Business & Social Science
IJRBS

Research in Business & Social Science

IJRBS VOL 9 NO 4 ISSN: 2147-4478

Available online at www.ssbfnet.com
Journal homepage: https://www.ssbfnet.com/ojs/index.php/ijrbs

Analysing the factors favoring the use of modern contraceptive methods among Kinoise women in the Democratic Republic of Congo

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ARTICLE INFO

Article history:
Received 04 June 20
Received in revised form 28 June 20
Accepted 30 June 20

Keywords:
Contraceptive methods, Women, Use, Determinant, Kinshasa

JEL Classification:
M0,O2.

ABSTRACT

This study aims to identify the factors that favor the use of modern contraceptive methods in non-pregnant women who need to space or limit births. The analyzes were made using SPSS software (statistical package for social sciences) version 25. The data used in this publication comes from a TRAC survey on family planning carried out by the Family Health Association / Population Service international (ASF / PSI) in DRC. Continuously Tracking Results surveys are knowledge surveys, attitudes and practices of women in matters of family planning but with the introduction of questions on scales as mentioned above. This survey concerned 1965 women aged 15 to 49 selected in urban and peri-urban areas of the provincial city of Kinshasa. Our results show that the discussion between partner or spouse on the use of modern contraceptive methods positively influences the majority of women (OR = 4.28; p <0.001),being part of a social norm (OR = 3.30; p <0.01) and having a high socioeconomic level (OR = 2.54; p <0.01), also favour positively the use of modern contraceptives. The paper concludes that any effort to increase contraceptive prevalence should target attitude, level of knowledge of methods and spousal support to optimize the use of modern contraception in the city of Kinshasa.

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Introduction

The Democratic Republic of Congo is an immense country in central Africa which covers an area of 2,345,000 km2 with a population estimated at almost 81.34 million inhabitants (World Bank,2018). Like many countries in sub-Saharan Africa, it faces many reproductive health challenges, particularly in the area of family planning.

Since gaining independence, the DRC has been hit by social and political crises worsening the living conditions of the populations and making access to health services more difficult. Besides, they have allowed the occurrence of unsafe sexual practices such as prostitution, clandestine abortions, sexual rape, etc.

Indeed, the DRC is one of the countries with the highest population growth in the world and at the same time among the poorest (RolandPourtier,2018). Demographic pressure in the country represents a huge challenge for economic growth, the fight against poverty, food security, health, infrastructure and the preservation of the environment and natural resources (DSCRP 2, 2011)

Concerns that prompted the taking of certain measures in the international and national level. The objective 3.7 “universal access to sexual and reproductive health services” of the Sustainable Development Goals (SDGs) to which several developing countries have subscribed family planning by modern contraceptive methods is considered the best way to achieve almost all of these goals. the National Strategic Plan with a multisectoral vision (2014-2020) which will have as its primary objective to address the question of improving the basic social conditions of the Congolese population through the control of demography.

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https://doi.org/10.20525/ijrbs.v9i4.713

It is with this in mind that the use of modern contraception comes as a means of slowing population growth, preventing unwanted, early or late pregnancies and spacing or limiting births. According to WHO, access to family planning services can reduce maternal mortality by 30% and reduce infant mortality by 10%. Family planning also contributes to the empowerment of women, and the improvement of access to basic social services (education, health, nutrition, and sanitation (OMS and USAID,2014).

Despite all these efforts, recent surveys show that the total fertility index, which measures the average number of children born alive that a woman would have, at the end of fertile life, under current fertility conditions is even higher in the country, it is estimated that a woman has, on average, six children (Okapi ,2016). According to the report (Family Planing,2020) which shows that in the Democratic Republic of Congo, among women aged 15 to 49, an estimate of 11% or even 2 million use a modern method of contraception in 2018. This represents an increase of 849 000 more than in 2012.

In this study, we will try to answer the following questions:

- What are the factors influencing the use of a modern contraceptive method among women in Kinshasa?
- Do the characteristics of women influence the use of modern contraceptive methods?

These are all questions that we will answer throughout our work. It is based on these questions we make the following hypothesis:

There are some factors related to the use of modern contraceptive methods and the characteristics of the woman have a significant influence on the use of modern contraception among women in Kinshasa.

Our work is organized as follows: Apart from the introduction, the first part is focused on the literature review, addressing different point on the use of the modern contraceptive method; the methodology and the database are presented in the second part; The third part will demonstrate the research results and the last part will address the conclusion and discussion of the result.

Literature Review

Family planning is the set of means that contribute to birth control, in the good of allowing women and families to choose when they will have a child. It makes it possible to have the number of children desired and to space birth freely and voluntarily while protecting their reproductive health (Katoka, 2017).

The proportion of use of modern contraceptive methods.

According to survey reports conducted in DR Congo from 1998 to 2010, the situation of family planning remains worrying. Indeed, these reports showed that in 2010, only 5.4% of Congolese women in union used a modern method of contraception, which is one of the lowest levels in Africa. Congolese women had an average of 6.3 children, while in emerging countries women had an average of two to three children. It should be noted that 24% of Congolese women express an unmet need for family planning, that is to say, either wish to space or no longer have children, but curiously they do not use any contraceptive method to avoid pregnancy unwanted (OMS and USAID,2014).

In the DRC, EDS data (2013-2014) showed that the use of modern contraceptive methods among women in union is still low at 8%, among the modern contraceptive methods commonly used: male condom (17%), implants (3%) and the pill (1%), (EDS-rdc, 2014).

Also, we note that the rate of use varies according to the age group of women. The largest proportion of users is between 30 and 34 years of age (10%), of high fertility age. In women under 20 and those at least 45 years of age, the rate of use is low: 5% of modern methods in each age group (EDS-rdc,2014).

A study in Uganda found a higher proportion of use among women in the wealthiest households. Regional variation in contraceptive use was significant, especially for the 15-24 age group, 16% of young married and sexually active women in the northern region used MCMs (Modern Contraceptive Methods) compared to 46% in Kampala, the capital of country (Asiimwe,2014).

Associations related to acceptance of family planning have been shown that middle-aged women (25-39 years) have the highest acceptance rate (35%) of family planning services by CHA(community health association) by parity, women with less than two children have the lowest rate of acceptance of services by CHA, while those with 2 to 3 children have given the greatest approval (Juma,2015).

In a similar study on the 1993 EDS-Kenya, they show that women aged 25 to 34, whose fertility reaches the maximum, used modern contraception the most. They were 1.2 times more likely to use modern contraception than women aged 35 to 49.

Knowledge and Attitudes towards modern contraceptive methods

Good knowledge of the use of family planning methods and their benefits/side effects is essential to fight against the unsatisfactory potential demand for family planning services and therefore its consequences the effectiveness of the advice and awareness of the population to risk (Katoko, 2017)

A study carried out in Cameroon in 2014 and Ghana showed that 96.5% of women had already heard of it and identified contraception as being a means used to prevent unwanted pregnancies and this showed an increasing trend with a level higher education. Besides, 35.7% said that certain family planning methods could also be used to prevent sexually transmitted infections.

79.8% of women cited the hospital as the main of Supply source, and the modern contraceptive methods most cited were condoms and injectables. The source of information on contraception was 47.7% indicated as a health worker being their main source of information (Sébastien, 2014).

A study conducted in Ethiopia has shown that 94% of women and 98% of men say they have heard of MCMs. The median number of modern contraceptive methods known to men and women was 5. The modern contraceptive methods most cited at 94% were injectable contraceptives. Only short-term hormonal methods such as birth control pills and injectable contraceptives were regularly well known to both sexes (Tilahum, 2014).

Further, the study showed that the marital consensus on the decision to apply family planning was more accepted than the unilateral decision of the woman in the intervention group, half of the men questioned declared that they had the intention to support their spouses in establishments offering the services and to cover the costs of these services 28.8% of men.

A third of women show high acceptance or tolerance for family planning services offered and the most acceptable service is injectable contraceptives, 40% of women said they could not accept any of the three family planning services (types following modern contraceptive methods: injectables, pills, and implants) (Tilahum,2014).

Pakistan study found men and women know modern contraceptive methods except for vasectomy, confirm family planning is essential for mother and child health and family well-being.

The source of the knowledge was word-of-mouth information, considered to be the most reliable and immediate information in the region (Mustafa, 2015).

Based on the Tracking Results surveys Continuously, Have shown that the factors which influence more the use of modern contraceptive methods among women aged 15-49 in Togo are: the geographic availability of contraceptive products and methods in health centres and non-governmental organization, knowledge of at least one modern contraceptive method, financial and psychological support from the husband, ability to negotiate, to enter into discussions or even to convince their husband or partner concerning family planning and the locus of control for women who do not accept that having or not having many children is under the control of supernatural forces arising from fate, luck or God (Koumagnanou, 2010).

Always starting from the same surveys, Ale Franck and Amour Balogoun showed that the use of modern contraceptive methods in Benin is influenced by the availability of contraceptive products, the attractiveness of the brand of contraceptives, beliefs, support from the husband, knowledge of contraceptive methods and knowledge of the benefits of contraception. The place of residence plays an important role in the use of contraception. Living in an urban environment, for example, leads to exposure to a modern lifestyle and behaviour. Contraceptive use by women depends not only on the opinions of women themselves but also on those of men.

In a study conducted in Pakistan, men and women were reluctant to accept the use of birth spacing and did not appear to be in favour of family planning for financial and religious reasons. The majority of young men and women in this region intend to use contraception only when they have reached family size with 5 to 6 children (Mustafa, 2015).

While a study in Uganda found that higher levels of contraceptive use were seen among women who said they could refuse sex with their husbands compared to women who said they could not refuse sex (Asiimwe, 2014).

The modern contraceptive prevalence is also strongly influenced by the level of education. Thus for women with a university education level, 19% currently use a modern contraceptive method, 13% of women in secondary education, 5% of those with primary education and 4% of those with no education. (EDS-RDC, 2014).

According to, the level of education, as well as the work of the woman, are values imported into the Western world. They are factors of emancipation and individualization. In a good number of studies, it has been found that educated women or couples as well as those who have a professional occupation have relatively low fertility and use, for the most part, modern contraceptive methods (Binet, 2007).

The place of residence and especially that of socialization are often identified as having an explanatory power for the fact for women to use contraception. The choice of types of methods is strongly linked to these places. Women who spent their childhood in an urban environment, having been exposed to information on these methods would be more likely to use modern contraception once in their life, while those who lived a little longer would tend to keep the traditional cultural background. The environment of residence as that of socialization shapes the personality of the woman or the man and determine also their attitude towards fertility and consequently family planning as well as the choice of contraceptive methods (Binet, 2007)

Fall has shown that women's education positively and significantly influences contraceptive use (Fall, 2007). According to Rwenge M "this relationship results from the fact that the education of women promotes their openness to modern values and, consequently,

their ability to challenge traditional values in matters of procreation and to initiate a discussion on FP with their partner. This relationship can also result from the strong association between a woman's education and her activity.

Ale Franck and Amour Balogoun have shown that the use of modern contraceptive methods in Benin is influenced by the place of residence, the level of education and the marital status. The place of residence also appears to be a relevant variable explaining or not explaining the use of modern contraception. It was found during EDST-II that women use contraceptive methods more in urban areas than in rural areas. Akoto E. M. and Kamdem H. Have shown that "in Tunisia, the strong influence of the housing environment comes from the fact that the installation of FP services started in urban areas where they are very developed; it was only later and gradually that these services were extended to rural areas where they are relatively less developed, especially in landlocked areas "(Akoto, 2001).

Factors associated with the low use of modern contraceptive methods

Religious and cultural factors have the potential to influence the acceptance and use of contraception for couples from diverse religious backgrounds in very distinct ways. Within each religion, each of the underlying sects can interpret religious teachings on the subject of contraception differently; some women and their partners may also choose not to follow these religious teachings. Cultural factors are just as important to couples' family planning and contraception decisions.

Regarding religions, practically all the religious denominations established in Africa are natalists. However, they more or less accept the principle of birth control. But they still have differences on the means to implement to get there. Unlike Christian religions, the Muslim religion and animist remained (and remain) on their traditional ends.

A comparative study of women aged 14 to 24 and women aged 25 to 35 conducted in Uganda in 2014 showed that the perception of distance from the health facility, listening to the radio and geographic variability were factors for the low use of MCMs. Other factors that were important for both age groups in explaining contraceptive use were: the desire for children after two years and level of education (Asiimwe, 2014).

A study in rural Uganda showed the socio-cultural factors that influence the low use of modern contraceptive methods: the extension of family lineage and replacement of the dead, the myth of twins, polygamy, Matrimonial obligation concerning births, religious practices, gender-based violence and power relations, the existence of traditional FP practices, misconceptions and fears regarding modern contraceptive methods, stigma and partner opposition (Kabagenyi, 2016).

Concerning ethnicity, Evina A. affirms that: "ethnicity is indeed the place of production and reproduction of cultural models which modulate the behaviour of individuals". It gives individuals frameworks of thought and practice that create a habitus, it is an acquired way, characteristic of each ethnic group (especially in matters of fertility), and transmissible to the point of seeming innate. Numerous studies have shown that contraceptive use differs according to ethnicity (Evina, 2007).

Several studies have been conducted in Ghana and Ethiopia have shown that women who discuss family planning methods with their partners are more likely to use modern methods of contraception (Sébastien, 2014).

Studies conducted in Lubumbashi, by Matungulu and Mbarambara have shown that discussion in a couple, the involvement of the husband, religious beliefs, fear of side effects, favourable attitude towards contraception, the desire to no longer have children, Knowledge of contraceptive methods would be the factors associated with the low use of modern contraceptive methods (Matungulu, 2015).

A study was conducted in Burundi in 2017 showed Four barriers to MCM use identified by research help explain the low rate of use. First, there is a lack of trained providers to administer contraceptive methods, Second, there is a mismatch between the methods preferred by women and those most readily available. Third, a "climate of fear" surrounds the use of contraceptives for women. Finally, some providers refuse to provide family planning services (Ndayizigiye, 2017).

Data from the 2001 Benin demographic and health survey. Considering the age of the women studied, they noticed that those under 25 (between 15 and 24) show very little interest in contraception compared to women belonging to the middle age groups, that is to say between 25-34 years and 35-44 years. The percentages of contraceptive methods were 8.3% and 6.8% respectively (Jocelyn, 2007).

In terms of population policy, the situation in African countries has undergone many changes since the Bucharest conference in 2014. This mixed position of countries in terms of FP shows us that the non-use of modern methods of contraception largely depends on the perception of different African countries regarding fertility. As (Evina and Khishimba ,2007) note: the use of contraceptive methods in Africa and the objectives assigned to this practice depend first of all on the political and institutional context of each country. The political context can influence the non-use of contraception by the adoption of laws and regulations tending to restrict the supply of services.

The adoption of certain laws which prohibit abortion or even those which require wives to obtain authorization from their husbands to use contraception and even more the loss in terms of health infrastructure is an illustration of the role of the political context on contraceptive use. Also, it often happens in some countries that planning programs are perceived as "women's programs", therefore

to which they do not give high priority. Also, the adoption of certain laws which restrict access to planning services to certain social strata can be considered responsible for the non-dissemination of contraceptive use, particularly in Sub-Saharan Africa.

Research and Methodology

Our research studies on the determinants of behavior in the use of contraceptive methods, the variable to be explained is the use of a modern contraceptive method by women.

The explanatory variables consist of a corpus of variables likely to influence the behavior of women or couples in their decision whether or not to use contraceptive methods.

The analysis is divided into three parts:

The univariate descriptive analysis allowed us to describe our variables from a frequency table. It also allowed us to identify the various omissions and aberrations found in the study variables; to know the nature of the explanatory variables (quantitative or qualitative) and the variable of interest (qualitative dichotomous).

The bivariate analysis, meanwhile, allowed us to see the links between the variable to be explained (or dependent) with each of the explanatory variables. The chi-square test was used to verify this link. The decision rule remains the same for all statistical tests. The decision is made according to whether one hypothesis is accepted to the detriment of the other.

Logistic regression allowed us to generate the model of the determinants of the use of contraceptive methods, by calculating the adjusted ORs. The variables to be included in the model were selected according to the bottom-up method of Wald, which is a step-by-step selection method with input test based on the significance of the significance statistic (with $p < 0.2$) and with suppression test based on the probability of the Wald statistic.

The explanatory analysis method we have chosen depends on the nature of our variable of interest. Since our dependent variable, from the modern contraceptive user and the non-modern contraceptive user, is dichotomous in quality, binary logistic regression is best indicated. This estimates the risk of an event based on the independent variables. When the event is carried out, the dependent variable takes the mode 1; otherwise, it takes the 0 modes.

Interpretation of coefficients

One of the successes of logistics models is that the coefficients can be interpreted as odds ratios (odds ratios).

The results of the models can be presented in the form of β coefficients or the form of odds ratios. If the results are presented in the form of coefficients β and we would like to find the odds ratios, it suffices to calculate "exp (β)". And conversely, if we want to go from the OR to the coefficient β, it suffices to calculate "ln (OR)" According to the statistical software used, it is possible to have either the coefficients β or the odds ratios. It will, therefore, be necessary to specify the type of results that we want. Recall that the logit model is, in fact, a multiplicative function: The additive effects au at the logit level are multiplicative at the odd level.

We will see in detail how to interpret the odds ratios taking into account the chosen reference modality. When the result of a modality displays an OR of 2, this means, based on the multiplicative function, that this modality is twice more likely to know the event studied than the reference modality (which has OR = 1). On the other hand, if we have an OR = 0.5, this means that the modality concerned is half as likely to know the event studied as the reference modality. In fact, below 1, you have to think about dividing to find the number of times that the modality is less likely to know the event. The results in terms of odds ratio are interpreted in "number of times".

When the results are in the form of coefficients β, the interpretation is done according to the additive principle by comparison with the reference modality which is equal to 0. If we take the case above, an OR of 2 corresponds to a coefficient $\beta = 0.6931$. While an OR = 0.5 corresponds to a coefficient $\beta = -0.6931$.

Unlike the ORs, the coefficients β admit negative values; which sometimes makes it possible to visualize the meaning of the relationship between the modalities of a given variable compared to the reference modality concerning the influence of the variable on the phenomenon studied. The positive values of the coefficients β correspond to ORs greater than 1, while the negative values correspond

Database Source

The Data were collected from a TRAC survey on family planning carried out by the ASF / PSI-RDC (Family Health Association / Population Service International) which we would like to thank.

The TRAC surveys (Tracking Results Continuously) are in fact CAP surveys (knowledge, attitudes and practices of women in matters of family planning) but with the introduction of questions on scales as mentioned above.

This survey concerned 1965 women aged 15 to 49 selected from urban and peri-urban areas of the city of Kinshasa province in DRC. The questionnaire for this survey included various themes structured around nine sections: identification of the woman, characteristics of the household, exposure to the media, general information, sexual behaviour, risks concerning contraception, knowledge of

contraception, use of contraception, availability, accessibility to modern contraceptives and quality of service, knowledge of consequences of early fertility, close, late and high fertility, determinants of contraceptive use and exposure to family planning.

Variables descriptions

Our explanatory variables are:

- Variables relating to the socio-cultural environment of women (religion, and the living environment);
- variables of demographic, educational and professional identification of the woman (the age of the woman, her marital status and her level of education and the variables of identification of the spouse).

Dependent variable

Only one dependent variable was retained for our analysis, it is the use of a modern contraceptive method: qualitative variable, which reflects the fact that the woman of childbearing age uses or does not use a modern contraceptive method. It had two modalities that result in:

Yes = woman uses a modern contraceptive method

No = woman does not use a modern contraceptive method.

Independent variables

Woman's age: this variable is defined as completed age (in years) of women of childbearing potential at the time of the survey.

Educational level: expressing the highest level of education attained by the woman. It had four modalities: uneducated, primary, secondary, higher / university. She was dichotomized; low level of education (uneducated, primary) and high level of education (secondary and higher / university).

Women's religious beliefs: designate the church attended by the woman. It had nine modalities: without religion, Catholic, Protestant, Muslim, Revival Church, Jehovah's Witness, Kimbanguist, Animist Church, Brahmanist. It was dichotomized:

Christian religion (Catholic, Protestant, Kimbanguist, Revival Church, Jehovah's Witnesses, Brahmanist) and, non-Christian religion (, Muslim, without religion and others).

Marital status of women: clearly determines the marital status of women. It had 5 modalities (single, married, divorced, or separated and widowed). She was dichotomized: Unmarried (single, divorced/separated and widowed disunited) and married (lives with a partner, married).

Socio-economic level: In the context of our study, the standard of a living variable was constructed from the possession of goods in the household.

Discussion within the couple is defined as the fact that the woman and her partner talk about using modern contraceptive methods to space, limit births or avoid pregnancies. Measured on the nominal scale with two modalities yes if the couple discuss about it and no if they don't.

Types of modern contraceptive methods used: translat the different modern contraceptive methods used by women measured on the nominal scale with twelve methods (male condom, female condom, IUD, implant, pill, injectables, cycle collar, Mama, female sterilization and other…)

Women's exposure to family planning messages: the variable is define the way by which she heard a message about family planning by the radio, watching TV at ANC, CPON, CPS, or reading in the newspaper or magazine through a community relay. It was measured on a nominal scale with two methods: yes if the respondent heard and if she did not hear.

Results and Discussion

Characteristics of the women.

As said in the previous section, the analysis focused on 1965 women who are not pregnant and need to space or limit births, Average age: 24 years old.

Table 1: Presentation of socio-cultural and socio-demographic variables

Characteristic	Size	%
Age		
15-24	1300	66.15776
25-34	428	21.78117
35-49	237	12.06107
Total	1965	100
Level of study		
None / Primary	213	10.83969
Secondary& Higher	1752	89.16031
Total	1965	100
Religion		
Other	263	13.38422
Christian	1702	86.61578
Total	1965	100
Marital status		
Married	455	23.15522
Single, divorced and widow	1510	76.84478
Total	1965	100

Source: Author from database

The table above presents the results interpret as follows:

Regarding age, women who are 15 to 24 years old are much more represented (66.2%, Average age is 28 years old; Taking into account the level of education, the majority of women surveyed have a Secondary and higher education level, whether 89.2%. 86.6% of the women are Christian; Marital status provided us with the following results: 76.8% of women said they were single.

Table 2: Information Source on modern contraceptive methods.

Variables	Effective n= 1965	Percentage
Health training	701	35.7
Community relays	257	13.1
school	443	22.5
Family members	89	4.5
Neighbour	107	5.4
Leaflets / Poster	47	2.4
Radio	61	3.1
Television	227	11.6
Personal Reading	33	1.7

Source: Author from database

The main sources of information were health facilities with 35.7%, followed by schools 22.5% and community intermediaries 13.1%.

Table 3: Modern contraceptive methods known to women in Kinshasa

Methods	Effective n= 1965	Percentage
Condoms	1221	62.1
Pills	397	20.2
Injectable Contraceptives	183	9.3
Implants	97	4.9
Diu	43	2.2
Female Sterilization	24	1.2

Source: Author from database

This table shows that the best known modern contraceptive methods were the male condom for (62.1%), pills for (20.2%), and injectable contraceptives for (9.3%).

Among the characteristics of women, the data from our survey showed that the standard of a living variable influences the use of modern contraceptive methods; women who have a high standard of living are 2.1 times more likely to use modern contraceptives than those who do not.

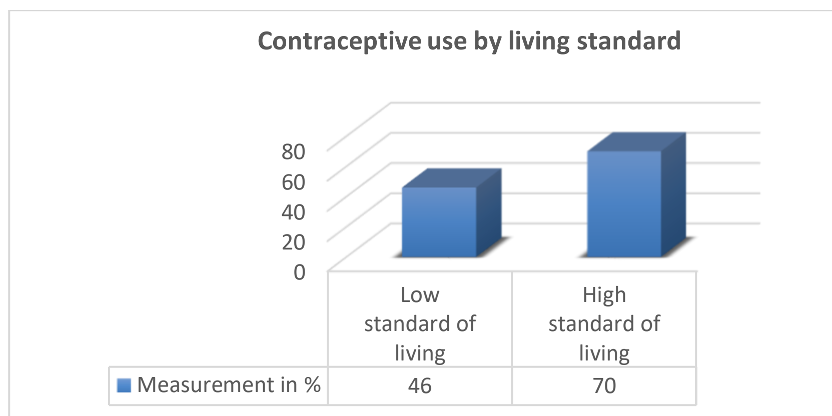

Figure 1: Use of modern contraceptive methods by the standard of living for women.

Besides, there is a link between the socioeconomic level and the use of modern contraception, since the chi-square test between these two variables was found to be very significant at the 1% threshold (Chi-square = 6.865 with a p-value = 0.007). Talking about family planning with the spouse, the woman's spouse is generally the head of the family in the Democratic Republic of Congo and his opinion is crucial in the practice of family planning by the woman. It is the same for unmarried women, sexual partners also have an opinion to say if the woman should use or not a contraceptive method.

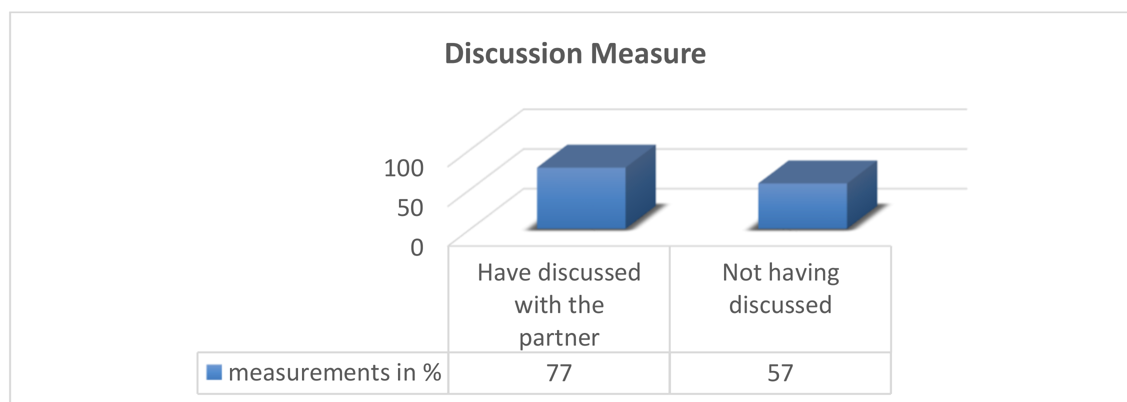

Figure 2: Use of modern contraceptive methods according to whether the woman discussed family planning with her partner

Among the factors of contraception, from the survey data, we have come to the result that the discussion of family planning with the spouse or partner is an influencing element in contraceptive use. Women who are used to talking about family planning with their spouses or partners are five times more likely to use modern contraceptives than a woman who does not discuss it. The percentages for this variable are respectively 77% for users and 57% for non-users with P <0.001. However, the dialogue on contraception would bring the beneficial effects to all women who establish it with their spouses, because the support or encouragement of the spouse can only be obtained after a discussion (Bahan, 2011).

Hypothesis Testing

Only the significant variables were retained for interpretation.

The discussion influences the use of modern contraceptive methods by women. The results found that women who chatted fluently with their spouses were 4 times more likely to use contraceptive methods than those who never chatted (OR = 4.28; p <0.001). These

results corroborate with those of the various authors: Takele and collaborators had also found that women who spoke fluently with their spouses, used the methods more than those who never discussed; this association was reversed where discussions were held once or twice (Takele, 2012).

Table 4: Multivariate analysis of the determinants of the use of modern contraceptive methods

Indicator	Users (N=580)	Non-Users (N= 1385)	OR ajusté IC (95%)	Sig.
	Average			
Discussion with family planning partner	77 (%)	57 (%)	4,28	**
Socio-Demographic Characteristics				
Socio-economic level (% élevé)	70 (%)	46 (%)	2,54	**

Source: Author from database

**** Significant at P≤0.001 ** Significant at P≤0.01 * Significant at P≤0.05*

In the Butajira district of Ethiopia, it was also found that women who had discussions with their partners on contraception were almost three times more likely to use them than those who did not discuss (Mekonnen, 2011). These results sufficiently demonstrate the role that men play in family planning. Given that it is the man who decides on many current affairs in married life, his involvement is, therefore, crucial if one wishes to effectively improve contraceptive prevalence; Likewise, men cannot be excluded from family planning and expect better results. So, therefore, the messages empowering human planning must be more frequent and well-calibrated. (KATOKA, 2017).

Socioeconomic level influences the use of modern contraceptive methods by women, women with a high social level used were twice as likely to use the contraceptive method (OR = 2.54; $p < 0.01$). The level of education, as well as the work of the woman, are values imported into the Western world. They are factors of emancipation and individualization. In a good number of studies, it has been found that educated women or couples as well as those who have a professional occupation have relatively low fertility and use, for the most part, modern contraceptive methods (Barthélemy, 2009). Women or couples from wealthy households are said to have a high propensity to use modern contraceptive methods.

Conclusions

This study aims to analyze how some factors can favour modern contraceptive use, to women who need to space or limit births in Kinshasa, DRC. Using questionnaire data collected from TRAC on family planning carried out by the ASF / PSI-RDC (Family Health Association / Population International Service).

we first of all resorted to the presentation of socio-cultural and socio-demographic variables, followed by a bivariate analysis where we crossed the dependent variable with the independent variables, only the significant variables were retained for interpretation and in the end, we did a regression to see or identify the variables which influence the use of modern contraceptive methods among women from Kinshasa.

Our results showed that, The majority of women were single, divorced and widowed, or 76.8%. Many of them were Christians (86.6%). Secondary and higher education were the most represented at 89.1%. Most women either 70% of their socio-economic level, and 77% after having a discussion with the partner or the spouse

Given these results, we present the following recommendations: Sensitize women who use modern contraception to also advise their friends to do so, this can be done in friendly meetings that very often bring women together, since talking about modern contraception with friends increases the chances of the woman to use it. Encourage communication between the woman and her partner and joint decision-making in matters of family planning. This requires designing communication programs and family planning services that aim to get men to cooperate, taking into account their roles and needs in family planning, and providing them with the necessary information on the subject.

For the government of the Democratic Republic of Congo, it must reposition family planning, these results suggest a focus of activities in the field of awareness of men and women on the issue of family planning, particularly its benefits. Couples' awareness of their reproductive responsibilities and the well-being of their household members would allow them to go to planning services or they will never be used.

The study presents some limitations mainly focuses on the factors favouring the use of the modern contraceptive method in general, future research may focus on the policy implemented by the government to improve the quality of health coverage and Integration structures on the family planning service.

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