

ORIGINAL ARTICLE

FACTORS AFFECTING CONTRACEPTIVE USE AMONG THE WOMEN OF REPRODUCTIVE AGE IN SAMARAHAN DISTRICT, SARAWAK, MALAYSIA

Dianna Anak Jawa¹; Md Mizanur Rahman¹

Faculty of Medicine and Health Sciences, Universiti Malaysia Sarawak (UNIMAS)

ABSTRACT

The Contraceptive Prevalence Rate (CPR) is an important indicator in achieving the Millennium Development Goal (MDG) by 2015. Despite all the efforts to improve the CPR in Malaysia after 1994, it has levelled off at the range of 52% since then. Considering this view, the present study was to determine prevalence of contraceptive use and also to determine the factors affecting it. This cross sectional study involving a total of 462 married women of reproductive aged 18 to 49 years. Data were collected by face to face interview using a semi-structured questionnaire. All completed questionnaires were validated manually and data analysis carried out by computer using IBM SPSS version 19.0 software. The prevalence of contraceptive use was found to be 43%. The most commonly used contraceptive method was oral contraceptive pills (55%) followed by injectable contraceptives (23%), and female sterilization (11%). Binary logistic regression analysis revealed that women aged less than 25 years (OR=6.0, 95% CI: 1.94, 18.49), husband-wife discussion about family planning issues (OR=4.3, 95% CI: 2.23, 8.18) and last child aged one year (OR=2.2, 95% CI: 0.98, 4.69) were potential factors for contraceptive use ($p < 0.05$). The study emphasizes the importance of husband-wife communication, shared responsibility and promotes their active involvement in family planning programmes to ensure a long-term permanent effect on contraceptive use.

Keyword: Contraceptive Prevalence Rate, Family Planning, Reproductive age, Sarawak

INTRODUCTION

Family planning is a method which allows spouses to anticipate and attain the desired number of offspring (children) as well as allowing for the timing and spacing of these births. It is achieved through the use of various contraceptive methods¹. Modern methods of contraception include female and male sterilization, oral hormonal pills, the intrauterine device (IUD), the male condom, injectable, the implant (including Norplant), vaginal barrier methods, the female condom and emergency contraception. Traditional methods of contraception include rhythm (periodic abstinence), withdrawal, prolonged abstinence, breastfeeding, douching, Lactational Amenorrhea Method (LAM) and folk methods. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being, as well as, on the outcome of each pregnancy¹. As many as three out of ten maternal deaths could be prevented with family planning. This would allow women to delay motherhood, space their births, avoid unintended pregnancies, avert abortion and halt child bearing once they have reached their desired family size².

Millennium Development Goal (MDG) 5B targeted to achieve universal access to reproductive health by 2015. Two important indicators in achieving universal access in reproductive health by 2015 include increasing contraceptive prevalence rate and reducing the unmet need for family planning³. The world's Contraceptive Prevalence Rate (CPR) for 2009 was 56.1%, while South East Asia recorded a CPR of 54.7%⁴. Despite all the efforts to improve the contraceptive

prevalence rate after 2004, Malaysia's Contraceptive Prevalence Rate (CPR) has maintained at a stagnant with a present day range of 52%³, while Sarawak's CPR was recorded to be 53%⁵.

There are many factors affecting the use of contraception and which are essential in determining the increase use of contraception. In the past few years, more emphasis was placed on the factors influencing family planning including demographic characteristics, psychological characteristics, knowledge, attitudes and practice^{6,7}. Spousal communication is the first step in a rational process of fertility decision making preceding such decisions as family size and the increase of contraceptive use⁸. Deficiencies in communication activities are seen to be one of the limiting factors that hinder the success of family planning programs⁹. Information on the significant association between spousal decision making and the practice of family planning is limited especially in Sarawak. For the assumption that women bear the risks and burdens of pregnancy and childbearing and most modern contraceptives are available for women, family planning in the past has always focused on women or the wife instead of men or the husband in family planning programs. Therefore, many men and the husbands consider MCH clinics only to cater women and children need, and feel uncomfortable seeking information or services in that setting¹⁰⁻¹².

It is argued that a better direction in the planning and the implementation of family planning programmes depends on involvement of