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Original Research Article

Determinants of Low Modern Contraceptive Prevalence in the Health District of Markala/ Case of the Community Health Center of Diamarabougou

Kanthé, D[1*], Samaké, Y[2], Koné.O[1], Fomba, D[1], Bagayoko, T. B[3], Kéita, M[3], Samaké, B[3], Kéita, S[2], Traoré, M[2], Dembélé, B. T[4], Dembélé, K. S[5]

[1]Markala Reference Health Center, Mali
[2]Fana Reference Health Center, Mali
[3]Ségou Regional Hospital of Nianankoro FOMBA, Mali
[4]University Hospital Center of Gabriel, Mali
[5]Tominian Reference Health Center, Mali

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Abstract: The level of use of MCMs remains low in our country. The objective of this study was to analyze the factors associated with the low use of modern contraceptive methods in the Diamarabougou health area. It was a cross-sectional study with an analytical focus conducted among 150 PAFs selected through random sampling. The study established the following**:** -Modern contraceptive prevalence was 35%. -The majority of women knew about family planning (99%)**.** -The main source of information was health personnel (34.7%). -The reasons for the low use of MCM were The low level of education of the woman and/or her spouse, the desire to have many children and the unfavorable opinion of the spouse. -Both men and women believe that lack of control over the menstrual cycle, jealousy, and lack of distraction are the reasons for many unplanned pregnancies; - The main disadvantage of contraception is infertility. - The main disadvantage of contraception is sterility. For the ATRs, contraception is an effective way to fight against maternal and infant mortality. They also believe that the use of contraception and the choice of a smaller family are also accompanied by significant economic and material advantages, as expenses related to health, education and family maintenance are reduced. ***Conclusion :*** The use of modern contraceptive methods remains low in the Diamarabougou health area. The correct information to women and the identification of associated factors: the low level of education of the woman and her spouse, the desire to have many children, insufficient discussion with the spouse and the lack of involvement of traditional birth attendants in family planning programs.

Keywords: Determinants, contraceptve, parity, planning family, prevalence.

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INTRODUCTION

Contraception is a method of preventing, either reversibly and temporarily or permanently, the fertilization of an egg by a sperm or, if fertilization occurs, the implantation of the fertilized egg.

No method of contraception is 100% reliable. Of these, only the male and female condom offer protection against sexually transmitted infections, especially HIV transmission [1].

Scientific methods of contraception appeared in the course of the 20th century and especially in its second half. Intrauterine devices, or IUDs, made their appearance around 1962 and polyethylene became the reference material, marketed in hundreds of models [2].

In Mali, the concept of birth spacing emphasizes the notion of the interval to be maintained between births without regard to family siz IPSP (Ideal Pregnancy Spacing and Planning for Health) is a concept that determines the time that should elapse between a delivery or abortion and a new pregnancy for healthy fertility. This ideal interval is at least 2 years and no more than 5 years for a delivery and 6 months for an abortion [3].

***Corresponding Author:** Kanthé, D
Markala Reference Health Center, Mali

OBJECTIVE

To analyze the factors associated with the low use of modern contraceptive methods in the health area of Diamarabougou.

MATERIALS AND METHODS

A descriptive cross-sectional study with an analytical focus covering the period from October 15 to November 30, 2019 and including: A quantitative component: Data from women of childbearing age (15-49 years) collected on questionnaires, a qualitative component: Data from group interviews with focus groups of 8 men, 8 women of childbearing age and 8 traditional birth attendants. Finally, an observational analysis by the method of observation scales of Desjeux, D [24] defined, according to the point of observation, the following scales: the macro-social scale, the meso-social scale, the micro-social scale and the micro-individual scale.

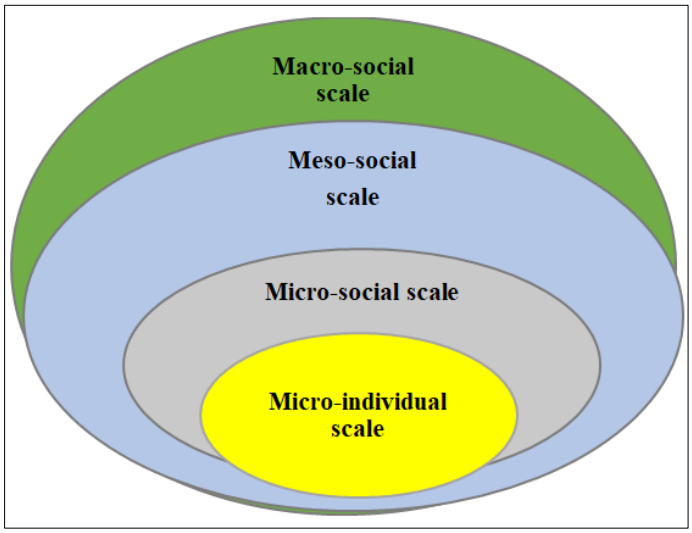
According to the author, the macro-social scale, seen from a micro-social point of view, is that of regularities in relation to social strata (or social classes), ages (or generations), sexes (or genders), cultures (or "races" or ethnicities).

The meso-social scale is that of organizations, strategies between actors, power relationships and interests. All actors can play. What varies are the assets that each one possesses and the position that they occupy in a given situation.

The micro-social scale is a derivative of the meso-social scale, applied to private or domestic space. It is the scale for identifying the diversity of behaviours and social mechanisms, some of which can be weighted later.

The micro-individual scale is that of the subject, of the individual who is unique.

These different scales are illustrate:



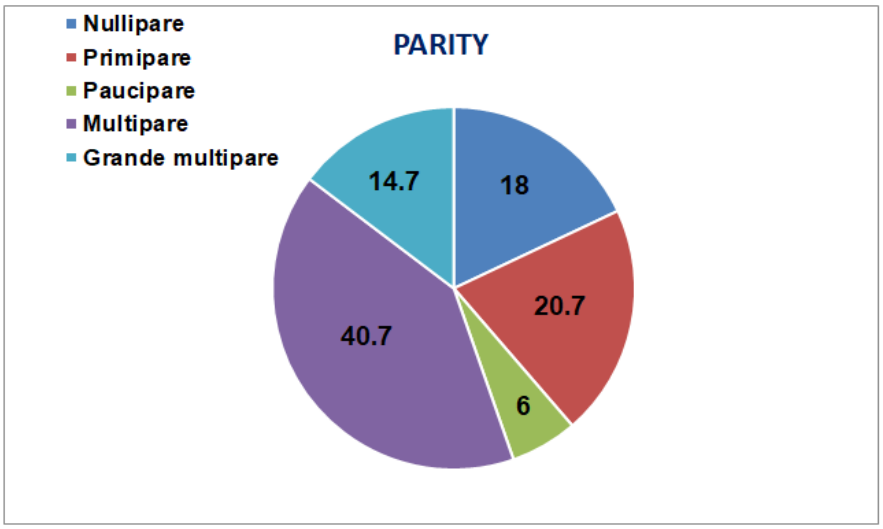
RESULTS

From October 15 to November 30, 2019, a total of 150 single and couple women of reproductive age were involved in our study.

Table 1: Distribution by Age groups

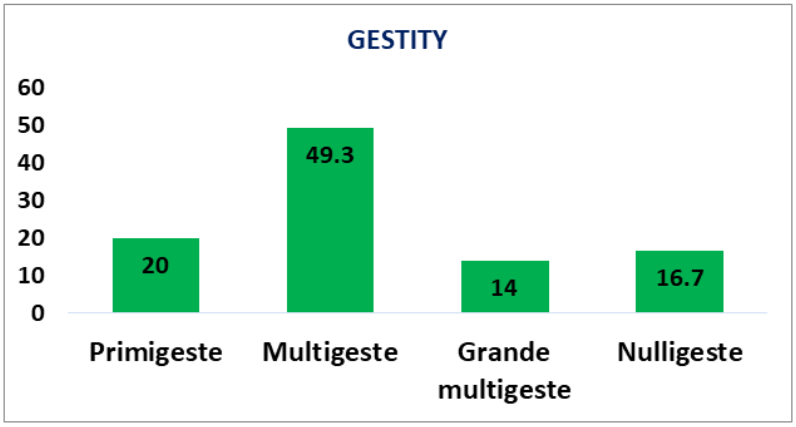
Age groups	Effective	Percentage
15-19	17	11,3
20-24	***34***	***22,7***
25-29	30	20
30-34	32	21,3
35-39	20	13,3
40-44	12	8
45-49	5	3,3
Total	150	100,0

The age group of 20-24 years was the most represented with 22.7%. The average age of the respondents was 28.59 years with extremes of 15 and 46 years.



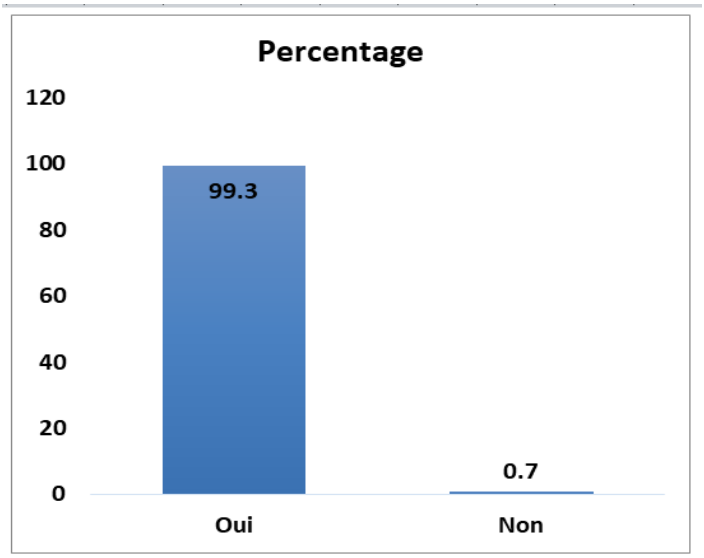
Graph 1: Parity

40.7% of the women had already given birth several times.



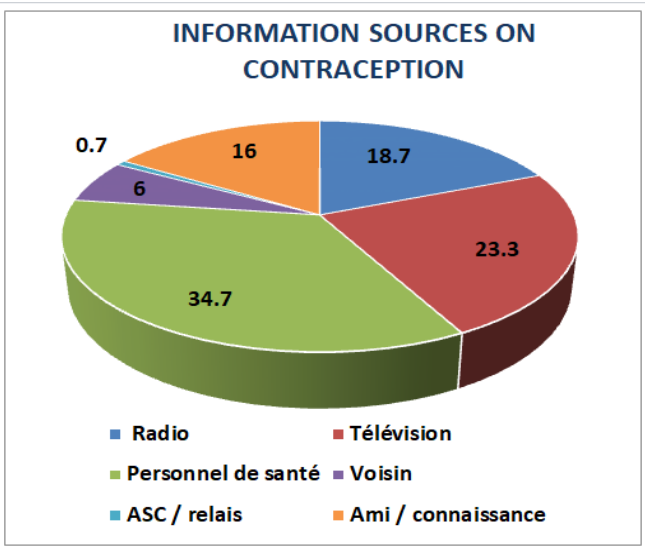
Graph 2: Gestity

The multiples dominated our serie with 49,3% women interviewed.



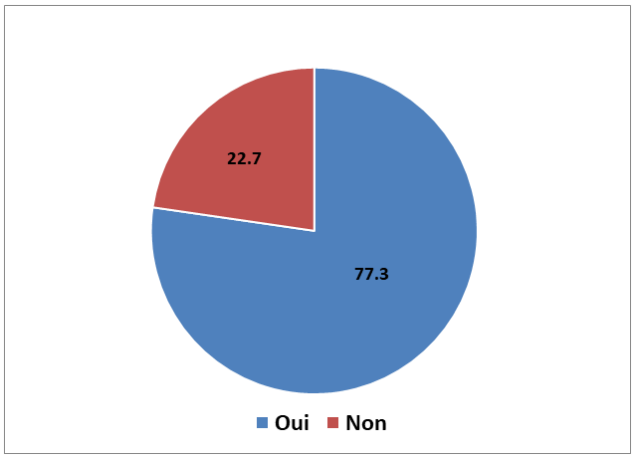
Graph 3: Knowledge of Modern contraceptive methods

99,3% of women interviewed know the modern cntraceptive methods.



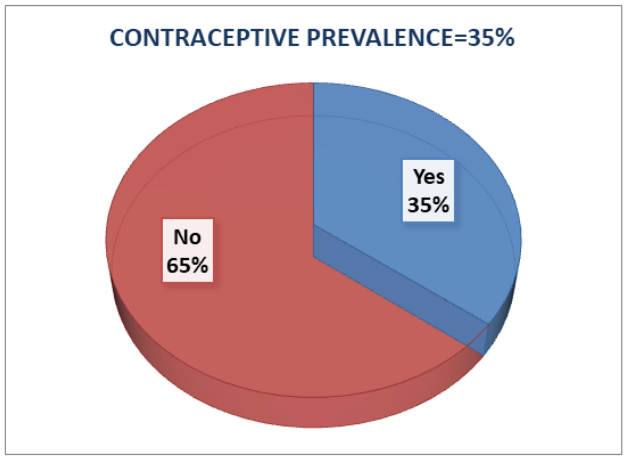
Graph 4: Information sources

The main source of information was health personal with 34,7%



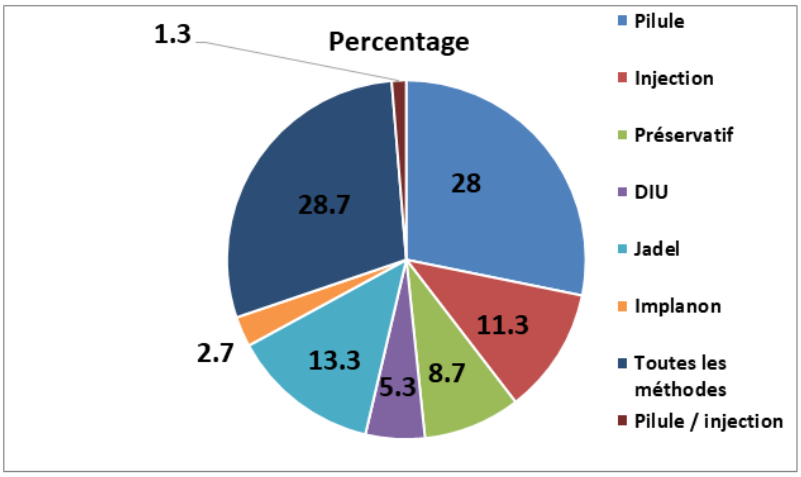
Graph 5: Desire for children

77,3 % of women wanted to have children.



Graph 6: Prevalence

Contraceptive prevalence was 35%.



Graph 7: Contraceptive method used

The contraceptive pill was the most commonly used method with 28,7%

DISCUSSION

The purpose of this study was to determine the factors associated with low MTC use among women of reproductive age 15-49 years in the Diamarabougou health area. Contraceptive prevalence was 35%. The main determinants of low MCM use are

The low level of education of the woman and the spouse on MCM, the desire to have many children by the couple and the non-involvement of the spouse.

The 20-24 age group was the most represented with 22.7%. The average age of the respondents was 28.59 years, with extremes of 15 and 46 years.

The level of education of the women surveyed was low, with 28% having reached primary school; a study conducted in the Gombe Matadi Health Zone in the DRC also found that the low level of education (59.9%) was a factor in the non-use of MCM [6].

According to the Mali VI DHS, the level of education of women is another important differential factor. Modern contraceptive prevalence increases with the level of education, ranging from 14% among women with no education to 18% among those with primary education and 29% among those with secondary or higher education [5].

Knowledge of MDCs among women surveyed was very good at 99%. This result is consistent with that of KATOKA Fuanda M in DRC who found that 54.4% of women had a high level of knowledge of MCM [6]. This is different from the study by Mutombo *et al*., in Kenya who found that more than half (54%) of the women surveyed did not know about MCM [21].

The main source of information in our study was health personnel (34.7). This result is confirmed by that of KATOKA Fuanda M in DRC [6] who found 53.5% but does not agree with that found by MATUNGULU in Lubumbashi in DRC [22] with 73.5%.

This can be explained by the fact that our survey was conducted in a semi-urban environment where there are many health facilities and where the population is in constant contact with health workers.

The prevalence of MCM use in the present study was 35.3%.

This result is comparable to those of Mustafa G in Pakistan in 2015 who found 29% contraceptive prevalence and NDAYIZIGIYE M [15] in Burundi in 2017 which was 30.6%.

The most used method was the pill with 17.3%, comparable to that found by John TUMBO in Vanga, DRC with the pill coming in first for 22.9% [23].

This result is different from that of TILAHUM T in Ethiopia who found that injectables were more used (62.9%) [14] and the DHS VI Mali [5] which found that the methods of MCM most used by women are implants (24%).

One of the fundamental reasons for the low contraceptive prevalence in our survey is the desire to have many children within the couple. Indeed, 77.3% of women wanted to have children. This result is confirmed by the DHS VI Mali [5] which found 66% of women in union wishing to have children. It is different from that of SEBASTIEN ELIASON [13] who found in Ghana 58% of PAF not wishing to have children.

In current practice, the partner's participation in the couple's contraception is an essential factor in the practice of contraception.

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