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## DETERMINANTS OF CONTRACEPTIVES USE AMONG MARRIED WOMEN IN THE AGE GROUP 15-49

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**Abstract.** This article presents an analytical reading of the survey results with multiple indicators on clusters 2019: the case of Algeria. The use of contraceptives among married women is closely associated with a range of factors, whether demographic, social or economic, that affect its usage decision. Therefore, this study endeavours to identify the determinants of contraceptives use among married women in the age group (15-49) based on Multiple Indicator Cluster Survey data 2019, the case of Algeria in order to reveal the magnitude of the impact of socio-demographic and economic determinants on the use of contraceptives as well as to explain that based on the particularity of society. Furthermore, the descriptive analytical method was adopted as well as the technique of analysing ready-made statistical data. The results demonstrated the existence of a different effect between demographic, social, economic determinants and the use of contraceptives among married women aged (15-49 years) in Algeria.

**Keywords:** *Determinants, Contraceptives, Married women, Family planning.*

**Rezumat.** Articolul prezintă o lectură analitică a rezultatelor sondajului cu indicatori multipli pe clustere 2019: cazul Algeriei. Utilizarea contraceptivelor în rândul femeilor căsătorite este strâns asociată cu o serie de factori, fie demografici, sociali sau economici, care îi afectează decizia de utilizare. Acest studiu a avut drept scop să identifice factorii determinanți ai utilizării contraceptivelor în rândul femeilor căsătorite din grupa de vârstă (15-49) pe baza datelor Multiple Indicator Cluster Survey 2019, cazul Algeriei, pentru a releva amploarea impactului socio-demografic și factorii economici determinanți ai utilizării contraceptivelor, precum și pentru a explica acest fapt pe baza particularității societății. În plus, a fost adoptată metoda analitică descriptivă precum și tehnica de analiză a datelor statistice. Rezultatele obținute au demonstrat existența unui efect diferit între determinanții demografici, sociali, economici și utilizarea contraceptivelor în rândul femeilor căsătorite cu vârsta (15-49 de ani) din Algeria.

**Cuvinte cheie:** *determinanți, contraceptive, femei căsătorite, planificare familială.*

## 1. Introduction

The subject of contraceptives use is directly related to fertility. Thus, we find variation in its use from region to region and from country to country. As many researchers link the demographic factor with the use of contraceptives through fertility rates. For example, areas with low fertility rates are classified as the ones that encourage and support the use of contraceptives and vice versa. However, with the technological development that was reflected in the change of societies from a simple homogeneous society to a complex and contradictory one in which many concepts and standards have changed, the human perception today of marriage, procreation and family has become closely associated to a range of determinants and factors. Based on the foregoing, this research paper examines the impact of demographic, social and economic determinants on the use of contraceptives for married women during their fertile period.

Scientific studies have shown that age, religion, level of education, spousal authorization and place of residence have an influence on the use of modern contraception. Thus, the criticisms raised in the research used by Population Service International are at several levels, in particular the failure to take into account the socioeconomic and sociocultural factors that can significantly influence the use of modern contraception [1].

### 1.1. The study problem

The issue of contraception and family planning is a topic that holds a great interest from international bodies and organizations. Perhaps the most significant is the international standards approved by the Universal Declaration of Human Rights in addition to various laws and constitutions. Their aim is to control population growth, whether by increase or decrease through the adoption of direct and indirect population policies. For Algeria, Until the late sixties of the 20th century, the large majority of Algerians ignored medical contraception. They had no other possible uses than only traditional means, used by their elders. the use was limited to urban regions, among high families Socio cultural level [2], we could say that the direction of population policy has taken place in two phases:

**Replacement stage.** The period immediately after independence, where the state relied on a population policy which encouraged early marriage and frequent procreation as a measure for the replacement process, i.e., compensating the number of deaths with the number of births. The population of Algeria after independence was estimated at 10.2 million. Moreover, the post-independence period is considered as a rapid population growth due to the improvement of living conditions, as the natural growth rate witnessed a rapid increase of more than 3% [3]. The natural growth rate sustained high percentage until the mid-eighties.

**The stage of rethinking:** After the rapid rise in the population growth rate. Algeria has witnessed great pressure on a set of sectors such as education, health and housing. It required the necessity to rethink the adoption of another policy, thus the national program for birth control was adopted in 1983, in which there was a recognized need to organize a family to solve social and economic problems on the pretext that the country's problems and economic disruption are caused by the increasing growth of population. Furthermore, the population policy in Algeria was characterized as optional and not compulsory [4]. Contraceptives of all kinds are also among the services and means that the state sought to provide.

Therefore, the year 1983 was the starting point of the widespread use of contraceptives in Algeria, despite the difficulty of society to accept it, given that the peculiarity of the social and cultural structures and customs, traditions and values which

constitute a strong pattern of the Algerian society and impose standards and controls on the behaviour of the individual. However, over time families and women in particular started to accept and use various means, as population statistics confirm that contraceptives are one of the main factors affecting the fertility of Algerian women, as “the general birth rate decreased from 34.7 per thousand in 1986 to 22.51 per thousand in 1998” [5]. This means that the fertility rate decreased after 15 years of implementing the national program for family planning.

The tracker of statistics will know that the use of contraceptives in Algeria is on an upward curve. The rate of 35.5% in 1986 has been recorded according to the data of the Algerian National Survey on Fertility (ENAF). In 1992, according to the data of the Algerian National Survey on Mother and Child Health (PAPCHILD), the rate of women using contraceptives reached 50.7% at the national level. In 2002, it reached up to 57%, according to the Algerian Family Health Survey (PAPFAM). In 2006, the rate of contraceptives use reached 61.4%, according to the National Multiple Indicators Survey (MICS3). This rapid spread of contraceptives is accompanied by a decline in fertility rates [6].

In this study, we seek to identify the determinants affecting the use of contraceptives among married women in the age group (15-49) years in Algeria. We also attempt to explain the relationship between the use of contraceptives and these determinants. Thus, we ask the following main question:

**What are the determinants of contraceptives use among married women in the age group (15-49) years in Algeria?**

Based in the aforementioned main question, we can ask a number of sub-questions:

- Do demographic determinants based on age and number of children affect the use of contraceptives among married women in the age group (15-49) years in Algeria?
- Do social determinants based on the social environment and educational level affect the use of contraceptives among married women in the age group (15-49) years in Algeria?
- Do the economic determinants based on work and the standard of living of families affect the use of contraceptives for married women in the age group (15-49) years in Algeria?

**1.2. Study hypotheses**

The use of contraceptives among married women in the age group (15-49) years in Algeria is affected by demographic, social and economic determinants.

- The demographic factors like age and number of children positively contribute to the use of contraceptives among married women in the 15-49 age category in Algeria.
- The social environment and educational level contribute to the use of contraceptives among married women in the age category (15-49) years in Algeria.
- Economic determinants based on women's work and the family's standard of living contribute positively to the use of contraceptive methods for married women in the age group (15-49) years in Algeria.

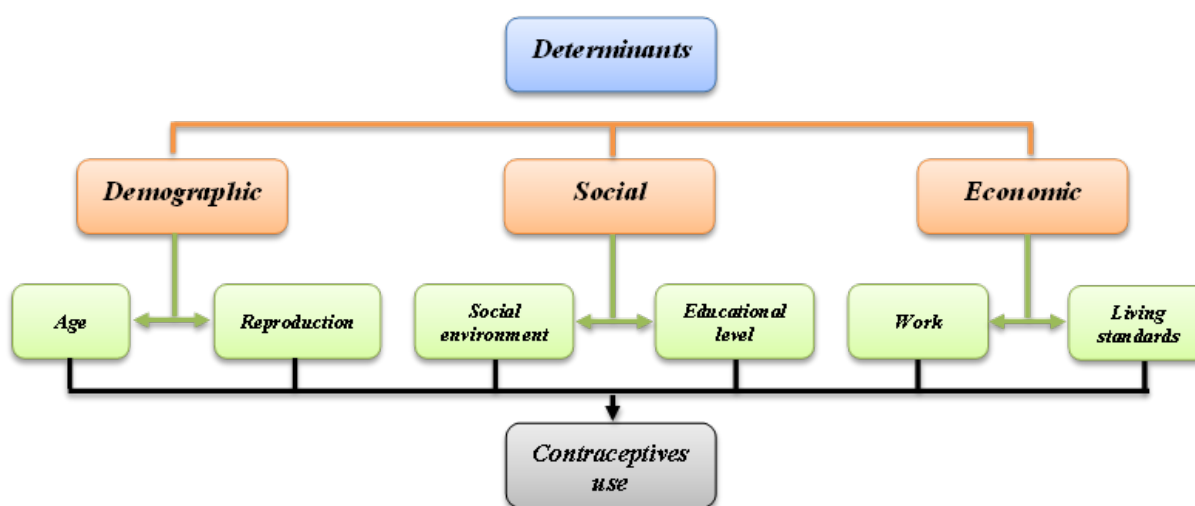
**1.3. Study objectives:** The study aims to:

- a. Identify the effect of demographic determinants on the use of contraceptives among married women.
- b. Identify of the effect of social determinants on the use of contraceptives among married women.

c. Identify the effect of economic determinants on the use of contraceptives among married women.

#### 1.4. Study Concepts

**Determinants** are a set of indicators or perceptions that have a direct and indirect relationship to the use of contraceptives for married women in the age group (15-49) years in Algeria. Among the indicators or determinants on which the study is based are (demographic, social, economic determinants). To illustrate this, we designed the following conceptual model:



**Figure 1.** The conceptual model for determinants of contraceptives uses for married women.

*Source: prepared by the researcher.*

**Contraceptives:** are defined as the set of methods that lead to birth-control. They are divided into physical and non-physical. This concept was borrowed from English around 1960. It is a method of contraception to designate the group of methods that work to avoid pregnancy [7].

Thus, it is a group of means that help to prevent pregnancy, among them are the intrauterine device (IUD), implants, pills, and condoms...etc. They are the most effective methods that enable the couple to organize the family.

In the case of Algeria, the contraceptive pills are the most prevalent and widely used among married women. This is due to their ease of use, in addition to their affordable price for families. Besides, combined oral contraceptive pills (COCs) are preparations of synthetic Estrogen and Progestin, which are highly efficient in preventing pregnancy. Furthermore, there are two types of combined oral contraceptive pills (the single-stage combined oral contraceptive pill, and the multi-stage combined oral contraceptive pill) [8].

**Family planning** means planning for the timing of reproduction so that there is an appropriate period of time between one pregnancy and another, through the use of appropriate organizational methods. This is to prevent any negative health or social effects on the mother's health, taking into account the fertile ability [9].

Furthermore, family planning is a decision-making process by the couples, together or individually, about the number of children they want to have in their lifetime, as well as the time-period between the children. This means that both, the husband and the wife, have equal rights to decide on their future fertility [10].

Many researches expresses that the decision - making power of man, false ideas on contraception and socio-cultural contradictions constituted the main obstacles to the use of contraception [11].

## 2. Materials and Methods

### 2.1. Study delimitations

The study was conducted in Algeria, where the sample was chosen after dividing the national territory into 7 geographical regions (North Central - Northeast - Northwest - Central Highlands - Eastern Highlands - Western Highlands - South). This national survey was conducted during the period from December 25, 2018 to April 22, 2019 .The Cluster Survey was conducted in Algeria on (19191) Married Women in the age group (15-49).

### 2.2. Study methodology

Our study comes under the descriptive demographic research, which depends on the analysis of a set of statistical data with the aim of identifying the determinants of contraceptives use among married women in the age group (15-49) years in Algeria. For this reason, the descriptive analytical method was used for analysing socio-demographic and economic data based on the results of the Multiple Indicator Cluster Survey for the year 2019.

### 2.3. Study tool

The technique of analysing ready-made data was relied upon in analysing (Data of the Multiple Indicator Cluster Survey 2019 / in Algeria), the “Multiple Indicator Cluster Survey (MICS [12])” which was conducted in Algeria in 2019 by the Ministry of Health, Population and Hospital Reform as part of the program The Global Survey (MICS). This program has been implemented with financial and technical support from the United Nations Children's Fund (UNICEF) and a financial contribution from the United Nations Population Fund.

### 2.4. The sample

The Multiple Indicator Cluster Survey depended on the cluster sampling which is a method used in the case of the vastness of the geographical area taken for the study. In such a case, it may be reasonable to divide the population into groups (usually along geographical borders), and to take random samples from a few groups, and measure all units within that group [13].

In this regard, the Multiple Indicator Cluster Survey report of 2019 was based on 7 geographical regions. On this basis, a group of married women was selected, we elaborate them in the following Table 1.

Table 1

<b>Sample size on the selected geographical regions</b>		
<b>Territories</b>	<b>Sample volume</b>	<b>%</b>
<b>North Central</b>	6282	32.73
<b>Northeast</b>	2623	13.66
<b>Northwest</b>	3209	16.72
<b>Central Highlands</b>	1396	7.27
<b>Eastern Highlands</b>	2858	14.89
<b>Western Highlands</b>	976	5.08
<b>South</b>	1847	9.62
<b>Total</b>	<b>19191</b>	<b>100%</b>

Note. Prepared by the researcher based on the results of the Multiple Indicator Cluster Survey 2019.

Accordingly, the study sample included 19191 married women, of whom 11717 were from urban areas and 7474 from rural ones, The technical expert (who is the sampling expert), together with the other experts at the National Statistical Office, carries out the process of continuous and diligent review of the data collection and tables, including the health indicator, by the UNICEF cluster survey team in the regional office, and this is done at the headquarters before the start of the reporting phase related to studies In all areas of UNICEF specialization.

We adopted the Multiple Indicator Cluster Survey and the software language to generate the data set and tables using the SPSS software (Statistical Packaging for Social Sciences).

### 3. Results

#### 3.1. Demographic determinants

We conclude from the first hypothesis that the use of contraceptive methods is affected by several reasons, the age of the woman, and number of children she has given birth, and this is shown through the tables that explain each of the demographic factors (Table 2).

Table 2

**Contraceptive uses among married women and their relationship with some demographic indicators (age, number of children)**

Use	Demographic determinants	Yes	No	Total
Age	15-19 Year	30.4%	69.6%	100%
	20-24 Year	44%	56%	100%
	25-29 Year	52.9%	47.1%	100%
	30-34 Year	56.9%	43.1%	100%
	35-39 Year	60.3%	39.7%	100%
	40-44 Year	57.7%	42.3%	100%
	45-49 Year	43.1%	56.9%	100%
	<b>Total</b>	<b>53.6%</b>	<b>46.4%</b>	100%
Children number	0 Child	3.8%	96.2%	100%
	1 Child	44.3%	55.7%	100%
	2 Children	60.1%	39.9%	100%
	3 Children	64.6%	35.4%	100%
	4 Children	64.4%	35.6%	100%
	<b>Total</b>	<b>53.6%</b>	<b>46.4%</b>	100%

**Note.** Prepared by the researcher based on the results of the Multiple Indicator Cluster Survey 2019.

- **Statistical reading**

The Table 1 represents the relationship between the variable of contraceptives use for married women with the variable of demographic determinants (age, number of children):

Regarding the first indicator related to age: we note from the above table that the percentage of contraceptives use in the study sample amounted to 53.6% and the age group most using contraceptives is (35-39) years with a rate of 60.3%, followed by the age group (40-44) years at a rate of 57.7%, while the least age group who used contraceptives is (15-

19) years with a rate of 30.4% as for the group (45-49) years at a rate of 43.1%. The second group that does not use contraceptives reached 46.4%. Moreover, the biggest age groups that do not use contraceptives are (15-19) years with a percentage of 69.6%, followed by the age group (45-49) years with 56.9%.

As for the second indicator related to the number of children: the table also shows the relationship between the variable of contraceptives use with the indicator of the number of children in the study sample. The percentage of contraceptives use in the study sample was 53.6%, the group that most used contraceptive gave birth to 3 children with a rate of 64.6%, followed by category 4 children with 64.4%, while the least used categories were represented in category 0 children with 3.8%, category 1 child with 44.3%, and with regard to the second category that does not use contraceptives, it reached 46.4%. Most groups that do not use contraceptives are category 0 child by 96.2% and category 1 child by 55.7%, while the least used categories are category 3 children with 35.4% and category 4 child with 35.6%.

- **Sociological analysis**

When we examine the obtained statistical data, we extract a set of correlational relationships between the study variables, for example:

**We conclude that there is a relationship between the use of contraceptives and age. The higher the age of the married woman, the greater the use of contraceptive methods in the age group (40-44) years, while it decreases in the age group (15-19) years.**

This relationship can be explained by a number of factors, the most important is the peculiarity of Algerian society with regard to the duality of marriage and reproduction, which constitutes a social system within the components of the traditional family. Concerning marriage, our society witnessed the spread of early marriage in the previous stage, despite the fact that the age of the first marriage has risen at the present time to 30 years or more. Therefore, whenever a woman marries early, it reflects on her fertility by having more children.

**As for the relationship between the use of contraceptives and the number of children, we noticed that families that gave birth (3-4) children used more, while families that did not give birth (0) children used less.**

Reproduction reflects the image of the traditional structures in our society on making the decision to procreate, especially with regard to having more males than females. From this point of view, the spouses seek to have the largest number of children in the early stages of marriage for fear that the woman will reach the menopause. Therefore, after the early reproduction stage and sufficiency with the number of children, women are more likely to use contraceptives, that is, if the number of children increases, fertility decreases, and if the number of children decreases, fertility increases.

The Algerian woman uses contraception after having formed her family. Two categories see their rate decrease: those who have no children those who have children. This last category is made up of women who have reached a descendant of considerable children and arrived at the age of menopause. As for women with no children, the decrease in the proportion of users is explained by their desire to have children [14].

### 3.2. Social determinants

In the second hypothesis, we address some of the social environment edimensions, like the effect of the educational level of women on the use of contraceptive methods, and

we will analyze the relationship between the previous two dimensions and link them to the socio-demographic reality in Algeria (Table 3).

Table 3

**The relationship between contraceptives uses for married women and social determinants (social environment, educational level)**

		Usage	Yes	No	Total
		Demographic Determinants			
Social environment	City		53.2%	46.8%	100%
	Countryside		54.2%	45.8%	100%
	<b>Total</b>		<b>53.6%</b>	<b>46.4%</b>	<b>100%</b>
Educational level 1	Non - level		49.4%	50.6%	100%
	Primary		53.4%	46.6%	100%
	Middle		54.3%	45.7%	100%
	Secondary		57%	43%	100%
	University		51.3%	48.7%	100%
	<b>Total</b>		<b>53.6%</b>	<b>46.4%</b>	<b>100%</b>

1 Concerning the educational level variable, the sample size decreased from (19191) to (19188) because three respondents did not answer the question.

Source: Prepared by the researcher based on the results of the Multiple Indicator Cluster Survey 2019.

- **Statistical reading**

The previous table represents (Table 3) the relationship between the variable of contraceptives use for married women with the variable of social determinants (social environment, educational level):

- **As for the first indicator related to the social environment:** we note from the above table that the percentage of contraceptives use among the study sample amounted to 53.6% as its use spreads in the countryside by 54.2%, while in the city we recorded a rate of 53.2%. Moreover, the second category that does not use contraceptives reached 46.4%, it spreads in the city by 46.8%, while in the countryside the percentage reached 45.8%.

- **As for the second indicator related to the educational level:** we also note from the table that the percentage of contraceptives use among the study sample amounted to 53.6%, they are used more at the secondary level by 57%, followed by the middle level by 54.3%, and it decreases at the non-level category by 49.4%. With regard to the second category that does not use contraceptives, the rate of 46.4%, and they are not used in the category without a level with 50.6%, followed by the university level with a rate of 48.7%.

- **Sociological analysis**

We conclude that there is a set of correlational relationships between the use of contraceptives and social determinants, among these relationships:

**The first relationship indicates the prevalence of the use of contraceptives in the countryside, relatively more than the city.** This is among the transformations and changes that have occurred in the countryside in Algeria from the urban, demographic and social aspects, as many rural areas have transformed into semi-urban with many social services as well as the widespread manifestations in the city, among the services provided by the maternal and child health centres, which distribute free contraceptive pills to women. In addition to that, many social concepts related to women have changed, so that rural women



have become more interested in education and work than the former who used to do more family households.

**The second relationship is related to the effect of a woman's educational level on the use of contraceptives. As the content of the relationship confirms that the higher the educational level of a married woman, the higher the percentage of contraceptives use, while they are less used for women without a level.**

This can be explained that the educated woman is more ambitious to reach her goals or ascending to higher stages in her life. In the same context, **Arsene Dumont's** views emphasize the relationship between the number of reproduction cases and the social position that an individual seeks to reach. Dumont compares the rise of the individual from one layer to another with the oil that rises in the lamp strip, as he considers that the individual's preoccupation with improving his personal conditions is a sign of the weakness of the national spirit in society and a factor in the disintegration of the family and the weakness of procreation [15].

Our study confirmed with the finding of Haq et al. (2017) [16]. They found that women who attained primary education and secondary or higher levels of education were more likely to use contraceptives than women having no education. This was because educated women have a greater opportunity for new ideas and information regarding new birth control methods and better access to family planning services [16].

### 3.3. Economic determinants

The third hypothesis revolves around the relationship of some economic determinants, such as the work of women and family's standard of living, (incomes) or fee and its effects on the use of contraceptives in Algerian society (Table 4).

Table 4

**Contraceptives uses among married women and their relationship with some economic indicators (work, standard of living)**

	Use	Economic determinants		Total
		Yes	No	
<b>Work</b>	Working	52.3%	47.7%	<b>100%</b>
	Not working	53.8%	46.2%	<b>100%</b>
	<b>Total</b>	<b>53.6%</b>	<b>46.4%</b>	<b>100%</b>
<b>living standard</b>	Low	52.8%	47.2%	<b>100%</b>
	Weak	52.3%	47.7%	<b>100%</b>
	Average	51.9%	48.1%	<b>100%</b>
	High	55%	45%	<b>100%</b>
	Highest	56.5%	43.5%	<b>100%</b>
	<b>Total</b>	<b>53.6%</b>	<b>46.4%</b>	<b>100%</b>

Source: Prepared by the researcher based on the results of the Multiple Indicator Cluster Survey 2019.

- **Statistical reading**

The table represents the relationship between the variable of contraceptives use for married women with the variable of economic determinants (work, standard of living):

**Regarding the first indicator related to work:** we note from the above table that the percentage of contraceptives use in the study sample was 53.6% and its use spread among

women (not working) by 53.8%, while women (working) recorded a rate of 52.3%. With regard to the second category that does not use contraceptives, it reached 46.4%, supported by 47.7% for working women, and 46.2%.

**Regarding the second indicator to the standard of living:** we also note that the percentage of contraceptives use among the study sample amounted to 53.6%, as they are used more at the “Highest level” with a percentage of 56.5%, followed by the “High level” with a percentage of 55%, and it decreases in the Average category by 51.9. With regard to the second category that does not use contraceptives, the percentage is 46.4%. They are used less in the Average category with a percentage of 48.1%, followed by the Weak Level with 47.7%.

- **Sociological analysis**

Through the data of the above table that shows the relationship between the use of contraceptives and the economic determinants, we made some observations, including:

With regard to the work indicator and its relationship to the use of contraceptives, we found a relative disparity between the working group and the not working one. So that the category that most used is the group that does not work. Therefore, this shows that there is no relationship between a woman’s work and her use of contraceptives despite the multiplicity of her functions, unlike the woman staying at home who dedicates their time to family functions, including procreation and education, and tends to use contraceptives for other health, social and economic reasons.

As for the standard of living indicator, the statistical data shows that there is a relationship between them, so that the category that is characterized by a Highest standard of living used the most than the other categories, as the use of contraceptives is less in the categories (Average and Low). Therefore, it can be said that the improvement of the living standard of families automatically leads women to use contraceptives and birth control.

Moreover, the women with a good standard of living in making decision on their contraceptive use is giving them freedom and right to make a better choice for using contraceptive. This will further impact on their reproductive health and will in turn reduce maternal mortality rate [17].

#### **4. Conclusions**

We conclude through our study that the use of contraceptives among married women in the age group (15-49) years, according to the results of the Multiple Indicator Cluster Survey 2019, that the patterns of their use have somewhat changed in parallel with the social changes that occurred in the Algerian society which led to a change in many traditional structures such as reproductive values, marital culture, etc. Among the changing patterns in society that were reflected in the use of contraceptives for married women, we mention the following:

The spouses’ view of procreation has changed, perhaps the most prominent factor lies in the change in the family pattern in society, so that we are more oriented towards the nuclear family than the extended family.

Women’s education, the level of women’s education in society has risen to high levels in all educational cycles thanks to the policies of women’s liberation and free education.

A change in the components of the social environment, which means a change at the level of the rural and urban environment. As there is no longer a gap between the particularity of the city and the village. On the contrary, there has become a great convergence between

them due to the policies adopted with the aim of improving the lifestyle in the village. This convergence was reflected in the rural women's acquisition of urban women's practices in particular through the use of contraceptives, which are more widespread in rural than urban regions, according to the results of the Multiple Indicator Cluster Survey 2019.

The standard of living of families, by approaching the standard of living with the use of contraceptives, we noticed that the higher the standard of living of families, the more married women resort to using contraceptives, and the lower the standard of living the less they are likely to use them.

Reproductive health: the concept of reproductive health has developed for married women, this is due to women's education and the degree of their education in protecting themselves from the dangers of reproduction on the one hand, and on the other hand, health progress in the field of health and procreation, so that families (husband and wife) have the ability to control their married life (sexual and reproductive). In addition to the high level of health education, especially with regard to knowledge about all contraceptives in terms of being safe, effective and financially acceptable.

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#### References

1. Leyé, M.M; Faye, A.; Diongue, M.; Wone, I.; Seck, I.; Ndiaye, P.; Dia, A.T. Determinants of the use of modern contraception in the Mbacké health district (Senegal). *Public Health* 2015, 27(1), pp. 107-116.
2. Khaled, S. K. Elements of hindsight in the practice of contraception in Algeria: study and comparison. *Afak Ilmia Review* 2022, 14(3), pp. 2-3.
3. Khadija, Y. Factors affecting birth control. Doctoral thesis, University of Algiers 2, Algeria, 2010.
4. Mohamed, T. Population policy and its impact on fertility decline in Algeria: a field study on a sample of married women in the state of Laghouat. Doctoral thesis, University of Laghouat, Algeria, 2018.
5. National Statistical Office. *Démographie algérienne 2009 Données statistiques*, O.N.S, Alger, 2009, p. 2.
6. Siham, A.A. Contraceptives and its impact on fertility in Algeria (a field study in the maternal and child protection centers of the city of Batna. Doctoral thesis, University of Batna 1, Algeria, 2014.
7. Fatima, D. Demographic growth and its impact on economic and social development (a study of family planning for the Algerian family. Doctoral thesis, University of Constantine, Algeria, 2007.
8. Fatiha, T; Usha, M. Medical guide to providing reproductive and sexual health services. International Planned Parenthood Federation, London, 2004, pp. 76-77.
9. Mazhara, A.Z.B. Mother and child care, Dar Al Masirah for Publishing and Distribution, Jordan, 2008, p. 21.
10. Ministry of Health. Family Planning, Ethiopian Federal Ministry of Health, Ethiopia, 2010, p. 4.
11. Coulibaly, M; Doukouré, D.; Kouamé, J.; Ayékoé, I.; Mélédeje, K.M.; Malik, S.; Kouadio, L. Obstacles socioculturels liés à l'utilisation de la contraception moderne en Côte d'ivoire. *Dans Santé Publique* 2022, 32 (4), pp. 389-397.
12. Multiple indicator cluster survey. Final report of the results [MICS]2019, Ministry of Health Population and Hospital Reform, ALGERIE, 2020, p 2.
13. Anol, B. Social Science Research: Principles, Methods, and Practices, Global Text Project, Florida, 2012, p. 68.
14. Delenda, A. Population Policy And Contraception In Algeria. *Social and Human Sciences Review* 2005, 6 (12), pp. 7-26.
15. Mohammad, S. Population and development (issues and problems), Modern University Office, Egypt, 1998, p. 126.
16. Haq, I; Sakib, S.; Talukder, A. Sociodemographic Factors on Contraceptive Use among Ever-Married Women of Reproductive Age: Evidence from Three Demographic and Health Surveys in Bangladesh. *Medical Sciences* 2017, 5 (4), pp. 2-11.
17. Savina, C; Ngovlily, S.; Vannith, H.; Por, I.R. actors determining the use of modern contraceptive among married women in Cambodia: Does their decision-making matter?. *Cambodia Journal of Public Health* 2021, 2 (4), pp. 2-5.

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