

## **The prevalence of Covert use of contraceptives in Nazareth/Adama town.**

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### **Abstract**

**Background** Reproductive Health in its broader sense should be a concern of all, not just only for women. In Sub Saharan Africa and in the more patriarchal societies like Ethiopia decisions related to reproductive health are made by men. Improving joint decisions of couples and husband approval on women's decisions of reproductive health predominantly decision regarding family size limitation, is not a simple fact. In a society where there is low prevalence of contraceptive, clandestine use of contraceptive is high, mainly in Sub Saharan Africa where women have low autonomy.

**Methods** This study was conducted with an objective of estimating prevalence of secret use of contraceptives on a sample of 578 currently married women in Adama town 100 km south of Addis Ababa, capital of Ethiopia. Currently married women aged 15-49 and a sub-sample of their husbands were the study unit. Both quantitative and qualitative data were used. The prevalence of covert use is estimated using direct questions and discordant responses of couples.

**Results** The study has found out that the Contraceptive Prevalence Rate among currently married women is 47% and 8.7% of them admitted use of contraceptives with out the knowledge of their husbands. Almost 23% of women practiced use of contraceptives with a complete or partial lack of knowledge of their husbands. Of all the modern methods, 15.7% of the covert users practice Injectables. Roughly 64% and 52% of covert users reported that their husband's are more pronatalist and had difficult spousal communication about family planning, respectively. Likewise, 78% of the covert users reported that their husband opposes use of contraceptives.

**Conclusion** The findings support the literatures in low contraceptive settings secret use of contraceptive is high. Women should be authorized to exercise their rights in making decisions that affect their reproductive health. The involvement of Men in reproductive health issues should be encouraged. Also, reproductive health service providers should inflate the choices available to their clients. The lack of women autonomy is the main factor that determines clandestine use of family planning services. Access to services, knowledge to specific methods, traditional and cultural barriers do have interplay to improve the role of men in reproductive health. With increasing involvement of men it might be possible to bring change in contraceptive use, which is the main challenge in the past several years. Since reproductive health matters are one indicators of poverty, men involvement and women autonomy will bring a new and short route to achieve the Millennium Development Goals.

**Keywords** Reproductive Health, Family Planning, Covert Use, Men Involvement, Nazareth/Adama, Ethiopia.

## **Introduction**

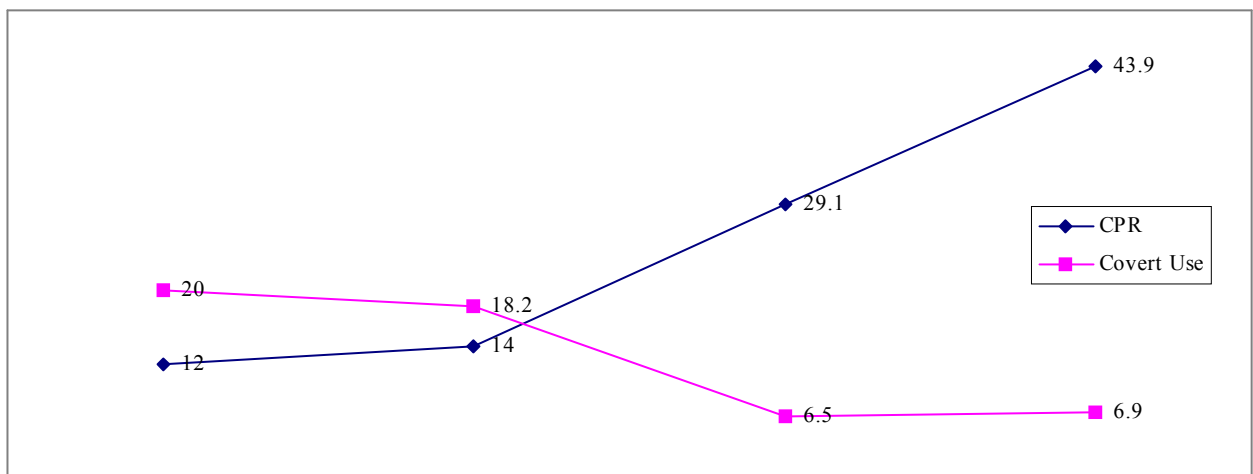
Reproductive health in its broader sense should be a concern of all, not just only for women. It needs the attention of the entire family and the society at large. These rights are largely manifested by the ability to have safe and satisfying sexual life as well as controls over one's fertility. In Sub Saharan Africa (SSA) and in the more patriarchal societies like Ethiopia, decisions related to reproductive health are made by men. Improving joint decisions of couples and husband's approval on women's decisions of reproductive health, predominantly decision regarding family size limitation, is not a simple fact. In Ethiopia, reproductive health information and services are conditioned to age, marital status or spousal consent<sup>1, 2</sup>. The general objective of this study is to estimate the prevalence of covert contraceptive use and to identify its correlates in the study area.

According to the United Nations estimates, family planning accounted for two-thirds of the decline in Total Fertility Rate (TFR) in the developing world from 1960-1985<sup>3-5</sup>. Although there has been a modest decline in fertility rates over the last decade in most countries of SSA<sup>6, 7</sup>, the average population growth rate during this period was above 2.5%, the highest among the developing countries<sup>8</sup>. Family planning services have become the interventions of choice to slow population growth. It is believed that child spacing and the timing of every birth can improve survival chance of the child and can maintain good physical and emotional health for the whole family. Social and cultural factors have been shown to influence couple's decision to use contraception, even with the availability of contraceptives<sup>9</sup>. The low Contraceptive Prevalence Rate (CPR) in Ethiopia results from limited availability and access to specific methods; cultural and religious barriers, including male opposition to changing existing practices<sup>10, 11</sup>.

In most developing countries, family planning services are mainly allied to Maternal and Child Health (MCH) programmes. The success of family planning programmes is mainly linked to the subject of male involvement, which leads to informed decision. In countries where CPR is low, women practiced contraceptives with out the knowledge of their partners or with their husbands' ignorance of specific methods. The common definition of covert use is contraceptive use without the knowledge of the spouse. In this study covert use is also related with the use of any contraceptive method with the ignorance of husband's<sup>12, 13</sup>.

Studies in many developing countries show that significant proportion of women use contraceptives without the knowledge of their husbands. A study in Uganda found that over 15 percent of women who were using contraceptives said that they were doing so without their partners' knowledge<sup>14</sup>. This fraction was much higher in rural areas than in urban areas (18 percent versus 7 percent). Studies in a rural Kenyan setting also showed that 20 percent of contraceptive users admitted using without their husbands' knowledge<sup>15</sup>. In an urban area of Zambia, it was observed that 7 percent of women using contraceptives said that they were using it covertly<sup>12</sup>. Studies in SSA show that covert use of contraception is inversely correlated with CPR (Fig 1).

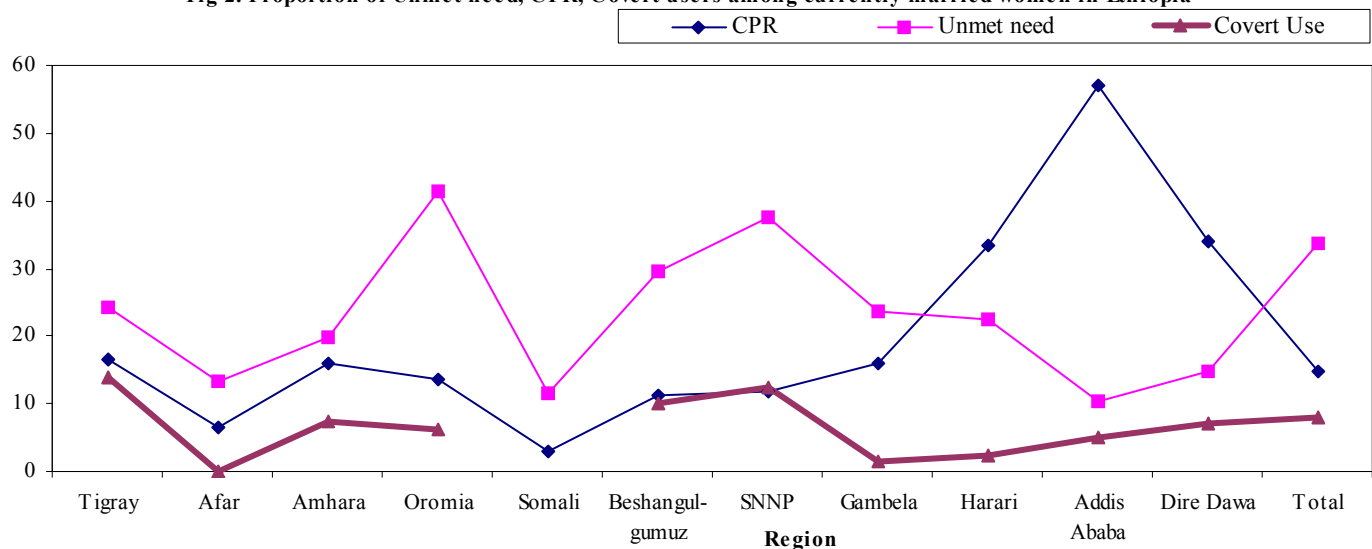
**Fig 1 Percentage of Covert Use and CPR in SSA**



Source: Blanc, 1996; Rutenberg and Watkins et al., 1997

In 2005, data from different regions of Ethiopia show that the prevalence of covert use and CPR are inversely related with a correlation coefficient of -0.17, while unmet need and covert use gave a correlation coefficient of 0.44 (Fig 2).

Fig 2. Proportion of Unmet need, CPR, Covert users among currently married women in Ethiopia



Source: EDHS, 2005

### The Study Area

Ethiopia is a country with deeply rooted customs and traditions that pose serious threats to the reproductive health of women, such as, Female Genital Mutilation (FGM), early marriage, marriage by abduction and informed decision of family planning services. Family planning was initiated four decades ago. However even after such a long period of time family planning use is among the lowest in Africa (14%) and unmet need for family planning is very high (36%). Ethiopia is one of the countries with the highest fertility rate in Africa with a TFR of 6.4, 5.5 and 5.4 in 1990, 2000 and 2005, respectively. The population growth rate is 2.9% and currently the Ethiopian population is estimated to be well above 73 million<sup>10, 16-18</sup>.

Adama, also known as Nazareth is one of the cities in Ethiopia and the current capital of Oromia region. It is located at 8.55° N 39.27° E, approximately 100 km southeast of Addis Ababa. It is the largest populated city in the Region with an estimated population of 422, 490 and the third populous city in the country, next to Addis Ababa and Dire Dawa in 2005. The average annual growth rate of the population is 4.7%. Like any urban population, migration constitutes significantly to the population growth rate of the town<sup>18</sup>.

According to Knowledge Attitude and Practice (KAP) survey conducted in Nazareth, fear of extramarital affairs, value attached to children, unfriendliness of family planning services to men, fear of reduction to sexual pleasure, religious disapproval and fear of becoming impotent are cited as the main reasons for not using contraceptives<sup>19</sup>. The use of modern contraceptive method in Nazareth/Adama town is influenced by the socio-economic and demographic variables. Access to contraceptives is an important variable affecting use of contraceptives<sup>20</sup>. There is no tangible estimate about CPR of Adama town. In 2005, the estimated CPR of urban Oromia was almost 10%<sup>10</sup>. The CPR among currently married women in region was 13.6% and 12.9% for any method and modern method, respectively<sup>16</sup>.

## **Methodology**

The study used quantitative and qualitative research methodologies. A total sample of 600 households of married couples was taken for the quantitative study. The survey was based on two stages sampling design. The first phase of sample selection was the selection of Qebeles<sup>1</sup>. According to the new administrative system there are 15 Qebeles in Adama town. Those Qebele's, which were more rural, were selected purposively. In the second phase of sample selection, households where both couples can be obtained at the same point of time were selected purposively. Quantitative data was collected from currently married women aged 15-49 and sub-sample of their husbands. Two different types of Questionnaires were prepared for married women and for their husbands. The reports of husband and wife became a single questionnaire and coded and entered in to computer as one using Statistical Package for Social sciences (SPSS). Focused Grouped Discussions (FGDs) and key informants were conducted for the qualitative data. FGDs were organized from recent clients and service providers were used as key informants. Covert use is determined, either from discordant responses between husbands and wives about current contraceptive use, or from direct attempts made to measure secret use by asking the respondent whether the spouse knew about current contraceptive use. Discordant response is obtained when one partner reports use of a method while the others reported non-use. The other possible option for discordant response is when couples reported use of different methods.

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<sup>1</sup> Qebele is the smallest administrative structure in the study area.

## Results

The total number of questionnaire finally cleaned and prepared for analysis is 578 giving a response rate of 96.3%. Myers' index for Wife is 20.2 and for husband's it is 19.2. Close to 40% of the husband and 38% of the wife's were in the age interval 25-34. The mean and median age of the surveyed women was 28.2 Years and 27 Years respectively with a standard deviation of 6.8. For husbands, the corresponding values of the mean, median and standard deviation are 35, 35 and 7.6, respectively (Table 1).

Table 1 Background Characteristics Of Respondents.

Age Group	Husband		Wife	
	N	%	N	%
15-24	23	3.9	171	29.6
25-34	230	39.8	219	37.9
35-44	180	31.1	102	17.6
45+	78	13.4	19	3.3
DK	67	11.6	67	11.6
Religious domination				
Orthodox	395	68.3	397	68.7
Protestant	71	12.3	75	13.0
Muslim	92	15.9	84	14.5
Catholic	20	3.5	22	3.8
Educational Level				
No Formal Education	38	6.6	107	18.5
Primary	215	37.2	261	45.3
Secondary	252	43.6	176	30.4
Technical and Above	73	12.6	34	5.8
Ethnicity				
Oromo	197	34.1	222	38.4
Tigre	60	10.4	64	11.1
Amhara	228	39.4	198	34.3
Gurage	66	11.4	79	13.7
Others	27	4.6	15	2.6
Economic Activity				
Unemployed	77	13.3	395	68.3
Employed	501	86.7	183	31.7

DK=Do not Know

The joint approval of family planning is 93%, only wife approval (6%) and only husband approval (1%). The joint approval of family planning among couples is relatively higher (98%) in the age group 35-44. Nearly 11% of the wives' reported that their husbands' do not approve family planning. The main reason for husband disapproval is couples conflicting fertility preferences (58%) followed by problematic spousal communication (41%), religious belief (39.4%), anecdote of misconception (31.8%) and health concern (14%).

Spousal communication is an indicator of acceptability of family planning methods. The ease of discussion between couples is also another intermediate factor, which leads to a positive practice of contraceptives. Nearly 36% of the respondents did not discuss about family planning with their husband within the past 12 months. Only 22% of the respondents had reported unproblematic spousal communication with their husbands with 47% aged 45 and above.

Forty seven percent of the wives and 36% of the husbands reported use of contraceptives. This discrepancy is attributed to either covert use or trivial male involvement of family planning. The proportion of wives who reported that their husbands do not know their use of contraceptives ranges between 8.7% and 22.7% where the latter figure is obtained using discordant response of use/non-use or report of different methods. The proportion of women who are using contraceptive with complete or partial ignorance of their husband is relatively higher (28%) among the age group 35-44. The most widely used modern method is Injectables both openly and secretly with 10.9% and 15.7%, respectively. Following this we have pills using openly (11%) and secretly (5%). Emergency contraceptive accounts for 1.7% of the open users and 1.2% of the covert users (Table 2).

Table 2 Percentage of currently married women by practice of contraceptive and specific methods

Contraceptive Method	Practice of Contraceptives (N=578)					
	Open Users		Covert Users <sup>a</sup>		Non-Users	
	N	%	N	%	N	%
Modern Methods						
Male Condom	3	0.5	0	0.0	575	99.5
Pills	62	10.7	30	5.2	486	84.1
IUD	21	3.6	1	0.2	556	96.2
Injectables	63	10.9	91	15.7	424	73.4
Norplant	5	0.9	9	1.6	564	97.6
Diaphragm	0	0.0	0	0.0	578	100.0
Male Sterilization	0	0.0	0	0.0	578	100.0
Female Sterilization	2	0.3	0	0.0	576	99.7
Emergency Contraceptives	10	1.7	7	1.2	561	97.1
Traditional Methods						
Withdrawal	4	0.7	0	0.0	569	98.4
Calendar Method	7	1.2	4	0.7	565	97.8

a. Includes complete or partial ignorance of husbands to specific contraceptive methods.

Women's perception about the fertility desire of their husband's is one factor affecting the practice of contraceptive secretly ( $\chi^2 = 6.1$ ,  $p < 0.05$ ). Those women who perceive that their husband needs more number of children are almost two times more likely to use contraceptive with a partial or complete ignorance of their husband. Spousal communication about family planning is a key factor for the adoption of open use of contraceptives and also for covert use ( $OR = 1.8$ ,  $\chi^2 = 9.6$ ,  $p < 0.05$ ). Positive attitude towards family planning often are seen as a viaduct to practice contraceptive use openly<sup>21</sup>. The results of the logistic regression also show an odds ratio of 4.6 ( $\chi^2 = 14.8$ ,  $p < 0.05$ ). That is, women who perceive that their husbands oppose family planning are five times more likely to use contraceptives secretly.

Majority of the FGD participants mentioned that women are responsible for bearing and rearing a child. Husbands need more children than wives due to several reasons such as family extension, social security and religious beliefs. In a family of large size women want to limit the family size prior to their husbands. The main reasons cited by the FGD participants why husbands want more children are; husbands do not know the burden of frequent birth and they consider the thought of having a child only from economical point of view not from the mother's health. Most husbands were reserved to discuss about the subject of limiting family size. The FGD participants were also implying that sometimes it is better to use family planning methods with the ignorance of their



husbands'. Some methods such as injectable are suitable to be used secretly. They will get those family planning methods from health centers while going to the market, asking for relatives, etc. Some of the FGD participants were suggesting that if their husband discovers the use of contraceptives secretly, they would think that their wives are not faithful to them leading to unstable marital affair.

The service providers mentioned that Injectables have more demand due to reduction of the burdens against pills such as commitment to take pills, community acceptance and even husband refusal. Most husbands' are ignorant about their wives' use of contraceptives. It is unlikely that they know all the methods their wives are using. Very few women came with their husbands to take contraceptives and even for medications.

## **Discussion**

In many countries population policy as well as development plans specify fertility reduction targets to be achieved within a given point of time in the future. Under such circumstances, it becomes necessary to translate these fertility targets to targets in terms of contraceptive users as well as annual acceptors. There are different models for this purpose. For instance the model developed by *Bongaart* identified seven proximate determinants of fertility. Of these determinants, Contraceptive prevalence and effectiveness is treated as one of the determinants of fertility. Estimating CPR is crucial for estimating fertility, which is important for policy makers. Therefore, it is very important to measure the effectiveness of contraceptives which can be manifested not only through birth averted but also open agreement of contraceptive between couples, a matter which is related to clandestine use. The quantitative measurement of covert use adopted in this study gives an overall magnitude of clandestine use. The findings from this study support the literatures in low contraceptive settings where secret use of contraceptive is high. The use of discordant response may over estimate the proportion of covert users, which might be one limitation of the methods where there is extramarital affair.

The Ethiopian demographic and Health survey (EDHS) conducted in 2005 revealed that overall 15% of married women are using some kind of contraception, which is a significant achievement compared to the 8% in 2000. However, the fertility rate did not show any significant statistical change. It was also noted in the report that urban fertility rate declined while the rural unchanged. These facts indicate the relatively better decision-making power of females as well as better access

to family planning methods in urban areas.

Women should be authorized to exercise their rights in making decisions that affect their reproductive health. The lack of women autonomy is the main factor that determines clandestine use of family planning services. Access to services, knowledge to some specific methods, traditional and cultural barriers do have interplay to improve the role of men in reproductive health. With increasing involvement of men it might be possible to bring changes to increase contraceptive use, which is the main challenge in the past several years. Since reproductive health matters are one indicator of poverty, men involvement and women autonomy is believed to bring a new direction to achieve the Millennium Development Goals with in a short period of time. Although consensus was reached on involvement of men, in many developing countries including Ethiopia, the health service organization for reproductive health is still largely female-oriented<sup>1</sup>.

Men play dominant roles regarding most decisions made in the household<sup>22</sup>. Involving men and obtaining their support and commitment to family planning is an important factor for the adoption and continuation of contraceptives<sup>23</sup>. The practice of contraceptives with complete knowledge and awareness of husbands is of crucial importance for the success of family planning programmes, given men's elevated position in the African society. The issue of covert use is also related to the right of women to make independent choices about family planning<sup>12</sup>.

A greater integration of reproductive health matters with the Millennium Development Goals such as poverty reduction and increasing school enrollment is believed to produce synergistic effects. Since Men's involvement in family planning is crucial, both partners should be targeted for community based family planning counseling. Husband – wife communication should also be encouraged during clinic based family planning counseling sessions<sup>24</sup>. Also, reproductive health service providers should inflate the choices available to their clients.

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