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What are the barriers to contraceptive use among women of child bearing age in Zombo district?
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Background
Contraceptive use among women of reproductive age in a rural setting like Zombo is still worryingly low, as low as 12.4% yet their level of sexual activity is high. This is particularly a pressing issue because 55.1% of Zombo's population comprises youths below 18 years and this results in an increased rate of unintended pregnancies leading to school dropout or unsafe abortion, sexual violence and acquiring sexually transmitted infections. Furthermore, the household poverty level in this area is so high that having more than 5 children increases the risk of malnutrition in children under 5 and low socio economic status in the households.
It was noted that most women attending antenatal and those delivering from Nyapea hospital were grand multiparous with gravidarity ranging between 5-11 and this was mainly due to the very low family planning consumption rates in this community. The fertility rate in Zombo district currently is 14.4% which is very high and many of these women are teenagers.
We then decided to carry out a study to ascertain why there is a very low contraceptive prevalence rate in this area.
Methods
A cross sectional study was done on 484 women of reproductive age attending general OPD, antenatal care and maternity services from Nyapea hospital, all residing within Zombo district. They were interviewed using standard questionnaires during the hospital visits in 2025. The outcome variables were knowledge about, access to and use of contraceptives. We then compiled the data and described it using percentages.
Results
Participants demonstrated a high knowledge of contraceptive methods(94%). Most of them had never used contraceptives before (89%) and were not planning to use in future and these strongly attributed it to their staunch religious beliefs. Most of these were Catholics (96%) while 1% were Muslims. Other barriers to use of contraceptives included pressure to have many children, myths that they cause congenital anomalies, limited access as most of the facilities in the area were Private Not For Profit church based not offering modern contraceptive services, long distance to access government facilities that offer contraceptive services, side effects like prolonged bleeding with implants, delay in return of fertility, stock out of contraceptives and lack of privacy at service points.
Conclusions
Despite demonstrating a high knowledge of contraception, religious resistence is a huge barrier to contraceptive use and uptake in a highly religious community like Zombo. There is increasing need to engage with the religious leaders to encourage modern contraceptive use and also allow the church based facilities to offer such services for the good of families.
Whereas the need to demystify unscientific beliefs about contraceptives cannot be over emphasized.

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