CONTRACEPTIVE METHOD CHOICE AMONG WOMEN ATTENDING AT AMTULLABHAI FAMILY PLANNING CLINIC IN DAR ES SALAAM.

By

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CERTIFICATION

The undersigned certify that he has read and hereby recommend for examination of a dissertation entitled: **Contraceptive method choices among women attending at amtullabhai family planning clinic in Dar es Salaam** in partial fulfillment of the requirements for the degree of Master of Obstetrics and Gynaecology of the Muhimbili University of Health and Allied Sciences.

……

Dr. Furaha August

(Supervisor)

.....

Date

DECLARATION AND COPYRIGHT

I Dr. Mbando Apaisaria Humphrey, I declare that this dissertation is my own original work and that it has not been presented and will not be presented to any other University for a similar or any other degree award.

Signature…… Date……

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Lastly, special thanks go to my family for their moral support.

DEDICATION

This dissertation is dedicated to my husband Samuel, my children Aneth, Brian and Alice.

ABSTRACT

Background: Contraceptive prevalence in Tanzania is low despite high knowledge of contraception. In order to understand the existing barriers, it is important to find out reasons affecting contraceptive method choices. The objective of this study was to assess contraceptive method choice among women attending at Amtullabhai family planning clinic in Dar es Salaam.

Method: A cross- sectional study was conducted between October and November, 2010 at Amtullabhai family planning clinic, Ilala District in Dar es Salaam. A total of 308 women who attended family planning clinic with previous experience on FP use during the study period were recruited. Enquiry was made with regard to types of contraceptive methods known to the participants, personal experience on use, side effects of contraceptive methods, method chosen and reason for choosing that particular method. A 12 points scale was used to assess knowledge based on clients' knowledge on types and side effects of contraceptives.

Results: Majority of the participants were of the age 25 – 34 years, married, standard seven leavers and house wives. The contraceptives that majority chose were oral contraceptive pills (33.1%) and injectables (32.8%). The factors that were mostly found to be associated with the choices were side effects from the previous method (26.9%), no contraceptive of participants' choice (20%) and influence from the provider (15%). The contraceptive knowledge was moderate to majority of the participants.

Conclusion: Findings from this study show that women have various reasons for contraceptive method choice. There is sufficient evidence to indicate that contraceptive prevalence increases as a variety of contraceptive options are provided to clients, backed up by informed choices.

Recommendations: Increase effort in modern contraceptive method promotion and education is needed to improve knowledge in Tanzanian women so that they can make a proper and informed choice. It is therefore upon responsible authorities to ensure the availability of full range of contraceptive methods as the ability to choose satisfactory contraceptive protection depends on readily access to multiple methods.

TABLE OF CONTENTS

CERTIFICATION……ii
DECLARATION AND COPYRIGHT……iii
ACKNOWLEDGEMENT……iv
DEDICATION……..v
ABSTRACT……..vi
TABLE OF CONTENTS……..viii
LIST OF TABLES……x
ABBREVIATIONS……..xi
INTRODUCTION……1
LITERATURE REVIEW…….3
PROBLEM STATEMENT……...6
RATIONALE……....7
OBJECTIVES……8
Broad objective……...8
Specific objectives……..8
METHODOLOGY……9
Study design……...9
Study setting……...9
Study population…….9
Study sample……...9
Sample size estimation……10
Sampling technique…… 10
Data collection……10
Data analysis……...10
Ethical consideration and clearance……10
RESULTS…….....12
DISCUSSION……17

CONCLUSION…….....20

RECOMMENDATIONS……..21
REFERENCES…….22
APPENDICES……..26
Appendix 1: Consent form – English version……26
Appendix 2: Consent form – Swahili version……....29
Appendix 3: Questionnaire – English version……32
Appendix 4: Questionnaire – Swahili version……34
Appendix 5: Knowledge scale……36

LIST OF TABLES:

Table 1: Distribution of participants by socio-demographic characteristics……12

Table 2: Distribution of method of contraception, reasons for contraceptive choice and level of knowledge of contraceptives……..13

Table 3: Association between socio-demographic characteristics and contraceptive choice……14

Table 4: Association between reasons for choosing a method and choice of contraception……..15

Table 5: Association between level of knowledge and choice of contraception……..16

ABBREVIATIONS

STIs: Sexually transmitted Infections.

HIV: Human immunodeficiency virus.

TDHS: Tanzania Demographic and Health Survey.

IUCD: Intrauterine contraceptive device.

WHO: World health organization.

ICPD: International Conference on Population and Development.

MDGs: Millennium Development Goals.

MEC: Medical Eligibility Criteria.

MUHAS: Muhimbili University of Health and Allied Sciences.

COC: Combined Oral Contraceptive.

OCPs: Oral Contraceptive Pills.

POP: Progestin only pills.

FP: Family Planning.

INTRODUCTION

For contraceptive providers, understanding how and why women make contraceptive choices is important. Minimizing the likelihood of unintended pregnancy depends on maximizing user satisfaction, user effectiveness and continuation of use, by providing the method that is truly the method of choice – for that individual, and at that time[1].

An "ideal" contraceptive has been described as "100% effective, completely safe, and unrelated to coitus, with minimal re-supply requirements and offering immediate return to fertility after discontinuation." In the absence of an ideal method of contraception which would suit every individual, there is a variety of contraceptive methods with advantages in some aspects and disadvantages in others from which people should be able to choose according to their particular characteristics and needs[2].

All couples and individuals have the right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. They also have the right to attain the highest standard of sexual and reproductive health. While the right to health is recognized almost universally, women in Tanzania carry a heavy and largely avoidable burden of poor health related to reproduction and sexuality. Reproductive rights were first recognized as human rights in 1968, and have been endorsed and strengthened in successive international forums, particularly at the 1994 International Conference on Population and Development (ICPD) in Cairo[3].

The programme of Action adopted at the International Conference on Population and Development (ICPD) held in Cairo in 1994 recommended that family planning programmes should recognize that appropriate methods for couples and individuals vary according to their age, parity, family size preference and other factors and ensure that women and men have information and access to widest possible range of safe and effective family planning methods in order to enable them to exercise free and informed choice[4].

In Tanzania, women still have an average, almost 6 children each; and surveys show that the unmet need for FP services is high (22 percent of married women of reproductive age

want to space or limit births but are not currently using any method of family planning). Contraceptive use among women in Tanzania is still low (26%) [5].

High rates of population growth are largely the result of frequent childbearing or high fertility, often corresponding with a large unmet need for family planning (FP). If access to family planning services was increased, and availability of wide range of contraceptive method assured, this unmet need could be met, therefore slowing population growth and reducing the costs of meeting the millennium development goals (MDGs). In Tanzania and other African countries, one major factor contributing to the challenge is the continued rapid growth of the population. The number of people in need of health, education, economic, and other services is large and increasing, which, in turn, means that the amount of resources, personnel, and infrastructure required to meet the MDGs is also increasing. In light of this fact, development efforts in support of the MDGs should not overlook the importance and benefits of slowing population growth. Family planning helps reduce the number of high-risk pregnancies that result in high levels of maternal and child illness and death [6].

The voluntary control of fertility is of paramount importance to modern society. From a global perspective, countries currently face the crisis of rapid population growth that has begun to threaten human survival. One of the goals in family planning is to strengthen family planning services, to promote the health and welfare of the family, community and the nation and eventually reduce the rate of population growth. Effective control of reproduction can therefore be essential to a woman's ability to achieve her individual goals and to contribute to her sense of well being[7, 8].

Contraceptive method a woman uses has important implications on how successful she will be in preventing pregnancy. The contraceptive of choice influence use, compliance and largely affect contraception. Much of the early research on contraceptive choice focused on method acceptability, comparing what women said they value in a method (e.g., effectiveness, ease of use, and mild or no side effects) with the attributes of different methods[9].

LITERATURE REVIEW

Acquiring knowledge about fertility control is an important step towards gaining access to and then using a suitable contraceptive method in a timely and effective manner. Choosing a method of contraception involves a balance between; how effective it is, possible risks and side effects, plans for future pregnancies, personal preferences and if one have a medical condition that needs to be considered. Factors associated with contraceptive choice includes women's personal characteristics and childbearing goals, sexual relationship characteristics and partner influences, social and economic characteristics, community, family and peer relationship, service access and provision and method specific experiences and attitudes. Women who are not completely satisfied with their method are more likely than others to use their method inconsistently[10].

Increased choice is associated with increased uptake and with better health outcomes such as lower pregnancy rates and fewer STIs. Women given a choice exercise it and continue use of their chosen contraceptives to a greater degree than those denied their choices[11, 12, 13, 14].

Factors that have been identified as affecting method choice includes age, gender, contraceptive intention (spacing versus limiting), lactation status, health profile, tolerance of side effects and income. Contraceptive choice is also in part dependent on how effective the method is and continuation rates are generally higher with more effective methods[15, 16].

The preferences of health care providers and family planning educators directly influence the information provided to clients, thus swaying women's decisions concerning method adoption. Specific method recommendations by health care workers reflect their training and may be partially motivated by incentives to adopt the same preferences expressed by other individuals and institutions [17].

The first edition of the WHO's Medical Eligibility Criteria (MEC) states that, "WHO is giving priority to improving access to high quality care in family planning through a variety of strategies" and lists one of these strategies as "promoting the widest availability of different contraceptive methods so that people may select what is most appropriate to their needs and circumstances"[18].
Since the most effective contraceptive available provide little or no protection against STDs/HIV, choice about which method to use involves trade- offs between pregnancy prevention and disease acquisition. The importance of being able to choose a female controlled or female initiated method is also highlighted[19, 20].

The notion that access to a choice of methods has positive outcomes has been expressed by several authors. It is established that beyond safety and freedom from side effects, the only factors that consistently predict uptake and continued use of a contraceptive method are direct involvement of the user in the choice of the method, advance information on the potential side effects and support from the spouse[15, 21, 22, 23, 24, 25].

A global review of women's perspectives on fertility regulating devices established that, beyond safety and freedom from side effects, the only factor that consistently predict uptake and continued use of a contraceptive method are direct involvement of the users in the choice of method, advance information on potential side effects and support from spouse[22, 24].

An early review of the literature and modeling of existing data on the relationship between increasing the number of methods and the demographic impact indicated that enhancing choice of contraceptive methods increased contraceptive practice, resulting in fertility reduction. Even in poor countries, increasing the choice of methods available can lead to increased contraceptive prevalence[25].

A review of evidence-based contraceptive choices has recently noted that the most successful contraceptive method is likely to be the one that the woman (or man) chooses,

rather than the one the clinician chooses for them. A review of the Matlab experience has also emphasized the importance of broadening method choice[26, 27].

In a prospective cohort study concerning the impact of choice on contraceptive use in Indonesia found that, discontinuation rates were starkly different: 8.9% of those afforded their initial choice had discontinued use at 12 months, compared with 72.2% of those denied their choice[28].

Counselors own experience may cloud the way they represent available choices, and failure to take into account women's intentions regarding pregnancy avoidance may lead to inappropriate choices being exercised[29, 30].

A cross-sectional survey in Turkey showed that women cited convenience and efficiency as reasons for choosing modern methods but adverse experiences or concerns about other methods as reasons for choosing traditional methods[31].

PROBLEM STATEMENT

In Tanzania and other African countries, one major factor contributing to the challenge of achieving Millennium Development Goals (MDGs), is the continued rapid growth of the population. Population growth can be controlled through well organized and functional family planning programmes. Functional family planning programmes are specified into functional categories such as contraceptive services and supplies; information, education and motivation. Contraceptive supplies are one very important part of an effective and functional family planning programme. Supplies ensures the availability of the types of contraceptives and hence the women choices of contraceptive that suit their needs.

In Tanzania, the fertility rate is high (5.4 births per woman), contraceptive prevalence is low (26%) and maternal mortality is also high (454/100,000)[5, 32]. These reproductive health problems are partly contributed by ineffectiveness of the family planning programmes due to, among other reasons, the unavailability of the contraceptive methods that one may desire to choose. If the woman misses the contraceptive method she wants she then puts herself in danger of unintended pregnancy and all the sequelae associated with it. Contraceptive choice is a central element of quality of care in the provision of family planning services.

Studies have shown that increased choice is associated with increased uptake and with better health outcomes such as lower pregnancy rates and fewer STIs[11, 12, 13, 14]. As pregnancy rate is still high in Tanzania, there may a problem of lack of contraceptive of choice thus makes people to decide not to use available contraceptives and hence increase pregnancy rate and its consequences.

RATIONALE

The issue of contraceptive choice is an important contributing factor in fertility regulation and hence reduction of mortality and morbidity related to reproduction. Despite the fact that choice affects contraceptive use and hence reproductive health, in literature, no study has been done in Tanzania to look at the factors associated with contraceptive method

The aim of the study is to assess contraceptive method choices and associated reasons which probably could be contributing to the low contraceptive coverage that is seen in Tanzania.

The results will enable us understand contraceptive needs and associated barriers. The gained experience can be used to convince the responsible authority about the need to implement such services to increase contraceptive coverage and therefore reduce the number of unintended pregnancies so that individual, family planning and reproductive goals are met.

OBJECTIVES

Broad objectives

To assess contraceptive choices and associated reasons among women attending at Amtullabhai family planning clinic in Dar es Salaam.

Specific objectives

1. To assess the knowledge on contraceptive methods among women attending at Amtullabhai family planning clinic.
2. To assess contraceptive method choices among women attending at Amtullabhai family planning clinic.
3. To assess reasons influencing contraceptive method choices among women attending at Amtullabhai family planning clinic.

METHODOLOGY

Study design

A Cross sectional study was adopted.

Study setting

The study was conducted at Amtullabhai family planning clinic which is located at Mchafukoge ward of Ilala District, in Dar es Salaam. The total population of Mchafukoge ward is about 7664, of which women are 3793 and women of reproductive age are 1213. The clinic provides family planning services for women of reproductive age from Mchafukoge ward as well as from different parts of Dar es Salaam. Family planning services provided includes; IUCD, Implants (Implanon), Injectables, Pills (COC and POP), Barrier method (male condoms). During data collection period they run short of injectabes and implants. The clinic operates 5 days per week and serves 20-30 clients per day and it has two nurses running the clinic daily. New clients are grouped together, health education and information about various methods of contraception is given. There after individual client including the follow up clients enters one after another to the family planning provider to get more information about a method of her choice and then the contraceptive method is provided.

Study population

Women attending family planning clinic at Amtullabhai, Dar es Salaam.

Study sample

All women who had the history of using contraceptive method, among them 308 were conveniently chosen.

Sample size estimation

The Sample size was calculated from the following formula:

$$N = \frac{z^2 \times p\,(100-p)}{e^2}$$

Where:

N= required sample size

z = Reliability coefficient at 95% CI, approximated to be 2

p = Contraceptive prevalence for Tanzania (26%)

e = Minimum likely error which was taken to be 5%

The required sample size was 308.

Sampling technique

All women attending family planning clinic at Amtullabhai with previous history of modern contraceptive method use were recruited until the required sample size was obtained.

Data collection

Data collection was done by using interviewer-administered structured questionnaires Swahili version. Enquiry was made with regard to socio-demographic characteristics, types of contraceptive methods known to the participants, personal experience on use and side effects of contraceptive methods and reasons for current method chosen. A 12 points scale was used to assess knowledge basing on the clients knowledge on types and side effects of contraceptives. Each correctly mentioned method and side effect of contraception scored one point. A score of 0-4 indicated poor knowledge, whereas 5-8 and 9-12 indicated moderate and sufficient knowledge respectively[33]. Clients were recruited after they have been given their method of choice. About 15 to 20 clients were recruited per day.

Data analysis

Data was coded, entered, cleaned and analyzed by the SPSS software, version 17. Univariate analysis was used to examine the background characteristics using frequency distribution. Bivariate analysis was used to determine the association between variables through cross-tabulations in which Chi-square test was used to compare the strength of association between variables. P-value less than 0.05 was considered statistically significant.

For the purpose of analysis, age of participants were categorized into; 18-24, 25-34, 35-44 representing the youngest age group, the young and the middle age groups respectively as used by previous similar studies. Level of education was categorized into low level (those with no formal education and Primary education) and high level of education (those with secondary, college/university education).

Methods of contraception were categorized into long term method (Injectables, Implants, and IUCDs) and short term methods (Pills and male condoms). Employment status was put into employed and not employed. Age was categorized into below 35 years and 35years and above. Parity were categorized into low (Para 2 and less) and high (Para 3 and above).

Ethical issues consideration

Consent was sought from each participant after reading to her information statement about the study. Participants were informed about objectives of the study and they were assured of voluntary participation. Confidentiality was maintained throughout by ensuring that no names or numbers that would identify the participant.

Ethical clearance

Ethical clearance was obtained from the research ethics committee of the Muhimbili University of Health and Allied Sciences. The permission to conduct the study was sought from the Municipal authority of the Ilala District.

RESULTS

A total of 308 participants agreed to participate in the study and were interviewed during the study period.

Table 1: Distribution of participants by socio-demographic characteristics (N=308)

Socio-demographic characteristics	Number	Percent
Age		
18 – 24	55	17.9
25 – 34	178	57.8
35 – 44	75	24.4
Marital status		
Married	239	77.6
Single	26	8.4
Cohabiting	31	10.1
Divorced	8	2.6
Widow	4	1.3
Level of education		
College/University	18	5.8
Secondary level	84	27.3
Primary	197	64.0
No formal education	9	2.9
Occupation		
Employed	61	19.8
Petty business	98	31.8
House wife	139	45.1
Peasant	1	.3
Student	9	2.9
Religion		
Christian	161	52.3
Muslim	147	47.7

The majority of respondents were in the age range 25- 34years (57.8%), the mean age was 30 years with SD +/- 6. Most were married (77. 6%), more than half of the participants (66.9%) were of low level of education.

Table 2: Distribution of method of contraception, reasons for contraceptive choice and level of knowledge of contraceptive among study participants (N=308)

	Number (n)	Percent
Contraceptive method used		
OCP*	102	33.1
Injectables	101	32.8
Implants	85	27.6
IUCD*	12	3.9
Condoms	8	2.6
Reasons for contraceptive method choice		
Influenced by provider	49	15.9
Completed family	9	2.9
No contraceptive of my choice	60	19.5
Side effects from previous Method	83	26.9
Advised by friend/relative	51	16.6
Need long term method	56	18.2
Level of knowledge		
Sufficient knowledge	25	8.1
Moderate knowledge	268	87.0
Poor knowledge	15	4.9

*OCP = Oral contraceptive pills, *IUCD= Intrauterine contraceptive device.

The majority used OCP (33.1%) and Injectables (32.8%). Side effects from previous method were mentioned by 26.9% of women as a factor influencing their current choices. Completion of family was the least factor mentioned (2.9%). Participants with sufficient knowledge on contraceptives were only 25 (8.1%), majority had moderate knowledge.

Table 3: Association between socio-demographic characteristics and contraceptive choice.

Socio-demographic Characteristics	Choice of contraception			P- value
	Long term (n=198)	Short term (n=110)	Total (n= 308)	
Marital status				
Married	144(60.3)	95(39.7)	239 (100)	0.006
Not married	54(78.3)	15(21.7)	69 (100)	
Level of education				
High level	68(66.7)	34(33.3)	102(100)	0.539
Low level	130(63.1)	76(36.9)	206(100)	
Age				
< 35	149(63.7)	85(36.3)	234(100)	0.691
≥35	49(66.2)	25(33.8)	74(100)	
Parity				
<3	115(64.2)	64(35.8	179(100)	0.986
≥3	83(64.3)	46(35.7)	129(100)	
Occupation				
Employed	41(67.2)	20(32.8)	61(100)	0.594
Not employed	157(63.6)	90(36.4)	247(100)	

Majority of not married women preferred long term method compared to married women.

Level of education, age, parity and occupation did not statistically influence contraceptive choice.

Table 4: Association between reason for choosing a method and choice of contraception.

Reason for choosing the method	**choice of contraception**		
	Long term (n=198)	Short term (n=110)	Total (N= 308)
Influenced by provider	39 (79.6)	10 (20.4)	49 (100)
Completed family	9 (100)	0 (0)	9 (100)
No contraceptive of my choice	3 (5)	57 (95.0)	60 (100)
Side effects from previous method	53 (63.9)	30 (36.1)	83 (100)
Advice by friend/ relative	39 (76.5)	12 (23.5)	51 (100)
Need long term method	55 (98.2)	1 (1.8)	56 (100)

P= 0.00002

Most of the reasons for choosing a method made women to choose long term method compared to short term method except lack of contraceptive of choice which made the women to choose short term method. The observed deference is statistically significant.

Table 5. Association between level of knowledge and choice of contraception.

Knowledge level	**contraceptive method choice**		Total (N=308)
	long term (n=198)	short term (n=110)	
	N (%)	n (%)	
Sufficient	16(64.0)	9(36.0)	25(100.0)
Moderate	174(64.9)	94(35.1)	268(100.0)
Poor	8(53.3)	7(46.7)	15(100.0)

P- value 0.660

Knowledge is shown not to significantly influence the type of contraceptive method chosen. Respondents of different levels of knowledge preferred similar types of contraceptives as shown in the above table.

DISCUSSION

Unplanned pregnancy poses a major public health challenge in women of reproductive age, especially in developing countries, including Tanzania as it is associated with unsafe induced abortion and its quencequences.

The aim of the study was to assess contraceptive method choices among women attending family planning clinic in Dar es Salaam. Reasons for choosing a particular type of contraception were also assessed.

The knowledge of contraception in this study was found to be 95.1%. This includes those with sufficient (8.1%) and moderate knowledge (87%). The similar finding was reported in TDHS 2004/05, where 96% of women knew at least one modern method of contraception. Similar findings have been documented in studies done in other parts of the world. In Ethiopia and Russia the knowledge of Modern family planning methods was over 90%. This finding is however high compared to the finding in a study done in Nigeria, where knowledge was two thirds of the respondents. According to this findings, it is obvious that knowledge on modern contraceptive is good all around the world except in few places as in Nigerian study where the low knowledge was attributed to laxity in the pursuit of family planning in this area or due to religious beliefs as Muslims and Catholics tend to have a higher disapproval rate for contraceptive use than other religions[34, 35, 36].

Despite the good knowledge on contraceptive methods still there are about 80 million women in the world experiencing unintended pregnancy which increases the risk of abortion-related morbidity and mortality[37]. The gap between the high knowledge of modern methods of contraception and the use rate indicates that other reasons in association with knowledge are crucial for determining method choice.

Most women in this study chose to use mainly OCP, Injectables and Implants. Few used IUCDs and condoms. This finding is similar to the findings in Bangladesh where OCPs

was the most preferred modern contraceptive method in women, followed by Injectables and condom. Similar findings were also seen in a study done in Iran where majority also used OCPs [38, 39].

In Kenya majority preferred Injectables and findings in Nepal also differ from the findings in this study in that only few individuals preferred oral contraceptives.
In Mexico also preferences were different from the findings in this study where majority used IUCDs (58.3%) and OCPs; Injectables and condoms were the other two methods wanted, though by far fewer clients[40].

In Nigeria, among the methods currently used, the most common ones were the IUCD, condoms, Injectables and OCPs [37]. According to TDHS 2010 the most common choices were Injectables and OCPs followed by female sterilization and male condom.

There is an obvious diversity in women choices of contraception in different parts of the world. The commonest methods chosen by majority of clients in various studies as shown above were injectables and pills. It is hence necessary to note this and ensure availability of these two types of contraceptives that many women use.

Side effects from previous study were the major reason for participant's current method choice. Other mentioned reasons were lack of contraceptive of choice, need for long term method, advice by a friend or relative and influence by provider. Completion of family was the least reason mentioned. Side effects from the previous method were also mentioned in a study done in Ethiopia as a reason for choice [35].

Level of education was one of the factors that were examined to find its effect on contraceptive method choice. Respondents with high level of education preferred long term method compared to those with low level of education. This difference was however not statistically significant. Contrary to this, a study in Bangladesh revealed that the better educated couples prefer short term methods as they fear side effects from long term methods [41].

It appears therefore that literacy level by itself, excluding knowledge on particular contraceptive has been found to have an influence on women's method choice. It serves as an explanatory variable for understanding differences in fertility knowledge and effective practice of contraceptive method, knowledge of side effects and receptivity to the new technologies.

In this study most of the socio-demographic factors were not found to influence the type of contraceptive method that one chose to use. Only marital status had an influence, where more women who were married preferred long term methods than the not married ones. Level of education, age, parity and occupation were not shown to influence choice of contraceptive method.

Level of knowledge on contraceptives did not much influence choice but those with sufficient and moderate knowledge chose long term methods (i.e. Injectables and implants) while majority with low level of knowledge used short term methods (OCPs). The difference was however not statistically significant.

Stock outs of contraceptives continue to be a problem. In this study a fifth of respondents used oral contraceptive pills just because the Injectables, Implants and IUCDs were not available during the study period, others decided not to choose the alternative methods that were available. This implies that these women are not using contraception hence they are at risk of unintended pregnancy and abortion which most of them are unsafe. Similar finding was seen in a study done in Philippines where women failed to use alternative contraceptive method available although desiring to space or limit the number of children due to lack of contraceptive of their choice[42].

CONCLUSION:

Findings from this study show that women have various reasons for contraceptive method choice. Completion of family, need for long term method, influence by providers, friend/relatives and side effects from the previous methods were the reasons that made majority of women to use long term method. Lack of contraceptive of choice was the leading factor that made participants choose short term method.

Choice among varieties of contraceptive offerings is yet to be attained in family planning clinic where the study was done. This is because women are lacking sufficient knowledge on contraceptive methods and hence they can't make a proper and informed choice, also some contraceptive methods were not available (Injectables and Implants and IUCDs) hence women chose what was available and not what they desired which may lead to inconsistent method use. Unfortunately it was observed that others decided not to use available alternative method if they miss what they desire.

Achieving method choice is an important factor of continued contraceptive use, therefore setting family planning targets to emphasize meeting method choices will aid increase continuing use and hence increase contraceptive prevalence.

RECOMMENDATION:

Increase effort in modern contraceptive method promotion and education is needed to improve knowledge in Tanzanian women so that they can make a proper and informed choice. Health care providers should effectively play their role by making sure that their clients have sufficient knowledge on contraceptives which can help them make a correct choice of contraception. Sufficient knowledge will also provide awareness on side effects which will help in avoiding misconceptions on side effects which sometimes are not real and prohibiting women from using certain types of contraception.

For all persons to enjoy a choice among contraceptive options, a range of methods must be readily available. It is therefore upon responsible authorities to ensure the availability of full range of contraceptive methods as the ability to choose satisfactory contraceptive protection depends on readily access to multiple methods. It is mandatory hence to have programmes with the intention to provide full range of methods and the most preferred methods should always be available.

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APPENDICES

Appendix 1

1. **QUESTIONNAIRE (English version)**

I. Social Demographic data:

1. Age…….

2. Parity……..

Number of living children……

Number of dead children……

Number of abortion(s)……

3. Marital status

1. Married
2. Single

3. Cohabiting

4. Divorced

5. Widow

4. Education

1. College/University

2. Secondary education

3. Primary education

4. No formal education

5. Occupation

1. Employed

2. Business

3. House wife

4. Peasant

5. Student

6. Religion

1. Christian

2. Muslim

3. Others……

II. Family planning

7. Which contraceptive method have you ever heard about? (Circle all that apply).
    1. Pills
    2. Injections
    3. Implants
    4. IUCD
    5. Male/Female condoms
    6. Female sterilization
    7. Male sterilization
    8. Others…….

8. What are the side effects of contraceptives that you know? (Circle all that apply)
    1. Nausea, vomiting and headache.
    2. Excessive menses.
    3. Amenorrhea
    4. Loss of libido
    5. Break through bleeding.
    6. Others……

9. Which contraceptive method have you ever used …….

10. Which contraceptive method are you using now?
    1. Pills
    2. Injectables
    3. Implants
    4. IUCD
    5. Male/Female condoms
    6. Female sterilization
    7. Others…….

11. What are the reasons for choosing this contraceptive method?

    1. Influenced by provider.
    2. Medical advice.
    3. Completed family.
    4. No contraceptive of my choice.
    5. Religious reasons.
    6. Side effects from previous method.
    7. Advised by friend / relative.
    8. Others…….

Appendix 2

3. QUESTIONNAIRE (Swahili version)

I. Taarifa binafsi

1. Umri…….
2. Umezaa mara ngapi? .....

   Idadi ya watoto walio hai…….

   Idadi ya watoto waliokufa……

   Idadi ya mimba zilizoharibika…….
3. Hali ya ndoa
   1. Nimeolewa
   2. Sijaolewa
   3. Tunaishi bila ndoa
   4. Nimeachika
   5. Mjane
4. Elimu
   1. Chuo/ Chuo kikuu
   2. Elimu ya sekondari
   3. Elimu ya msingi
   4. Sijasoma
5. Kazi
   1. Nimeajiriwa
   2. Mfanyabiashara
   3. Mama wa nyumbani
   4. Mkulima
   5. Mwanafunzi
6. Dini
   1. Mkristo
   2. Muislamu
   3. Nyingineyo……

II. Uzazi wa mpango

7. Ni njia zipi za uzazi wa mpango ambazo umewahi kuzisikia?

   (Zungushia majibu yaliyo sahihi).

   1. Vidonge
   2. Sindano
   3. Vijiti / Vipandikizi
   4. Kitanzi
   5. Kondomu za kiume / kike
   6. Upasuaji kwa mwanamke
   7. Upasuaji kwa mwanaume
   8. Nyinginezo……

8. Ni madhara gani yatokanayo na matumizi ya njia za uzazi wa mpango?

   (Zungushia majibu yaliyo sahihi).

   1. Kichefuchefu, kutapika na kuumwa kichwa
   2. Kutokwa na damu nyingi wakati wa hedhi
   3. Kutoona hedhi
   4. Kukosa hamu ya tendo la ndoa
   5. Kutokwa damu kabla ya tarehe ya hedhi
   6. Mengineyo.....

9. Ni njia gani ya uzazi wa mpango umewahi kuitumia?.....

10. Ni njia ipi ya uzazi wa mpango unayotumia sasa?

    1. Vidonge
    2. Sindano
    3. Vijiti/Vipandikizi
    4. Kitanzi
    5. Kondomu za kiume/kike
    6. Upasuaji kwa mwanamke
    7. Nyingineyo……..

11. Ni sababu gani zilizokufanya uchague njia hii ya uzazi wa mpango?
    1. Nimeshauriwa na mtoa huduma
    2. Nimeshauriwa kutokana na matatizo ya kiafya.
    3. Nimemaliza uzazi
    4. Hakuna njia ninayotumia
    5. Nilipata madhara na njia ya awali
    6. Nimeshauriwa na rafiki / ndugu
    7. Others…….

Appendix 3

2. CONSENT FORM FOR PARTICIPATION IN A STUDY

Title: CONTRACEPTIVE CHOICES AND ASSOCIATED FACTORS AMONG WOMEN ATTENDING FAMILY PLANNING CLINIC IN DAR ES SALAAM, 2010.

To the participant,

Foreword

I am Dr. Apaisaria Mbando a postgraduate student at MUHAS conducting a study on; **Factors associated with contraceptive method choice among women attending at amtullabhai family planning clinic in Dar es Salaam.**

How to participate

Interview will be conducted between the investigator and the family planning client about social demographic factors, contraceptive choices and basic knowledge on contraception.

The participation in the study is not compulsory, meaning that client is free to accept or refuse to be involved in the study without affecting the activities.

If any family planning client during interview is found not to know anything about the study she is going to be educated.

Purpose of the Study

The study will help us to understand contraceptive needs and barriers so that intervention can be done to increase contraceptive coverage.

Risks

The study will not cause any harm to participant.

Consent

I have been informed and understood the aim of the study. I accept to participate in the study.

Date.....

For more information or clarification you may contact one of the Doctors mentioned below,

Dr. Apaisaria H. Mbando—phone number 0713455320

Dr. Furaha August—phone number 0754304250

Prof.E.Lyamuya, Research chairperson. Phone number 2150302-6

Appendix 4

FOMU YA RIDHAA YA KUSHIRIKI KATIKA UTAFITI

Kichwa cha habari**: Sababu zinazohusiana na uchaguzi wa njia za uzazi wa mpango kwa wanawake wanaohudhuria kliniki ya uzazi wa mpango Amtullabhai Dar es salaam 2010.**

Kwa mteja,

Utangulizi

Ninaitwa Dr. Apaisaria Mbando, mwanafunzi wa udhamili chuo kikuu cha sayansi za Afya Muhimbili. Ninafanya utafiti juu ya sababu zinazohusiana na uchaguzi wa njia za uzazi wa mpango kwa wanawake wanaohudhuria kliniki ya uzazi wa mpango hapa Amtullabhai Dar es salaam 2010.

Jinsi ya kushiriki

Mahojiano yatafanyika kati ya mtafiti na mteja wa uzazi wa mpango kuhusu habari zake binafsi, njia aliyochagua pamoja na uelewa wake kuhusu uzazi wa mpango.

Ushiriki katika utafiti huu ni wa hiari kabisa kwa kumaanisha kuwa mteja yuko huru kukubali au kukataa kushiriki bila kuathiri huduma anayohitaji.

Endapo mteja yeyote wakati wa mahojiano ataonekana kutoelewa chochote kuhusu utafiti ataeleweshwa.

Dhumuni la utafiti

Utafiti huu utatusaidia kuelewa mahitaji ya njia za uzazi wa mpango na vikwazo vilivyopo ili kuongeza matumizi ya njia za uzazi wa mpango.

Madhara

Utafiti huu hautasababisha madhara yoyote kwa mshiriki.

Ridhaa ya makubaliano

Nimesoma na kuelewa madhumuni ya utafiti huu. Ninakubali kushiriki kwenye utafiti.

Tarehe.....

Kwa maelezo zaidi au ufafanuzi unaweza kuwasiliana na madaktari wafuatao:

Dr. Apaisaria Mbando— simu namba 0713455320

Dr. Furaha August— simu namba 0754304250

Prof. E. Lyamuya— Mwenyekiti kamati ya utafiti, simu namba 2150302-6

Appendix 5

Contraceptive knowledge scale

Responce	**Score**
Correctly mentioned contraceptive method	
Oral contraceptive pills.....	1
Condoms.....	1
Injections.....	1
Norplant.....	1
IUCD.....	1
Male/ Female sterilization.....	1
Others.....	1
Correctly mentioned side effects	
Nausea, vomiting and headache.....	1
Excessive menses.....	1
Amenorrhea.....	1
Loss of libido.....	1
Break through bleeding.....	1
Total score	**12**

Score: 9 – 12**--** Sufficient knowledge

5 – 8-- Moderate knowledge

0 – 4-- poor knowledge