Choice of contraceptives and determinants influencing utilization among women: The case of Muk-Lami town, western Wollega zone of Oromia Regional State, Ethiopia

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This study was conducted in Muk-Lami town located at 498 km from Addis Ababa and 54 km far from the Western Wollega zonal city, Ghibmi. The study was concerned with reproductive health and contraception where females in the study area have less exposure to contraceptives, choice and proper utilization of methods. This study attempted to investigate major determinants of contraceptive choice, use and side effects on female clients attending family planning services at Muk-Lami Governmental Health Center. The data was collected from women clients selected by simple random method for further information concerning choice and side effects of contraceptives among women attending family planning services. The data had been collected from 182 women between age categories of 20-49 years. The data was analyzed using SPSS version 20. Among contraceptive clients, 39.56% of women have not been informed about contraceptives. Obtained results showed that each contraception method had its own side effects that ranged from mild to severe health complications and reproductive risks on mothers. The majority (61.54%) of clients responded that they feel at least a minimum discomfort whenever using one of the modern birth control methods. Findings of this study also revealed that educated and non-educated women did not have similar and adequate knowledge on contraception. Therefore, educational experts, medical sectors and other concerned bodies including NGOs should empower women through special sex education for successful implementation of family planning programs.

Key words: Birth control, contraceptive, clients, pregnancy, side effect, women

INTRODUCTION

The population growth in developing countries soon after the Second World War historically gets its accelerated...
rates. Reduction of mortality due to discoveries in medical sectors such as developments of new vaccines and drugs, rising of fertility rates and improvements in lifestyles turned this population growth into a second population explosion. Population growth before the industrial revolution worldwide threatened by fatal diseases, often epidemics, promoted by lack of proper sanitation, poor nutrition, natural disasters such as floods, earthquakes, and others; also, death rates were high (WHO, 1998; Birdsell, 1992). Conversely, following the industrial revolution, modern preventive medicines such as immunizations and new drugs (antibiotics), improved education, proper sanitation, better income and improvement in general living standard had a positive effect on population growth. Therefore, the first population explosion took place when the industrial revolution started in England in the late 18th century. The industrial revolution dramatically changed every aspect of human life and lifestyles. From human development and life longevity to social improvement and the impact on natural resources, public health and energy usage and sanitation effects were profound (Bongarts, 2009).

Ethiopia is one of the second most populous nations of Africa where over half the population increase is expected (Sebhatu, 2008). The rapid population growth has been identified by national governments and international society as a problem (Shaw, 1998). This phenomenon, which causes for example shortage of farmlands, competition for scarce resources, unemployment, are claimed to cause increasing poverty (Kidane, 1989). Among African countries with higher population density, Ethiopia is an example of nations that has been facing multiple challenges following rapid population growth including environmental degradation, climatic changes food shortage, with prevailing maternal and child mortality (Pimentel et al., 2007). Moreover, the rapid growth of population increases the global burden of disease, poverty, competition for resources, less access to social services, and conflicts including civil war (Ezeh et al., 2006).

For all the above reasons, provision of family planning services has become the intervention of choice to slow the demographic explosions. It is also part of strategies to reduce the high rates of maternal, infant, child morbidity and mortality. High fertility and population growth appear to promote transmission of poverty across generations. Simultaneously, they widen the gaps in income and health status that separate the upper and middle classes (Dennis, 1996). In order to minimize the consequences of ‘overpopulation’ and to limit exponential growth of the world population, international fertility control strategies were first introduced in the 1950s as a measure to combat ‘overpopulation’ which was identified as being the cause of poverty in the ‘third world’ (Gupta, 2000). Family planning service was identified as the solution to control fertility rates against the rapid population growth.

Subsequently, family planning has expanded in developing countries by each national government, international organizations and non-governmental organizations (Greene, 2000).

The root of Ethiopian family planning services was traced to around 1966 when groups of volunteers began and established the Family Guidance Association of Ethiopia (Asnake et al., 2006). Family planning programs were launched at the national level to break the traditional reproductive trends of the society and to assure health care services in a wide range. The Federal Ministry of Health integrated family planning with the mother and child health services during early 1980. Making family planning accessible to all families across the nation has been one of the successful interventions in Ethiopia (Sinding, 2007).

Communities of Muk-Lami town also benefited from the service provided by the Ministry Of Health and Non-Governmental Organizations. However, still, there were various reproductive challenges that the society encountered. This includes less access to services, prevalence of unwanted pregnancy, health risks after utilization of contraceptives and possession of large family size which was unbalanced with the economic level of individuals. This study was pivotal towards exploring the major reasons for the above-mentioned problems regarding contraceptive choice, along with use and family planning related issues that need to be addressed. Therefore, the final goal of the study was to assess the provision of contraceptives, knowledge of participants to choose and use methods as well as the extent of side effects of commonly used contraceptives.

MATERIALS AND METHODS

Description of study area

This study was conducted in Muk-Lami town of Bodji Chekorsa District, western Wollega Zone of Oromia Regional State. The district is bounded by four districts: at the north by Bodji Dirmaji, at south by Gulliso, at east by Lalo Asabi, and at West by Nedjo. The town is found at 498 km from Addis Ababa and 54 km from the zonal city, Ghimbi. It was established in 1942. Similar to other parts of West Wollega Zone, Muk-Lami is found in a cash crop area where coffee production is high and known by an abundance of natural resources and historical heritage.

The district is found at an elevation between 1200 – 1450 m above sea level. Generally, the landscapes of the Bodji Chekorsa were covered by 12% hills, 62% plains and 26% of ups and downs (ADO, 2015). Bodji Chekorsa District is mainly characterized by Dega and partly by Woina-Dega climatic conditions. In the study area, there are four distinct seasonal variations, and these are summer, autumn, winter, and spring. The summer rainfall was very important for farmers to grow crop plants and improve the livelihoods of their family. The annual rainfall amount varies from 1150 to 1250 mm with a long-term average of four months (May-August). The optimal temperature variation of the study area also ranges from 180 – 240°C (ADO, 2015). Based on the 2007 Census conducted by the Central Statistical Agency of Ethiopia, the town
had a total population of 5000 (2800 were males and 2200 females) (CSA, 2008). Provisions of health care facilities and family planning services were relatively fair.

Study design

Balakrishnan et al. (2007) defines research design as the general plan of how the research questions would be answered. It is the conceptual structure within which research is conducted and constitutes the blueprint for the collection, measurement, and analysis of data. This study in terms of implementation was descriptive research. The target population of this study was reproductively active women which in this case relates to choice and use of contraceptives together with some determinant of family planning services. The researcher selected the sample randomly from the target population to draw inference about the whole study population. It also enabled the measurement and examination of the association between attributes. In this study, the mixed (both qualitative and quantitative) research design was selected for this study because it was useful to describe variables and their relationships. The data on the availability of health facilities, medical health care issues concerning family planning and reproductive health were necessarily collected to make clarity on the organizational structure of the clinic from September 2017 to September 2018. This study design also enabled the researcher to collect demographic data on fertility control methods preference from family planning clients. Besides this, it was helpful for this study to get relevant data on clients’ knowledge and attitude towards contraceptives and other service-related factors such as availability of contraceptive facilities and supplies.

Study population

This study comprised all fertile group of women in Muk-Lami who were mature enough mentally, economically and physically with the age range of 20-49 years old who visit the Muk-Lami Clinic for health facilities and family planning services. There were three family planning service providers in the study area. Among these, two of them were private clinics, namely Nejo Clinic and Bahiru Clinic; while one is a Governmental Health Center known as Muk-Lami Clinic - the site where this study was conducted on female clients that are attending contraception sessions. The list of all family planning clients in this health center was served as the basis from which subjects of the study were estimated. To select samples from the study population, the proportionate number of sample size was estimated from those attending their family planning services at Muk-Lami Clinic.

Sample size estimation

The data obtained from Muk-Lami town administrative office indicated that the total population size of the town by the end of 2016 was around 5000 residents. Of these, 915 females were identified as reproductively age-groups by the family planning and reproductive health teams of Muk-Lami Clinic. Thereafter, the sample size of this study was estimated by using a single population proportion method and calculated using the following formula developed by Belsky and Hsieh (1998).

\[ n_0 = \frac{z^2PQ}{d^2} \]

\[ (1.96)^2 \times (0.18\times0.82) / 0.05^2 = 227 \]

Where, \( n_0 \) = sample size, \( d = \) margin of error, desired precision (0.05) or absolute precision (5%), \( N = \) population size = 915, \( P = \) expected proportion of population practicing in family planning = 0.18, \( z = \) the abscissa of normal curve cut of an area at the tails \( z \) value corresponding to \( \alpha \); 95% level of significance = 1.96; \( \alpha \) = level of significance.

\[ Q = 1 - P = 1 - 0.18 = 0.82 \]

Where, \( d = 0.05 \) and \( \alpha = 0.05 \); Then, \( n = 182 \).

Therefore, 182 women in active reproductive age-group were taken as samples of this study.

Sampling method

The subset of a target population as a sample of this study was selected by using purposive sampling focused on the age range of fertility and simple random method for further information concerning choice and side effects of contraceptives among women attending family planning services from Muk-Lami Clinic.

Data collection instruments

Sources of qualitative and quantitative information includes both primary sources that provide firsthand data obtained from selected representatives of study populations and secondary sources which can be either unpublished and published documents including scientific journals and articles. Relevant data for this study were collected through semi-structured questionnaires (both open-ended and close-ended questions) in which the first version was written in English, translated to the local language of clients Afan Oromo, distributed and collected on January, 2017 and also interviews were held with staff members of family planning service providers, discussing on the real situations with health institutions about choice, use, and non-use as well as side effects of contraception, the status of fertility and reproductive health issues since February 2017.

Variables

The variables of this study were of two types, dependent and independent variables. The dependent ones comprised choice of contraceptives, use of contraceptives, and side effects of contraceptive use whereas the independent ones consist of demographic (Age and Education) and socioeconomic (Occupation, Knowledge and attitude on contraceptive and Access to contraceptives) factors.

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

Background information

An estimated sample of 182 female respondents took part in this study. Accordingly, the questionnaires matched
with the number of respondents were distributed. In the meantime, all the questionnaires had responded properly and returned for the collector. Therefore, the replied papers were found to be usable and valid for analysis. The data collected from the study participants through descriptive statistical tools were properly organized, presented and then analyzed using SPSS statistical software (version 20). Quantitative data were analyzed using frequency and percent whereas, qualitative aspects were treated qualitatively. The analyzed data were presented using charts and tables. For statistical analysis of data, the significance level was considered at 95% of confidence level.

**Age distribution**

Regarding their age distribution, 24.73% (45) of clients were found at the age between 35-39 and a few (3.3%) of them were found between 20-24 years (Table 1).

**Educational background**

Regarding educational background of respondents, Table 2 showed that about 9.34% (17) of them did not attend schools for one or the other reasons, while the remaining (90.66%) of respondents were educated in formal or non-formal ways. Of these, only 5.49% (10) of them joined universities.

A large number (45 (24.7%)) of contraceptive clients in the study area were housewives and a few (3.8%) of them were jobless (Figure 1).

**Respondents' level of awareness on family size**

Majority [68 (37.3%)] of the respondents wished to have 3-4 children, whereas about 51 (28%) of them wished to have 1-2 children; still, they have different wishes since the p-value (0.00 <α = 0.05). Currently, the majority (40.7%) of them had between 3 and 4 children and 18 (9.9%) of respondents had more than 6 children as their family members. Therefore, statistically, there was a significant difference in the number of children with a chi-square ($\chi^2$) of 54.57 and p-value of 0.00 among female clients. When comparing the current number of children with the future interest of clients to the number of children, all respondents wished to have children in their lifetime. Obtained results revealed that the actual number of children that female clients have currently and their future wishes on the desired number of children has been correlated in a similar way (Table 3).

Concerning the impact of large family size, 134 (73.6%) respondents agreed that having many children could affect the livelihood of family, while 48 (26%) of them said that the number of children did not matter on the livelihood of family. All (100%) of respondents were informed previously in formal or non-formal ways about contraception. Majority [125 (68.7%)] of respondents mentioned that they took action to delay or avoid unwanted pregnancy while the remaining 57 (32.3%) of respondents said that there was no action taken to prevent or delay their pregnancy (Table 4).

Table 5 revealed that about 32 (17.6%) of respondents suggested that the age gap between their children is less than one year. Whereas 48 (26%) of respondents replied that there was 2 years gap for each birth of their children, 53 (29%) of them said the age gap of their children was 3 years, 26 (14%) of them said 4 years and 23 (12.6%) of them replied that the maximum age gap was 5 years. Statistical analysis showed that there was no significant difference in the age gap of children since ($\chi^2=24.09$ and $P = 0.46 > \alpha = 0.05$).

Concerning sources of information, respondents mentioned that vital information about birth control methods were obtained from different sources as shown. Most (about 34.6%) of them got the information from health workers, 24 (13%) of respondents were informed by their peer groups, 33 (18.13%) of them obtained information from schools, 63 (34.61%) of contraceptive clients got information from health personnel, only 23

### Table 1. Demographic characteristics of female contraceptive clients in Muk-Lami town.

<table>
<thead>
<tr>
<th>Age distribution</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-24</td>
<td>6</td>
<td>3.3</td>
</tr>
<tr>
<td>25-29</td>
<td>37</td>
<td>20.32</td>
</tr>
<tr>
<td>30-34</td>
<td>44</td>
<td>24.18</td>
</tr>
<tr>
<td>35-39</td>
<td>45</td>
<td>24.7</td>
</tr>
<tr>
<td>40-44</td>
<td>26</td>
<td>14.3</td>
</tr>
<tr>
<td>45-49</td>
<td>24</td>
<td>13.2</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>100</td>
</tr>
</tbody>
</table>

### Table 2. Educational status of female contraceptive clients in Muk-Lami town.

<table>
<thead>
<tr>
<th>Educational background</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non educated</td>
<td>17</td>
<td>9.3</td>
</tr>
<tr>
<td>Read and write</td>
<td>42</td>
<td>23.1</td>
</tr>
<tr>
<td>1-4</td>
<td>30</td>
<td>16.6</td>
</tr>
<tr>
<td>5-8</td>
<td>36</td>
<td>19.8</td>
</tr>
<tr>
<td>9-12</td>
<td>22</td>
<td>12.1</td>
</tr>
<tr>
<td>TVET/College</td>
<td>25</td>
<td>13.7</td>
</tr>
<tr>
<td>University</td>
<td>10</td>
<td>5.4</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>100</td>
</tr>
</tbody>
</table>
(12.6%) of respondents got to know about birth control methods by referring to different written documents while 39 (21.42%) of them were informed from different social mass media such as radio and TV (Figure 2). In relation to access of counseling, majority 137 (75%) of the respondents were provided with guidance and
counseling services concerning family planning and reproductive health from Muk-Lami Clinic at a regular time interval mainly by health workers whereas, other 45 (24.7%) of respondents said that they did not get these counseling services. As shown, 108 (59%) of them use birth control methods to space pregnancy whereas 74 (40.7%) of them did not (Table 6).

As to the choice of birth control methods of female clients, majority [122 (67%)] of clients preferred modern contraceptive methods whereas 60 (33%) of them said that they preferred natural methods. Respondents suggested that due to fear of unwanted pregnancy most women tend to use modern contraceptives irrespective of its side effects. In relation to its time of action, majority [123 (67.6%)] of respondents chose short-acting methods while 32.4% of them chose long-acting methods (Table 7).

Concerning clients’ awareness of optional contraceptive methods, 110 (60%) of respondents know the availability of different birth control methods while 72 (39.6%) did not have enough knowledge. With regard to freedom of choice, 129 (70.9%) of respondents had the freedom to choose the method that was comfortable to them. On the other hand, 53 (29%) of them said that because of limited access, they did not have the option to choose the contraceptive they liked to use. Similarly, 75 (37%) of the respondents could identify the pros and cons of methods whereas majority [107 (62.6%)] of them did not know about the pros and cons of contraceptives (Table 8).

From clients who had the chance of choosing the available contraceptives in their health center, 69 (38%) of them chose oral pills, 20 (11%) of them preferred

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**Table 6.** Access of counseling for clients and use of contraceptives to space pregnancy.

<table>
<thead>
<tr>
<th>Access criteria</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling access from health service providers</td>
<td>137</td>
<td>45</td>
<td>100(182)</td>
</tr>
<tr>
<td>Using contraceptive method to space pregnancy</td>
<td>108</td>
<td>74</td>
<td>100(182)</td>
</tr>
</tbody>
</table>

**Table 7.** Choice of birth control methods by female clients that visited Muk-Lami Clinic.

<table>
<thead>
<tr>
<th>Categories of methods</th>
<th>Frequency</th>
<th>%</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural birth control method</td>
<td>60</td>
<td>33</td>
<td>100(182)</td>
</tr>
<tr>
<td>Modern birth control method</td>
<td>122</td>
<td>67</td>
<td>100(182)</td>
</tr>
<tr>
<td>Short acting method</td>
<td>123</td>
<td>67.6</td>
<td>100(182)</td>
</tr>
<tr>
<td>Long acting method</td>
<td>59</td>
<td>32</td>
<td>100(182)</td>
</tr>
</tbody>
</table>
Table 8. Knowledge on pros and cons of methods, freedom of clients to choose contraceptives

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
<td>Frequency</td>
</tr>
<tr>
<td>Information about the existence of different</td>
<td>110</td>
<td>60</td>
<td>72</td>
</tr>
<tr>
<td>modern contraceptives</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freedom of women to choose methods</td>
<td>129</td>
<td>70.9</td>
<td>53</td>
</tr>
<tr>
<td>Knowledge on pros and cons of contraceptives</td>
<td>75</td>
<td>37</td>
<td>107</td>
</tr>
</tbody>
</table>

Table 9. Discussion between spouses, attitude of husband on contraceptive methods.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
<td>Frequency</td>
</tr>
<tr>
<td>Open discussion between couples</td>
<td>80</td>
<td>44</td>
<td>102</td>
</tr>
<tr>
<td>Attitude of husbands was positive</td>
<td>115</td>
<td>63</td>
<td>67</td>
</tr>
<tr>
<td>Contraceptive side effects</td>
<td>112</td>
<td>61.5</td>
<td>70</td>
</tr>
<tr>
<td>Contraceptives health risks</td>
<td>109</td>
<td>60</td>
<td>73</td>
</tr>
</tbody>
</table>

Figure 3. Choice of female clients from available contraceptives.

condom while 50 (27%) of respondents chose depo Provera, 23 (12.6%) of respondents preferred intrauterine contraceptive device (IUCD) while 20 (11%) of respondents said that their choice is implant (Figure 3). And on clients’ view about preconditions they considered when choosing contraceptives (when they have got an opportunity), respondents said that before deciding to use any contraceptive clients should take into account the age, lifestyle, effectiveness of methods, economy, societal norms, and their own physiological status during the choice of contraception methods.

**Discussion between clients and spouses (male partner) on the use of contraceptives**

Among participants of this study, 80(44%) of them discussed openly with their life partner while 102 (56%) of
respondents did not discuss. Regarding the role of men in family planning program, 115 (63%) of husbands were positive towards the use of contraceptives whereas about 37% of husbands were resistant to birth control methods. During the use of modern methods, 112 (61.5%) of female clients said that they experienced side effects from contraceptives whereas 70 (38%) of them did not feel this much considerable discomforts. Most (61.5%) of respondents agreed that they had experienced at least minimum discomforts such as irregular period, bleeding for a longer time, headache, abdominal pain, sore breast, hair loss, weight gain and the like after the use of contraceptives depending on the type of method they have used. Finally, majority [109 (60%)] of female clients justified that there was no better contraceptive without any side effects, which was also supported by researchers when 73(40%) of respondents disagreed on this point.

There were one male and two female experts as a member of family planning and reproductive health care team in Muk-Lami Clinic. Thus, additional relevant information/had been obtained from service providers through interview. Respondents argued that the use of family planning service help couples to meet their life plan. The cooperation of both male and female partners should necessarily apply for contraception practice as it is for their own common good. The role of health officials is seriously emphasized for effective implementation of this program as well as the need for a change in agent by educating, encouraging, treating and offering contraceptives to clients. According to the response of health workers, only five methods were available in Muk-Lami Clinic and these were not enough to address the need of clients, which limits the chance to choose the method they like to use. Lack of optional methods also leads the user to experience side effects of existed methods in Muk-Lami Clinic.

**DISCUSSION**

This study involved 182 women found on their stage of fertility in the age range of 20-49 years. Based on personal information obtained from participants, majority 45 (24.7%) of female clients were found in mid-age categories of (35-39) years and followed by where 44 (24%) of them were 30-34 years old. Therefore, they were ready to carry out any parenthood responsibilities such as providing care for own children and other tasks in the house. Females at age groups of 20-24 years, which account for 3.3%, also did not need to bear children as soon as they got married. Instead, this is the stage at which most women want to be free and meet up with life. Others did this intentionally to meet their life plan in which priority was given to it. These include balancing the size of their family members with their income level as well as benefitting from advantages of family planning e.g. keeping mothers and infants healthy which further enables them to lead a better life.

Assessment of educational background of clients revealed that a few 17 (9.3%) of them were uneducated. Nevertheless, 42 (23.1%) of women had at least the skills of reading and writing which had its own impact on contraception awareness. Educated women can be informed easily, thus were able to perceive the importance of the use of birth control methods in a better way than uneducated ones and have access to information sources (Gordon et al., 2011). The finding of this study was in line with the conclusions made by different researchers which revealed that educated women use modern contraceptives effectively and desire fewer children than those who did not get a chance to attend schools. It seems that once a woman enters the school system, her attitudes towards family planning and fertility changes due to acquired knowledge. Many scholars such as Zaki and John (2013) argued that, education was found to be a basic determinant factor for the use of birth control methods.

According to Darroch et al. (2008), knowledge acquired by education has a positive impact on fertility. Since literacy improves access to information, it is therefore instrumental to being informed of fertility choices. Additionally, reliance on scientific explanations to make sense of the world and having a greater desire to lead a fashionable lifestyle could be achieved through education. Education increases women competence to interact with complex institutions, maximize their ability to benefit from the range of services and provide a sense of trust on science and technology, which is not indispensable from daily use of modern contraception. Purposefully, the educational opportunity designed to empower women may have double effects. One is that women will become more aware of contraceptive choice and use alongside risks of methods; while the other advantage is empowering women economically to treat them equally with males (Mengistu et al., 2006).

According to respondents’ suggestion, 28% of respondents have more than two children, 37.3% of them possessed three to four children, 17.03% of them have six children and around 11% have above six children. Respondents with large family members believed that children were considered as wealth, solution for their problems and care givers, especially at old age. Regarding their future wishes towards reproductive fertility, all the respondents need to have children even though it differs in number. For instance, (40.7%) of them need to have three to four children, 30.2% of them need to have one to two children, 19.2% of respondents want to have five to six children and only 9.9% of them also need to have more than six children in their lifetime. As to respondents’ suggestion, sex preference also plays a great role in causing an extended family size by which
women give birth repeatedly for the sake of son or daughter.

Findings of this study showed that different determinants influence women’s choice and practice of birth control methods. Fear of side effects was the other determinant factor of contraceptive utilization. These side effects could be taken as a barrier for continuous use of contraceptives and hence subsequently, women could not delay the period of desired pregnancy. If contraceptive methods have known side effects, clients should be informed about these before they choose a contraceptive method and if a method has any confirmed side effects or complications, then clients need to know that too (Sedgh and Hussain, 2014).

The clients need to have open communication lines to raise any concerns with appropriately qualified staff members. However, all clients should be educated never to discontinue the use of the contraceptive method when they encounter side effects, as that would make them vulnerable to unintended pregnancies. Most women in the study area relatively chose modern methods than natural fertility control methods due to fear of failure (Fehring et al., 2007). In fact, priority should be given to the natural method, but the problem was a lack of awareness on the effectiveness and proper use of it. In similar ways, most women clients in Muk-Lami town preferred short-acting methods than long-acting method. This was because short term methods provide clients with flexibility for their life plan and to fix the interest of time that was essential to give birth than long term methods. Finally, women need to be assisted by health workers and acquire knowledge from different sources. This provision of knowledge transfers by short term training, counseling and panel discussion were helpful for women in planning their family size and quality of life together with the reduction of contraceptive side effects on reproductive health. Furthermore, women in the study site were not satisfied with service providers because of the limited methods available in their clinic. Therefore, to promote women in choice and utilization of contraceptives, concerned bodies were expected to improve the supply of contraceptives. Respondents suggested that this would resolve the existed problems and increase the satisfaction of contraceptive clients throughout the country.

Conclusion

This study was conducted on women found at reproductive age groups to assess choice, utilization and side effects of modern contraception and come up with the following conclusions. Educated women who went through the formal education system were more likely to choose and use modern contraceptives with the awareness of their side effects than those that did not have the opportunity to attend schools. Participants of the study were not fully satisfied with service providers because of the limited methods available in their clinic. Therefore, to promote women choice and utilization of contraceptives, concerned bodies were expected to improve the supply of contraceptives. Provision of optional contraceptive methods enhances and satisfies the choice and utilization of it for family planning purposes. Modern contraception was practiced more when the decision of family planning is made jointly between couples regarding the number of children and time of interest for pregnancy and bearing of children.

Relatively, more women were less informed about the efficacy and safety of natural birth control methods than the modern contraceptives that were practiced by most respondents. Modern contraceptive choice and utilization was associated with some socio-cultural norms of the society as well as the side effects of the method itself. Health workers and mass media were found to be the most important source of information for promoting couples towards proper choice and practice of family planning services. An ideal contraceptive should be characterized by easy to use, minimal side effects, excellent adaptability, and high continuation rates. Newly introduced methods should be administered to reduce side effects and make them more acceptable by users.

Recommendations

Findings of this study revealed that educated and non-educated women did not have similar and adequate knowledge of contraception. Therefore, educational experts, medical sectors and other concerned bodies including NGOs should empower women through education for successful implementation of family planning programs. Access of information was another barrier to contraception among women of Muk-Lami town. Concerned bodies should take responsibilities to enrich women with updated and full information on family planning and its benefits. It was highly recommended to promote women in practicing natural methods which did not have considerable health risks and complications if it will be used properly and effectively. Efforts should be made to increase the number of health service delivery points and strengthen the existing clinics through fulfilling basic medical requirements and provisions of adequate optional contraceptive services to satisfy the need of clients and the society in the study area. Quality in terms of efficacy and safety of methods should be considered as an integral part of family planning services to enhance the utilization of contraceptives.

CONFLICT OF INTERESTS

The authors have not declared any conflict of interests.
ACKNOWLEDGEMENTS

The authors thank everyone who contributed to the sampling campaigns and the useful comments provided for the revision of the technical errors. Also, Adama Science and Technology University is highly appreciated for the financial support.

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