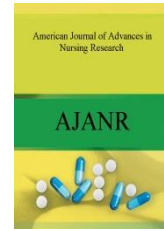




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ASSESSMENT OF LONG ACTING AND PERMANENT CONTRACEPTIVE METHOD UTILIZATION AND ASSOCIATED FACTORS AMONG MARRIED WOMEN OF REPRODUCTIVE AGE GROUP IN ADIGRAT TOWN, TIGRAY REGION, ETHIOPIA

Berhan Gebreyesus*¹, Semarya Berhe², Alemayehu Bayray²

¹Family Guidance association, Mekelle, ²Department of Nursing, Mekelle University, Mekelle, Ethiopia.

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ABSTRACT

Family planning is one of the fundamental pillars of safe motherhood and reproductive right which has an important role in preventing unwanted pregnancy and reducing fertility rate. In Ethiopia, the contributing factors to population growth are high level of fertility and a low level of contraceptive use. The objective of this study is to do married women at reproductive age utilize long acting and permanent contraceptives in Adigrat town?. The study was conducted in Adigrat town, Tigray regional state, northern Ethiopia. The town is located 120 kms north of Mekelle, the capital city of the Tigray. 365 women participated with a response rate of 100%. 18 - 49 years of age living in the town at least six month prior to the data collection were included and exclude who were ill during the time of data collection. Community based cross sectional study design was conducted among 3 local administration /kebele/ selected using SRS technique. Assumption of 95% confidence level, margin of error 5% and p-value of ≤ 0.05 was considered as significant. The results shows that,mothers who had positive attitude were 2X likely to use LAPM as compared with those having negative attitude (AOR=2.4, 95% CI of (1.5, 3.9). Mothers who decide alone about using LAPM were 2X likely to use LAPM as compared with those having joint decision (AOR=2, 95% CI of (1.0, 3.7) and Mothers had 2 and above abortion were 2X likely to use LAPM as compared with those having 1 abortion (AOR=2.4, 95% CI of (1.3, 4.6). It was concluded that the participant had low knowledge on permanent contraceptives particularly vasectomy 4(1.2%) and negative attitude toward practicing of LAPM 191(52.3%). *Therefore;* Adigrat health office should maintain continuous health education programs on LAPM contraceptive methods by enhancing strategies to increase its utilization.

INTRODUCTION

Long-acting and permanent methods (LAPMs) are a class of four highly effective contraceptives [1].

Corresponding Author

Berhan Gebreyesus

Email:- berhangebreyesus@yahoo.com

It is estimated that about 358 000 maternal deaths occurred worldwide in 2008, there was 34% decline from the levels of 1990. Although there was a decline, developing countries continued to account for 99% (355 000) of the deaths. Sub Saharan Africa and South Asia accounted for 87% (313,000) of global maternal deaths [2]. Family planning is one of the



fundamental pillars of safe mother hood and reproductive right which has an important role in preventing unwanted pregnancy and reducing fertility rate [3]. Ethiopia is one of the countries with a high population growth rate; it is the second next to Nigeria with the total estimated population of 85 million by 2010 with annual population growth rate of 2% [4]. The most popular methods are InJectables (used by 21 percent of currently married women) and implants (3 percent). Two percent of married women reported using IUD and less than 1 percent reported having been sterilized, using the pill, or male condoms [5]. More than 350 million couples worldwide have limited or no access to effective and affordable FP, especially to Long Acting and Permanent contraceptive Methods (LAPMs) [6]. Thirteen percent of the world's married women use the Intrauterine Contraceptive Device (IUCD) as their method of contraception [7]. In developing countries, 20 to 30% of women who use oral contraceptives or InJectables stop within two years of starting because of side effects or other health concerns. Many of these women could benefit from switching to LAPMs [8]. In Sub-Saharan Africa a quarter of women and couples have unmet needs for contraception [9], 23% used modern contraceptives and most births in the region are still spaced closer than two years [10, 11]. In Ethiopia, the contributing factors to population growth are high level of fertility and a low level of contraceptive use (23 %) with a large unmet need for family planning (25 %) and a total fertility rate of 4.8 children per women in reproductive age group [5]. Addressing the unmet need of family planning in Ethiopia is expected to avert 12,800 maternal deaths and more than 1.1 million child deaths by the target date of 2015 [12]. The prevalence of LAPMs use in Tigray region is rather very as low as 0.1% for implants and no users for IUCD and female sterilization. A number of factors could contribute to the lack of availability and access to LAPMs. Evidences show from other countries and within Ethiopia showed that many factors including fertility related reason, opposition to use, lack of knowledge, method related reason could act as barriers to LAMPs use [13]. The overall prevalence of LAPMs use was 12.3% however; there were no users for female or male sterilization In Mekelle town [14]. Focus for the reduction of maternal morbidity and mortality will be easy to enhance the utilization of long acting and permanent contraceptives utilization among the married women in the town and other towns and districts of the region. There are few studies done on the prevalence and factors associated with the utilization of long acting and permanent contraceptives among currently married women in Tigray region; hence this study is important to other researchers as base line data and reference information. In addition this study will also be essential to policy makers as input. Finally this study might have a

contribution to create awareness on the utilization of long acting and permanent contraceptives to prevent and control unwanted pregnancy in the study population and other communities.

METHODS

Study settings

The study was conducted in Adigrat town, Tigray regional state, northern Ethiopia. Adigrat town is located 120 kms north of Mekelle, the capital city of the Tigray, administrative regional state found 783km distance from the capital city Addis Ababa. Total population of Adigrat town is estimated to be 65, 138 and the total households of the town are around 14, 804 reproductive age group 15,242 The number of zones are 28, the number of health extension workers are 24. There are private and governmental health facilities in the town. The majority of the city's populations are served by government-owned and operated health facilities. There is 1 hospital, 2 Health centers owned by government and 5 clinics owned by private organizations. The study was conducted from May to December 2012.

Study design, participants and sampling procedure

Community based cross-sectional study was conducted .The sampling technique was multistage. To come up with the sample first local administrative was randomly selected by lottery method from the town and then zone was selected randomly from the local administrative and finally the households which have married women were selected from the zone by systematic random sampling. To do that the numbers of the households that lives married woman of each zone were divided to their proportion allocated sample to calculate sampling interval [K] and finally married women were selected systematically. Data was collected through interview method. Married women were interviewed to fill the questionnaire.

The questionnaire was adapted from relevant literatures measuring variety of demographic factors and knowledge, attitude and practices on long acting and permanent contraceptives utilization among married women. The questionnaire was translated from English to Tigrigna to ensure clear understanding both for the interviewee and respondent then back translated in to English. To collect the data 4 health extension workers who had experience in data collection was recruited and trained. In addition, 2 supervisors who are staff of Adigrat town health office were selected.

Data management and analysis

The questionnaires were checked for completeness and consistency by the principal investigator. Fully completed questionnaires were entered



to SPSS Version- 20 by professional data clerk. Few inconsistencies were corrected during data entry. Data cleanup was performed by running frequencies of each variable and sorting to check for accuracy, outliers, in consistencies and missed values.

Descriptive statistics was done to determine the prevalence of married women using long acting and permanent contraceptives, socio demographics and reasons why they are not using long acting and permanent contraceptives. Descriptive statistics was used to summarize data. Bivariate analysis was done to determine factors that are associated with long acting and permanent contraceptives. Factors significant at p-value of ≤ 0.05 was candidates to multi variable logistic regression. Finally statistical model was fitted using binary logistic Regression and multiple logistic regressions to identify associated factors to the utilization of long acting and permanent contraceptives.

SPSS Version 20 was used for data analysis. Knowledge On long acting and permanent contraceptives was assessed and marking the correct answers of subjects out of a hundred. Knowledge scores 50% or less was labeled as “poor knowledge”, knowledge scores between 50% and 70% was labeled as moderate knowledge” and knowledge score above 70% was labeled as “good knowledge”. To assess attitude towards long acting and permanent contraceptives were grouped into three as follow strongly agree /agree were labeled as agree and strongly disagree/ disagree as disagree while not sure was categorized as it is to measure the attitude of married women two categories were assigned. Positive attitude those scores above 70 % the mean on attitude items and negative attitude those scores below 70% the mean on attitude items. Good practice respondents who are currently use long acting and permanent contraceptives

Ethical Considerations

Letter of ethical clearance was obtained from Research Ethical review board of Mekelle University. Letter for cooperation from each hospital was obtained; verbal consent was obtained from each nurse for participation in the study. Privacy and confidentiality was ensured during the interview, and name and address of the interviewee were not recorded in the questionnaire.

RESULT

Characteristics of the study subjects

A total of 365 women of reproductive age group of Adigrat town had participated in the study with a response rate of 100%. Eighty two (22.5%) were in the age group between 25 -29, with mean of age 32 (± 7) years. Majority of the participants were followers of orthodox 344(94.2%), 1-8 grade 123(32.7%) in education status and house wife 176(48.2%). During the study

period, most of the mothers were Tigre in ethnicity 326(89.3%). The mean monthly income of the family was 1002 ETB and has earned less than 500 ETB per month 162(44.4%). Out of the total married women 177(48.5%) and 237(64.94%) had radio and television respectively (Table 1).

Obstetric History of the Married women

The mean age of mothers to get married was 18.5 (± 3.5) and to give birth was 20.3(± 3.34). Majority 204(55.9%) of the mothers get married and gave birth 255(74.3%) at the age of less than 18, 18 and above respectively. The average number of children in household were 2.69 (± 2) and 295(80.8%) of married women experienced two and above pregnancy. Fifty two (72.2%) of the married women had face one abortion .In this study 213(57.8%) of the mothers wanted to have children in the future with average of 1.86 (± 0.83) children per house hold. Two hundred eighty six (78.4%) married women make joint decision with their husband on the number of children. (Table 2)

General Awareness of the Married women

Three hundred forty- four (94.2%) of the married women heard about LAPM. One hundred twenty seven (36.9%) and 178(52%) of the married women heard about Implants and more than one contraception methods respectively. Among the married women 33(9.6%), 65(18.9%) and 40(11.6%) knew the purpose of LAPM for prevention of unwanted pregnancy, prevent child and maternal mortality and to have planned child respectively. Moreover, 206 (59.9.1%) knew about more than one purpose of long acting and permanent contraceptive method (Table 3).

Knowledge of married women on Long Acting Permanent Contraceptive Methods

Three hundred four (83.3%) married women were aware of that IUCD can prevent pregnancies for 10 years. About 211(57.8%) of the married women were not agree IUCD is good for female at risk of acquiring Sexual Transmitted Infection. In this study, 198(54.2%) and 251(68.8) of the married women were aware of that IUCD has no influence on sexual intercourse and it results in immediate pregnancies after removal respectively. One hundred eighty seven (51.5%) of the married women were aware of that IUCD cannot result cancer. In this study, 292(80%) and 272(74.5%) knew that implant can prevent unwanted pregnancy for 3-5 years and it needs small incision for insertion and removal respectively. Majority 263(72.1%) of the married women knew that implants result in immediate pregnancy after removal. One hundred seventy six (48.2%) of the married women knew that male sterilization has no influence on sexual



intercourse. Approximately three fourth (70.1%) of the married women were aware of that pregnancy is not possible after tubal ligation is done for female sterilization.(Table 4).

The composite measure of married women' knowledge was measured by the total number of correct answer to 10 items on knowledge with a minimum score of 0 and maximum of 10. Two hundred eighty seven (78.6%), 47(12.9%) and 31(8.5%) of the married women had high knowledge, moderate and low knowledge to LAPMs respectively.

Attitude of married women on LAPM

Belief of married women about LAPM

In this study, 271(74.3%) and 271(74.2%) married women disagree that implant can result irregular bleeding and cause severe pain during insertion and removal, respectively.

Majority, 301(82.5) and 255(69.9%) of the married women disagreed that insertion of IUCD can result in losing privacy or shame and restricts daily activity respectively. Two third (68.8%) of the married women were disagreed that undergoing operation for female sterilization was dangerous. (Table 5)

Attitude of married women towards the impact of use LAPM

In this study the results of impact of use LAPM shows that 265 (72.6%) and 269(73.7%) of the married women disagree that irregular bleeding due to use of implant is severe and insertion and removal of implant is highly pain full respectively. Out of the total, 177(48.5%) of the married women disagreed that loosing privacy during Intra uterine contraceptive device insertion is shame full. Nearly half of the married women agreed that restriction from different work activities due to using Intra uterine contraceptive device is highly unacceptable. In this study 233 (64.4%) of married women disagreed that undergoing operation for female sterilization is unacceptable. (Table 6)

Overall Attitude of married women towards practicing of LAPM

Concerning the level of attitudes, near to half 174(47.7%) of the married women had positive attitude towards practicing of LAPM and 191(52.3%) had negative attitude. A large number of married women beliefs that implant can cause irregular bleeding and its insertion and removal is very painful. A good number of married women beliefs that IUCD insertion can result in shame and prevent from doing normal activities.

Practice of long acting and permanent contraceptive methods of married women

All the study subjects were asked whether they were practicing for LAPM or not and for those who were practicing they were also asked when they had initiated, which type and source of contraceptive.

The overall prevalence of long acting and permanent contraceptive methods was 37.3%.Out of this, majority of the married women were using implants 105(77.2%) followed by IUCD 14(10.3%) and female sterilization 14(10.3%) as method of contraceptive. Out of the total married women the prevalence of implants and IUCD users was 28.7 and 3.8% respectively.

The average year of practicing for LAPM was 3.7(+2.28), of which, 1.34(+0.238) for implants and 4.81(+2.6) for IUCD. Majority of the married women 126(92.2%) get the service from public institution. Almost all (97.8%) of the married women respond that the cost for LAPMs was affordable.

The perceived reasons for using of LAPM were 50(36.7%) and 44(32.4%) for spacing and for limiting respectively A few numbers of mothers also report pressure from husband 7(5.1%).

The main reason cited by the married women for not using LAPM was using short acting contraceptive 201 (87.8%), Fear of side effect 13(5.1%) and 10(4.4%) not allowed by husband.

Factors affecting utilization of LAPM

Measure of association between use and not use of LAPM with independent variables

When the association between the dependent variable (use of LAPM) and independent variables assessed; it become significant with Attitude, educational status, monthly income, number of abortion and decision made at house hold

Mothers who had positive attitude were 2 times likely to use LAPM as compared with those had negative attitude (AOR=2.4, 95% CI of (1.5, 3.9).

Mothers who decide alone about using LAPM were 2 times likely to use LAPM as compared with those had joint decision (AOR=2, 95% CI of (1.0, 3.7) Mothers who had a monthly income between 500-1000 ETB were 0.5 times likely to use LAPM as compared with those had a monthly income less than 500 ETB (AOR=0.5, 95% CI of (0.2, 0.9).

Mothers had two and above abortion were 2 times likely to use LAPM as compared with those had one abortion (AOR=2.4, 95% CI of (1.3, 4.6).

Mothers who were grade 1-8 were 0.4 times likely to use LAPM as compared with those attend university or college level (AOR=0.4, 95% CI of (0.2,0.9).

DISCUSSION

The study assessed factors affecting utilization of



long acting and permanent contraceptive methods in Adigrat town. The result showed that 94% of the married women heard about LAPM this is higher as compare with finding of study done in Mekelle which is 69 % [14]. This might be due to the time gap between the study in Mekelle and Adigrat has one gap and continuous awareness creation also made by media.

Near to half(47.7%) of the married women had positive attitude towards utilization of long acting and permanent contraceptive methods this finding was also consistent with study done in Mekelle which is 47 % [14].

In this study the overall prevalence of LAPM was 37% however, the finding of this study was higher as compared with the study in Mekelle (12%) report of EDHS 2011 and Kenya (8.4%) [5,14,15]. This might be due difference in the socio economic status of the married women in case of EDHS finding and Kenya and time gap since there is an increment of nongovernmental organization which works on long acting and permanent contraceptive.

The fact that 29 % of the married women was practiced Implants the finding was higher as compared with study done in Mekelle(11%) and report of EDHS,2011(3.8%) [5, 14]. This might be due difference in time gap since there is an increment of nongovernmental organization which works on long acting and permanent contraceptive.

Only 3.8% of the married women were use IUCD the finding was consistent with finding of study done in Mekelle (1.5%) and EDHS, 2011 (3.8%) [5,14]. The main reason perceived for not practice of IUCD was using other methods of contraceptive (88%), fear of side effect (6%), and husband disapproval (4%) There were few users of female sterilization in Adigrat Town from finding of different studies EDHS 2011 and Mekelle [5, 14]. A study conducted in Angolela and Tera District, North Shoa Administrative Zone, Amhara National Regional State shows that indicated modern contraceptive utilization is associated with socio-economic and demographic factors, attitudinal factor. The finding of the Tera district also supported by this study women who had positive attitude were highly using LAPM as compared with negative attitude [15].

The major source of contraceptive for the married women was public health facility (45%) this finding also consistent with finding of Mekelle and EDHS 2011 [5, 14].

Mothers who had positive attitude were 2 times likely to use LAPM as compared with those had negative attitude. The finding of this study also becomes consistent with study done in Nigeria [16]. This study shows that using of LAPMs have an association with wealth of the women this finding also supported from finding of done in Uzbekistan [17].

Table 1. Socio-demographic characteristics married women, Adigrat town, 2012. (n=365)

Variables	Number	Percent
Age of married women		
15-19	10	2.7
20 -24	55	15.1
25-29	82	22.5
30-34	70	19.2
35-39	70	19.2
40-44	42	11.5
45-49	36	9.9
Mean age	32 (\pm 7)	
Religion		
Orthodox	344	94.2
Muslim	7	1.9
Protestant	3	.8
Catholic	11	3.0
Education status		
Illiterate(can't read)	59	16.2
Read and write	63	17.2
1-8 grade	123	32.7
9-12 grade	101	27.7
College or university level	19	5.2
Ethnicity		
Tigre	326	89.3
Amhara	26	7.1



Oromo	13	3.6
Occupational status		
Student	23	6.3
Private business merchant	42	11.5
Government or NGO employ	37	10.1
House wife	176	48.2
Daily laborer	85	23.5
Others	2	.5
Monthly income		
<500 ETB	162	44.4
500-1000 ETB	90	24.7
>1000 ETB	113	31
Mean monthly income	1002	
Have radio & or TV		
Have radio	177	48.5
Have TV	237	64.9

Table 2. Obstetric histories of married women of long acting and permanent contraceptive methods Adigrat town, 2012. (n=365)

Variables Number Percent		
Age at marriage		
<18	204	55.9
≥18	161	44.1
Mean age	18.5 (±3.5)	
Age at delivery		
<18	88	25.7
≥18	255	74.3
Mean age	20.3(±3.34)	
Number of pregnancy		
One	70	19.2
Two and above	295	80.8
Mean of pregnancy	2.46 (±0.93)	
Number of abortion face		
One	52	72.2
Two and above	20	27.8
Average number of children		
	2.69 (±2)	
Responsible for making of number children		
Wife	57	15.6
Husband	21	5.8
Joint discussion	286	78.4
Future number of children		
Yes	213	57.8
No	152	42.2
Number of future children		
1-3	110	51.6
Greater than three	103	48.4



Table 3. General awareness of married women on long acting and permanent contraceptive methods of Adigrat town, 2012. (n=365)

Variables	Number	Percent
Heard about LAPM	344	94.2%
Not Heard about LAPM	21	5.8%
Knowledge on type of LAPM		
Implants	127	36.9
IUCD	28	8.1
Female sterilization	7	2.0
Vasectomy	4	1.2
Knows more than one methods	178	52.0
Knowledge on purpose of LAPM		
prevent unwanted pregnancy	33	9.6
prevent child and maternal mortality	65	18.9
helps to have planned children	40	11.6
More than one purpose	206	59.9

Table 4. Knowledge of married women on long acting and permanent contraceptive methods of Adigrat town, 2012. (n=365)

S.No	Variables	Knowledge of married women on LAPM		
		True	False	Not sure
		%	%	%
1.	IUCD can prevent pregnancies for more than 10 years	83.3	3.6	13.2
2.	IUCD is not appropriate for female at high risk of getting STIs	57.8	14.0	27.9
3.	IUCD has no interference with sexual intercourse or desire	54.2	18.1	27.7
4.	IUCD is immediately reversible(become pregnant quickly when removed)	68.8	15.6	15.6
5.	IUCD cannot cause cancer	51.5	27.9	20.5
6.	Implant can prevent pregnancies for 5 years	80.0	21(5.8)	14.2
7.	Implants require minor surgical procedure during insertion and removal	74.5	7.4	18.1
8.	Implants is immediately reversible(become pregnant quickly when removed)	72.1	13.2	14.8
9.	Vasectomy has no interference with sexual intercourse	48.2	16.4	35.3
10.	After female sterilization pregnancy is not possible	70.1	6.6	23.3

Table 5. Behavioral belief of married women on long acting and permanent contraceptive methods of Adigrat Town, 2012. (n=365)

S.No	Variables	Disagree		Not sure		Agree	
		No	%	No	%	No	%
1	Using implant cause irregular bleeding	271	74.3	50	13.7	44	12.1
2	Insertion and removal implant is highly pain full	271	74.2	76	20.8	18	4.9
3	Insertion of Intra uterine contraceptive device cause to lose privacy	301	82.5	31	8.5	33	9.1
4	Using Intra uterine contraceptive device restrict daily activity	255	69.9	82	22.5	28	7.7
5	Operation for female sterilization is dangerous	251	68.8	92	25.2	22	6

Table 6. Attitude of married women towards the impact of use long acting and permanent contraceptive methods of Adigrat Town, 2012. (n=365)

S.No	Variable	Disagree		Not sure		Agree	
		No	%	No	%	No	%
1	Irregular bleeding due to using implant is severe	265	72.6	66	18.1	34	9.3



2	Insertion and removal of implant is highly pain full	269	73.7	68	18.6	28	7.6
3	Loosing privacy during Intra uterine contraceptive device insertion is shame full	177	48.5	35	9.6	153	41.9
4	Using Intra uterine contraceptive device restricted from different work activity highly un acceptable	127	34.7	67	18.4	171	46.9
5	Operation for female sterilization is unacceptable	233	64.4	87	23.8	43	11.7

Table 7. Practice of married women on long acting and permanent contraceptive methods of Adigrat Town, 2012. (n=365)

Variables	Number	Percent
Practice of LAPM	136	37.3
Type practicing of LAPM		
Implant	105	77.2
IUCD	14	10.3
Female sterilization	14	10.3
Male sterilization	3	2.2
Source of the LAPM get		
Governmental institution	126	92.6
Nongovernmental organization	7	5.1
Private institution	3	2.2
Is the service affordable		
Yes	133	97.8
No	3	2.2

Table 8. Factors associated with long acting and permanent contraceptive methods of Adigrat Town, 2012. (n=365)

S.No	Variables	Use of LAPM		COR	AOR
		Yes (%)	No (%)		
1	Education status				
	Not able to read and write	30	29	0.5(0.2,1.2)	0.7(0.3,1.5)
	Able to read and write	24	39	0.5(0.2,0.9)	0.6(0.3,1.2)
	1-8 grade	42	81	0.4(0.2,0.8)	0.4* (0.2,0.9)
	9-12 grade	31	70	0.8(0.3,2.4)	0.6(0.2,1.9)
	college or university level	9	10	1	1
2	decision making				
	Wife	30	27	2(1.1,3.6)	2.0* (1.1,3.7)
	Husband	6	15	0.7(0.2,1.9)	0.6(0.2,1.8)
	Both	100	187	1	1
3	Monthly income				
	<500	64	98	1	1
	500-1000	22	68	0.8(0.5,1.3)	0.5* (0.2,0.9)
	>=1000	50	63	0.4(0.2,0.7)	1.0(0.6,1.8)
4	number of abortion				
	One	29	23	1	1
	Two and above	107	206	2.1(1.8,2.4)	2.4* (1.3,4.6)
5	Attitude category				
	Positive	85	89	2.6(1.6,4)	2.4* (1.5,3.9)
	Negative	51	140	1	1

* Significant at p-value<0.05



Figure 1. Reason for those who use long acting and permanent contraceptive methods of Adigrat Town ,2012. (n=136)

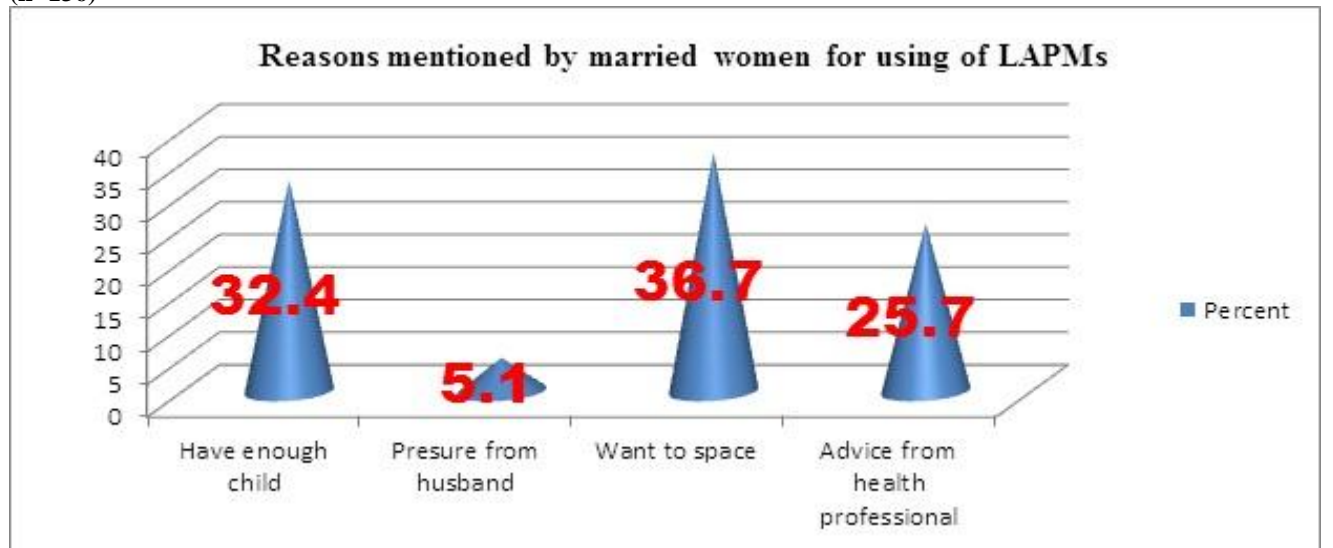


Figure 2. Reason for those who do not use long acting and permanent contraceptive methods of Adigrat Town, 2012. (n=229)



CONCLUSION AND RECOMMENDATION

Though majority of the married women had high knowledge on the overall long acting and permanent contraceptive methods, a huge number of married women had low knowledge on permanent contraceptive particularly vasectomy and female sterilization. Significant numbers of participant had misconception about long acting and permanent contraceptive methods such as result irregular bleeding, and its insertion and removal is pain full for implants. IUCD results in cancer and shame for insertion and pregnancy is possible after once done for female sterilization. Majority of the married women had negative attitude towards practicing of long

acting and permanent contraceptive methods particularly for female sterilization. The overall prevalence of long acting and permanent contraceptive methods is high and there were a few users of female sterilization and vasectomy. Adigrat Woreda health office should maintain continuous health education programs on long acting and permanent contraceptive methods by enhancing strategies to increase its utilization by collaborating with community based organizations and NGOs should make an effort to educate the community on long acting and permanent contraceptive methods particularly for female sterilization and/or Vasectomy. Since there was low knowledge and negative attitude towards the



contraceptives continuous awareness creation is relevant to enhance the number of married women to practice it. Information Education Communication should focus on

addressing the main myths and misconceptions of long acting and permanent contraceptive methods and on its advantage.

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