

External factors of opposition to the use of contraceptive methods by women in Kinshasa (DR Congo)

Kabayahura Novi Nene¹, Luamba Lua Nsembo Jean¹, Nguma Monganza Alois², and Mbaya Ilunga Edouard³

¹National Pedagogical University of Kinshasa, RD Congo

²University of Kinshasa, RD Congo

³Higher Institute of Applied Technology of Kinshasa, RD Congo

Copyright © 2018 ISSR Journals. This is an open access article distributed under the *Creative Commons Attribution License*, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT: The study of the external factors of opposition to the use of contraceptive methods by women in Kinshasa in the Democratic Republic of Congo was initiated to find out what influences women of childbearing have to resist to use of the contraceptive methods. We conducted a questionnaire survey of 2,373 women in Kinshasa, which allowed us to identify the neutral or external factors that are the basis of resistance to contraception, they are:

- The gender of the head of the household;
- The crisis of society;
- Lack of women education;
- Lack of awareness among women by qualified agents.

These factors are the targets to be overcome through appropriate scientific actions for greater contraceptive practice. The Epidata Software under the SPSS version 20 application has been used to establish consistency between the literature review and the experimental observations in the field.

KEYWORDS: Factors, external, opposition, contraceptive methods, women.

1 INTRODUCTION

The use of contraceptive methods presents a difficult situation across the universe in general and within the Democratic Republic of Congo (DRC) in particular [1-2]. This practice is characterized by a low contraceptive prevalence resulting from resistance that women oppose. This points to a high fertility rate, induced abortions [3]. To help break down these resistances and promote the practice of contraception in sexual life, the benefits of which are constantly being established, the study of the external factors of opposition to the use of contraceptive methods by women in Kinshasa (DR Congo), justifies the validity of this article, in order to determine the characteristics of women in both internal and external sources, given that several results of scientific research, show that the opposition of the use of contraceptives methods emanate from society's crisis, the negative image given to women by contraception and the lack of awareness by trained agents. From what follows, our goal is to establish the scientific means leading to a human consideration, the man is the head of household (head of household), that is why he is an important parameter to define the causes of women's resistance to the use of contraceptive methods, within their households because important decisions are made by the leader (man) as shown in the table below for certain decisions between-him and-other households, for the use of money earned by women and by women. men, for the health care of the woman, to visit the woman's parents [4-5].

Table 1. Threshold for the exercise of decision-making in the household [6]

Decision	man (%)	women(%)	Jointly (%)
Use of the money earned by the woman	30	29	41
Using the money earned by the man	46	8	46
Care of the woman health	53	11	36
Major purchases for the household	40	17	43
Visits to the woman's parents	45	19	36
Total	214	84	202

This table shows that decisions made by men in households are higher than those of women. This proves that the health care, the visit of the parents and the reproduction are function of the decision taken by the man. This makes the use of contraception essentially based on men.

1.1 CRISIS OF SOCIETY

The economic crisis has led us to the resistance of contraceptive users to poverty and incomes that prevent users from accessing contraceptive methods. This is notable in Democratic Republic of Congo (DRC), for several decades because of the crisis, decried on the political, economic and soon. On the political front, it is described as "a society in distress, a state in survival, a political entity to be created [7], economically, statistical analysis at which wages are low and represent a price, that is the majority population a treatment that allows him to live better [8-11].

On the social level, it is not necessary to deploy instruction to understand the thephenomena whose use of contraception is not spared [12]. However, the crisis that has served to educate youth in general, and that of young girls in particular, leads them to develop reproductive behaviors for contraceptive resistance. To the extent that, it is not to be ignored that progress ensures that population growth is in harmony with the development of other sectors of society, such as economic growth, education, food and agricultural production, may require the use of certain contraceptive methods.

1.2 SENSIBILIZATION

Knowing that, for the inefficiency or inappropriateness of family planning methods and their side effects, contraception can lead to disappointments that the contraceptive methods available, with their potential irreversibility, efficiency, their side effects and possible to take, the problems of each method, their constraints and contraindications. It uses users to make a choice of their situation, and to correct prejudice contraceptive methods.

This differs from the unscientific information acquired by women, which bears a mistaken character. Information available on contraception, data on good ways for women to be informed and trained on the use of contraceptive methods.

2 PRESENTATION AND ANALYSIS OF THE RESULTS.

The results obtained from the kind of household heads and awareness.

2.1 TYPE OF HOUSEHOLD HEAD.

The statistical analysis of households by men and those represented by women is shown in the figure below.

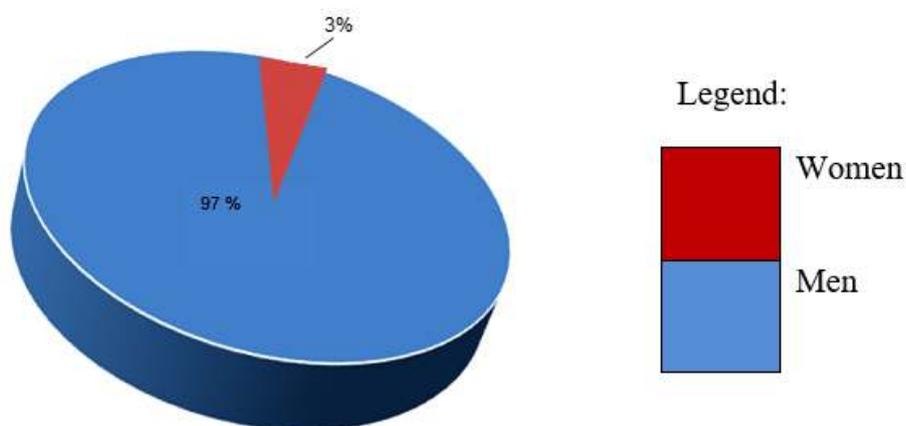


Fig. 1. Gender of the household head

This figure 1 shows that almost all the surveys conducted on women, 97%, belong to households managed by men. Since the head of the household is responsible of important decisions in the household on reproductive issues, this behavior influences women's resistance to the use of contraceptive methods. In this figure, the red color indicates the women and the blue color the men. Table 2 below shows the resistance threshold that men and women heads of households face when using contraceptive methods.

Table 2. Resistance to the use of contraceptive methods by men and women heads of households

Gender Head of Household	Number	%
Man	1.833	97,3
Female	50	2,7
Total	1.883	100,0

Table 2 shows that 1,883 women who resisted to the use of contraceptive methods, 97.3%, belong to households headed by men. These households are characterized by a large number of offspring's, which shows that women do not have the freedom to use contraception, on pain of jeopardizing their marriage.

2.2 SENSIBILIZATION

2.2.1 ASSESSMENT OF THE STATE OF AWARENESS

The women who were the subject of our survey, present the results of Sensibilization contained in the figure below.

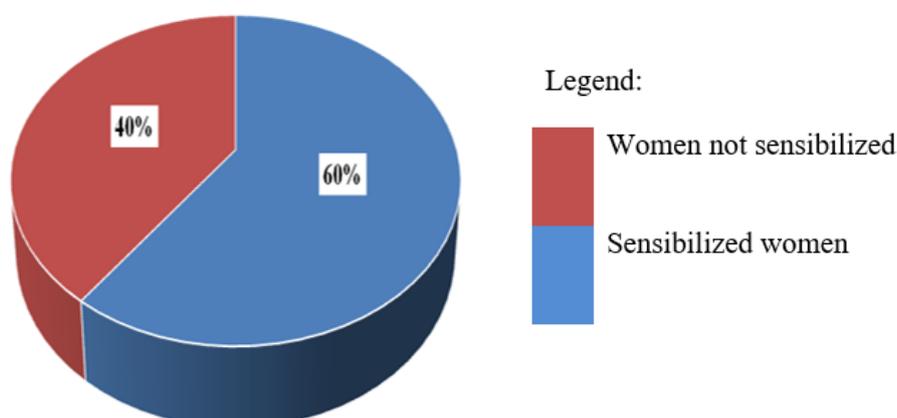


Fig. 2. Awareness of women about contraception

Figure 2 shows that the majority of women in our survey, 60%, were made aware of the use of contraceptive methods, compared to 40% who were not surveyed. This awareness aims to increase the use of these methods, fight against the resistance that women are opposing them. The situation of the relationship between women's resistance to contraceptive use and the awareness they received is shown in Table 3 below.

Table 3. Resistance to contraceptive methods and women's awareness

Sensibilization	Number	%
Not sensibilized	1.163	61,8
Sensibilized	720	38,2
Total	1.883	100,0

Table 3 shows that the women surveyed were resistant to using contraceptive methods, while those who were not sensibilized to contraception were the most numerous at 61.8%. This indicates a positive effect, and some effectiveness of sensibilization, in circumventing women's resistance and promoting contraceptive practice. Statistical analysis, using the Chi-Square test, has shown that at the 5% threshold, there is a significant relationship between women's resistance to the use of contraceptive methods and the awareness they have received. We have determined from the table of symmetric measurements, that the intensity of this relationship is strong.

2.2.2 LOCATION OF AWARENESS

For awareness to be effective, it depends in part on where it was conducted because of the ease of access for women. The distribution of women between the different places where they were sensibilized is shown in Table 4 below.

Table 4. Awareness Sites

Location of Awareness	Number	%
Other	983	41,4
Church	949	40,0
Health structure	224	9,4
Home	133	4,8
School / University	104	4,4
Total	2.373	100

Table 4 shows that most women were sensibilized informally, in unspecified locations (41.4%), church (40.0%) and home (4.8%). Only 13.8% of them were sensibilized in appropriate places, namely: health facilities (9.4%) and school environments (4.4%). The relationship between these awareness sites and women's resistance to contraception is shown in Table 5 below.

Table 5. Contraceptive Resistance and Women's sensibilization

Location of Awareness	Effectif	%
Other	845	44,9
Church	698	37,1
Health structure	180	9,6
School	84	4,5
Home	55	2,9
Friend (s)	21	1,0
Total	1883	100

Table 5 shows that among the women surveyed who resisted to the use of contraceptive methods, most of them were sensibilized in churches and in some neighborhoods in Kinshasa. They represent 44.9 % and 37.1%, probably because of the small distances and easy access of these places. Only 14.1% of these women have been sensibilized in health facilities and schools, which are the most appropriate places for this work, but which have the limit of being very formal and often far from women's homes.

2.2.3 CONTRACEPTIVE METHODS RECOMMENDED FOR WOMEN'S AWARENESS.

As for contraceptive methods recommended to women during sensibilization, their distribution is illustrated in Figure 3 below.

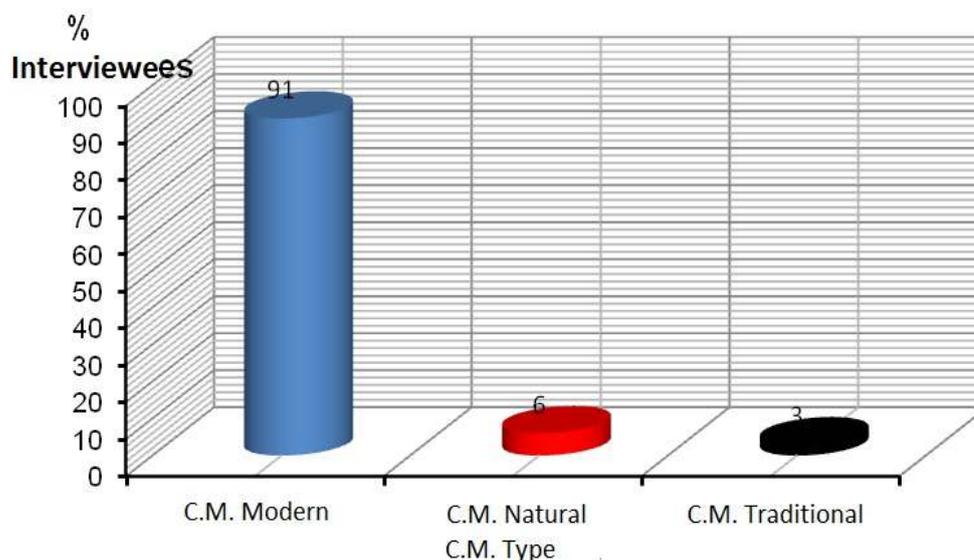


Fig. 3. Contraceptive methods recommended for women's awareness

Figure 3 shows that women's awareness campaigns focussed exclusively on modern contraceptive methods (M.C), which are recommended to women in 91.0% of cases. Resistance against these methods can therefore penalize all contraception. While contraceptive methods are varied by their particular characteristics, they can influence the resistance of women to their use. The results of the resistance of the women surveyed to the use of contraceptive methods, compared with those recommended for sensibilization, are shown in Table 6 below.

Table 6. Contraceptive Resistance and Best Practices for Women's Awareness.

Recommended methods	Number	%
Modern	1.675	89,0
Natural	149	7,9
Traditional	59	3,1
Total	1.883	100,0

Table 6 shows that among the women who were surveyed are those who resist to contraceptive methods (89.0%), which is composed of women advised to use modern methods. Those who are offered natural and traditional methods are few in number, 7.9% and 3.1% of resistant women. So we see that although modern methods are the most recommended for women, there are also women who oppose them. Indeed, Table 7 below indicates women who have negative views on modern contraceptive methods.

Table 7. Women's Views on Modern Contraceptive Methods

Women's opinion	Number	%
Not in conformity with religion	86	47,0
Cause of infertility	76	41,5
Not scientifically proven	9	4,9
Not in accordance with the culture	9	4,9
Difficult use	2	1,1
Other	1	0,5
Total	183	100

Table 7 shows that modern contraceptive methods were more accepted during awareness campaigns, although we also encountered negative opinions from the few women. However, 4.9% of women argued that these opinions were not fair because they are not scientifically proven. 41.5% of women said that these methods are at the basis of infertility that's why they resist. the statistical analysis, using the Chi-Carré test, showed that at the 5% threshold, there is a significant relationship between women's resistance to the use of contraceptive methods and the methods that they use. were advised during the sensibilization, and we determined, thanks to the table of symmetrical measurements, that the intensity of this relation is strong.

2.2.4 AWARENESS AGENTS

The effectiveness of raising awareness about contraceptive methods and the possibility of provoking women's resistance against them may depend on the level of education of those who make this sensitization, as it depends on their ability to communicate. The agents who consulted women about contraceptive methods have different educational levels as shown in Table 8 below.

Table 8. Women's Awareness Agents

sensitizers	Numbers	%
pastors	809	34,1
Friend	699	29,5
Parents	696	29,3
Medical Corps	85	3,6
Other	76	3,2
Teachers	8	0,3
Total	2 373	100

Table 8 shows that medical staff and teachers who are normally the most able to raise awareness about contraceptive methods actually reached only 3.9% of women. Pastors, girlfriends and parents played the most important role, affecting 34.1%, 29.5% and 29.3% of women respectively. The majority of people do not have the control of the advised methods and techniques of communication, their sensibilization has little chance to overcome the obstacles presented by the women.

The relationship between women's resistance to contraception and the type of agent that sensibilized them is shown in Table 9 below.

Table 9. Resistance to contraceptive methods and awareness agent

Outreach Officer	Number	%
Pastors	656	34,8
Parents	559	29,7
Friends	534	28,4
Medical Corps	70	3,7
Other	58	3,1
Teachers	6	0,3
Total	1.883	100

Table 9 shows that among the women surveyed who were resistant to the use of contraceptive methods, the most numerous were those sensibilized by church pastors. They represent 34.8%. Then come those who were sensibilized by relatives and friends, with a threshold of 29.7% and 28.4%. Women who are aware of the medical profession and teachers, are the most competent and qualified in this area, are by far least numerous, represent respectively 3.7% and 0.3%. However, at the 5% threshold, the statistical analysis, using the Chi-Carré test, did not show a significant relationship between women's resistance to the use of contraceptive methods and the type of contraceptive agents. who had sensibilized them.

3 DISCUSSION

The results at our disposal show that 97% of women resist to the use of contraceptive methods belong to households headed by men. This confirms the spirit of African culture, supported in the results of the survey conducted by Demographic Health Studies (DHS) of the Democratic Republic of Congo (DRC) from 2013 to 2014 [14]. However, this situation unintentionally influences women to oppose the use of contraceptive methods, given the behavior of men that is justified by a strongly natalist tendency.

The economic crisis in society influences women to resist to the use of contraceptive methods, but this influence is exerted through other factors related to these methods and to women, such as the inaccessibility of the first and the weak schooling of the latter.

Awareness results are worth 60% that we found during our surveys, is higher than the 57% established by the statistical analysis service in this area, the Ministry of Health of the Democratic Republic of Congo in 2013 to 2014. These results have a large impact, as women who have not been sensibilized on contraception are more opposed to the use of contraceptive methods, their rate is estimated at 61.8%, by contributing to 38.2% of women who were sensibilized.

The exclusive place given to modern methods in raising awareness, corresponds to the objectives of the national policy and international organizations that support awareness raising by encouraging the use of these methods as a method of birth control, a practice regulated in ministerial decree n ° 1250 CAB / MINI / S / AJ / KIZ / 009/2001 of the Health of the Democratic Republic of Congo which created the National Program for Reproductive Health (PNSR) [15].

The significant relationship revealed by the statistical analysis of our results between the contraceptive method recommended during the sensibilization and the resistance presented by the women to its use confirm the results obtained by KIMBAU in 2013 with the couples of the Camp Luka district in Kinshasa. the Democratic Republic of Congo (DRC) to those found in the survey by the Department of Demographic Studies of Health (DHS) in 2013-2014 [13].

4 CONCLUSION

By understanding the importance of contraception is a persistent problem in sexual life as a result of women's resistance to using her methods. Research on external factors opposing the use of contraceptive methods by women in Kinshasa was addressed to identify factors outside contraceptive methods and women. Our survey of 2,373 women in Kinshasa showed that women need to be educated, informed on the effectual and effective use of contraception.

We have found that sensibilization is a critical factor in providing women with the correct information on contraceptive methods to correct their negative opinions and as a powerful way to overcome their resistance to contraception by ensuring the quality of contraceptives. Who give it, in terms of knowledge of contraceptive methods and communication skills with adults, although the economic crisis is affecting the population in general, and Congolese women in particular, leading to poverty and lack of instruction. We believe that this scientific mechanism will provide a lasting solution in understanding contraception.

ACKNOWLEDGMENT

We would like to fulfill a pleasant duty to thank God, the almighty, creator of universe for his great love towards us during this research paper. Secondly all our thanks go straight to all those from far and near, who actively contributed to the writing of this paper. Last not least, we would like to express our sincere gratitude to our teachers Isangu Mwana Mfumu, Masika Mayani and M. Theo Munsiwaho.

REFERENCES

- [1] KIMBAU M. (2013) Facteurs de la faible fréquentation des services de la Planification familiale par les couples Kinois. Etude réalisée au Quartier Camp Luka de la Commune de Ngaliema. Kinshasa, UPN.
- [2] NGUMA M.A. (2015) « La régulation des naissances comme moyen de protection de la santé de la femme et de la famille », *Panorama médicale*, 1 (10) 578-582P.
- [3] USAID (2009) la planification et espacement idéal des grossesses pour la sante guide de référence pour le formateur de l'EDS.
- [4] TSAFACK M. et SIMO KENGNE R. (2016) Planification familiale, (<http://dhsprogram.com>, consulté le 31/12/2016 à 9h).
- [5] CHAMMARTIN J. et GROUX S. (2014). La contraception chez l'adolescent : Accompagnement des adolescents dans l'utilisation de la contraception. Fribourg, Haute Ecole de Santé 2P.
- [6] MINISTERE DE LA SANTE, R.D.C. (2015). Enquête EDS-R.D.C. II, 2013-2014, Synthèse par nous.
- [7] CEPAS (2017) « Basic Needs Baskets (BNB) : Kinshasa », *Revue Congo-Afrique*. Kinshasa, février, n°512, pp. 183-186.
- [8] PNUD (2009) province de Kinshasa profil résumé pauvreté et conditions des vie des ménages. PNUD.
- [9] MACK KAIG. and HOLLYB (2009) the IUD. a contraceptive option for post- partum and abortion women. access FP USAD.
- [10] LAVING- DELVING P. et WYBRECHTB (2006) « les diagnostics ; outils pour le développement » in ministère des affaire étrangères ; memento de l'agronome, paris cirad-gret , p 27-67
- [11] A .T.et LOPES.P.(2000). contraception : méthodes, contre-indication, surveillance . la reine du praticien .paris ,pp .452-460.
- [12] MINISTERE DE LA SANTE, R.D.C. (2017). Enquête nationale sur la situation des enfants et des femmes, MICS 2. Kinshasa 8P.
- [13] KABYAHURA N. (2009), « Etat des lieux sur l'usage des méthodes contraceptives traditionnelles. Résultats d'une enquête conduite chez les femmes en âge de procréation au Quartier Mbanza-Lemba, Commune de Lemba », Presses de l'Université Pédagogique Nationale, n° 038. Kinshasa
- [14] MINISTERE DE LA SANTE, R.D.C. (2015) Deuxième enquête démographique et de santé (EDS-R.D.C. II, 2013-2014), Kinshasa.
- [15] République Démocratique du Congo (RDC) 2001Arrêté Ministériel n°1250 CAB/MINI/S/AJ/KIZ/009/2001 du Ministère de Santé créant le Programme National de la Santé de la Reproduction (PNSR).