the optimal age of marriage and family size will need to be carefully considered by health educators in the district. Women are expected to marry and have children at a young age. Decisions about family size and spacing are generally not openly discussed and are dominated by males. Health education programs may therefore be more effective if their content and presentation are planned with specific subgroups in mind. In addition to women of childbearing age, these could include adolescent males and females, husbands, and community and religious leaders who have an influence over family planning decisions.

Widespread misinformation about the ill-effects of modern contraceptive methods will also impair further progress with family planning programs in the district. Fears of sterility and abortion following use of the birth control pill are common. Health education will need to directly address these concerns and encourage people to openly discuss these two important issues. If not included in health education it is likely the local population will continue to distrust modern contraception and reject its use.

This study was restricted to only a small segment of potential focus group participants. The findings should be considered preliminary, with continued group discussions indicated among a wider spectrum of communities throughout the region.

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