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Partner approval and intention to use contraception among Zanzibari women presenting for post-abortion care☆,☆☆

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Abstract

Objective: We examined the effect of partner approval of contraception on intention to use contraception among women obtaining post-abortion care in Zanzibar.
Study design: Our data source was a 2010 survey of 193 women obtaining post-abortion care at a large public hospital in Zanzibar. We used multivariable logistic regression analysis to assess associations between partner approval and intention to use contraception.
Results: Overall, 23% of participants had used a contraceptive method in the past, and 66% reported intending to use contraception in the future. We found that partner approval of contraception and ever having used contraception in the past were each associated with intending to use contraception in the future. In the multivariable model, adjusting for past contraception use, partner approval of contraception was associated with 20 times the odds of intending to use contraception (odds ratio, 20.25; 95% confidence interval, 8.45–48.56).
Conclusions: We found a strong association between partner approval and intention to use contraception. Efforts to support contraceptive use must include both male and female partners.
Implications: Public health and educational efforts to increase contraceptive use must include men and be targeted to both male and female partners. Given that male partners are often not present when women obtain health care, creative efforts will be required to meet men in community settings.

Keywords: Family planning; Comprehensive post-abortion care; Contraceptive use; Partner influence; Barriers to contraceptive use

1. Introduction

In the current era, with modern methods of contraceptive technology available throughout the world, we see divergent rates of utilization of contraception to delay, space or stop childbearing. Despite the existence of highly effective methods and a global trend for people to want smaller families than their parents' generation, in some places, very few women use contraception [1,2]. Availability and access represent real barriers for some women. For other women, multiple methods are available and accessible, but they choose not to use contraception for factors related more to their beliefs and attitudes about contraception or because of the beliefs and attitudes of their partners.

Many factors have been shown to influence the intention to use contraception, including previous use of contraception, partner's approval of contraception, number of additional children desired, partner agreement on parity, type of relationship with partner, age, education, decision-making power, communication, occupation, religion and social norms [3–16].

Women in Tanzania experience among the highest total fertility rates (TFRs) worldwide, with a TFR of 5.4 [17]. On Tanzania's semi-autonomous archipelago of Zanzibar, contraceptive use is low, with only 12.4% of married women reporting current use of a modern method [17]. Regional differences are hidden within this figure: 28.1% of women report current use in South Zanzibar; 14.7%, in Zanzibar town; and only 7.4%, in North Zanzibar [17]. These figures are for married women only; though no data exist for unmarried sexually active women, we surmise that they

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have even lower rates due to social norms that make access difficult [18].

Unintended pregnancies are common in a setting of low contraceptive prevalence [19]. While the majority of women in Tanzania are thought to carry unintended pregnancies to term, abortion is widespread [17,18]. According to 2012 estimates, the abortion rate in Tanzania is 39 per 1000 women aged 15–44 years. In comparison, in the United States, where abortion is legal and more accurately reported, the abortion rate is 20 per 1000 women aged 15–44 years [20]. Abortion is illegal in Tanzania except in situations where a mother's life is in danger [20,21]. However, unlike abortion, post-abortion care (PAC) services are legal and supported by the Zanzibar Ministry of Health. While there are few published studies that measure the impacts of post-abortion contraceptive counseling, the existing evidence does suggest that it can be an effective way to reduce future unplanned pregnancies and abortions [22–24].

Because contraceptive practices in Zanzibar and Tanzania are relatively understudied, in 2009–2010, we conducted an exploratory study of contraception and the consequences of unwanted pregnancy in Zanzibar [25–27]. From the larger study, we present here results from a quantitative survey of women obtaining PAC at a large Zanzibar public hospital. The few published studies from the region provide mixed findings: a small study conducted a decade ago in Zanzibar found that strong Muslim beliefs, male dominance over females and limited exposure to "modern ideas" led to low contraceptive use [27]. In contrast, research in other areas of Tanzania showed that women made their own contraception decisions and that Muslim beliefs were compatible with contraceptive use [26]. A fertility survey in southern Tanzania found that contraception use was influenced by parity, educational level, age of last born child, breastfeeding status and a preference for longer birth intervals [26]. In a qualitative study of adolescents and young adults in Tanzania, few reported using modern methods because of limited access, poor confidentiality and negative perceptions regarding the methods [18].

We were particularly interested in understanding the association between partner approval of contraception and a woman's use of contraception in the Zanzibar cultural setting. Our analysis focuses on the association between partner approval of contraception and a woman's intention to use contraception in the future, in the context of multiple factors that may influence intention to use contraception among a population with high unmet contraceptive need: women obtaining PAC in Zanzibar. We also explore the influence of decision-making power on a woman's intention to use contraception.

2. Materials and methods

This cross-sectional, clinic-based study included administration of a questionnaire to 193 women aged 15 years and older seeking PAC for an induced or spontaneous abortion from July through November 2010 at Zanzibar's largest public hospital. All eligible women in the hospital between 6 a.m. and 6 p.m., Monday through Friday, were approached and informed of the study by hospital staff after they received care. Of those eligible women who were invited to participate, approximately 90% agreed, for a total of 193 women who were interviewed by Zanzibar researchers in a private room adjacent to the maternity ward. Zanzibar research team members were in their 30s and 40s and had a variety of previous professional training and experiences, including nursing, teaching and policy.

The main purpose of the Swahili language questionnaire was to understand the characteristics and experiences of women receiving PAC. The instrument was revised extensively with review by the whole research team and was pilot tested with women receiving PAC. Informed consent to participate was given by the women themselves and institutional review board approval was granted by the Johns Hopkins School of Public Health and the Zanzibar Medical Research Ethics Committee. All questionnaire data were collected anonymously. Because a signed consent form would have constituted the only written record of participant names, oral informed consent was utilized instead.

2.1. Data measures

In this analysis, the main outcome of interest was the participant's intention to use contraception, captured by the question, "Do you think you will use a method of contraception in the future?" The responses were categorized as "yes," "no," "I don't know" and "I don't want to answer." For this analysis, only women who responded "yes" or "no" for future intention to use were included (n=168).

The primary exploratory variable was partner's approval of contraception to prevent or delay pregnancy. Respondents who felt their partner either approved or disapproved with use of contraception were included in this analysis.

We identified several potential confounders of the association between partner approval of contraception and a woman's intention to use contraception: the woman's number of children, number of additional children the woman desired, her partner's agreement on parity, type of relationship between partners, woman's education level, number of decisions in which a woman participated, age and previous use of contraception.

Many of the women in the study were nulliparous; thus, we dichotomized number of children as no children vs. one or more children. For number of additional children desired, we categorized responses as 0–1, 2–4 and 5+. Education was dichotomized into primary and below vs. some secondary or more. We modeled age of participant as a continuous variable and past use of contraception as a binary variable (previous use vs. no previous use).

Partner's parity preference (number of children the participant believe her partner desired) was ascertained through