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ANALYSIS OF SELECTION OF CONTRACEPTIVE METHOD AMONG WOMEN IN TANZANIA

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ABSTRACT

There are numerous methods of contraception selection and making selection among one of these method is an important decision. Commence of suitable contraception is important before starting first post-abortion menstrual period. Generally, it is required to provide individuals and couples about treatments, complications, counseling related to HIV/STI as part of post abortion care. The study is observational in nature and conducted in a hospital in Tanzanian capital. The sample included in the study was 60 patients. The results showed that among illiterate women along with those who have more than 1 living son or who have 4 or more living children prefer permanent method. We also found that contraception method is influenced by different demographic factors including living children gender, couple age, education, and income. Couples who feel that their families are completed mostly opt for permanent method of contraception. Family planning choices is also influenced by desire for a male child.

Keywords: Abortion, Postbortal Contraception, Contraception, Tanzania, Illiterate, Rural.

INTRODUCTION

Modern life of women required that they need to determine whether and when to bear child. It is estimated that globally, every year, in developing world, almost 210 million women become pregnant [1]. Same estimate further suggests that almost 20% of these pregnancies end up

becoming aborted due to the induced or spontaneous reasons. Common spontaneous reasons include miscarriage due to the health issues. It is further important to mention that induced abortion is legal in some countries, whereas, it is illegal in some countries [2]. A lot of women face social pressure or criminal consequences while going through the abortion and this led to a higher desire among many female to delay or avoid giving birth to children [3]. Those women who undergo unsafe conditions face complications and suffer injuries or high risk of life. Therefore, it is important that women also have access to suitable contraceptive options with the requirement of safe abortion [4]. Post abortion care (PAC) is an integrated service that includes emergency treatment of complications, counselling and provision of contraceptives and STI/HIV services, provider training and community empowerment through awareness-raising and social mobilization.

MATERIALS AND METHODS

In terms of research methodology, the study is observational in nature and conducted in a public hospital in the Tanzanian capital. There were 60 women who participated in the study. These were those women who undergone abortion during their first trimester. We took information about other factors such as family background, previous children, menstrual cycles and any important medical history information. We excluded women who had pelvic infection, varicose veins, kidney or liver disease, substance abuse, HIV/HBSAG reactive, undiagnosed breast mass, undiagnosed vaginal bleed, psychiatric illness/epilepsy, ischemic heart disease, active tuberculosis/on treatment, hypertension, diabetic patients, and individuals with some other serious medical conditions. All individual who participated in the study were clearly mentioned the objective of the study and their consent were taken. Their information including endema, icterus, pallar, vitals, weight, and height were also taken. We conducted examination related to per vaginum, per speculum, and per abdomen. Finally, there were 60 patients who left after excluding other cases as mentioned. These individuals were given counselling related to key contraceptive options available for limiting their fertility. The chosen method were provided to them after ruling out contraindications to the same.

RESULTS

Table 1: Age Profile Of Study)

Age (in years)	Patients	Percentage
15-19	5	8.333333%
20-24	18	30%
25-29	19	31.66667%

30-34	13	21.66667%
35-39	4	6.66667%
40+	1	1.66667%
Total	60	100%

Results given in table 1 above shows that most female were in the age group of 25 to 29 years since it is considered as a high fertility age. Some participants were above 40 which is not very common age for giving birth.

Table 2: Education and Contraceptive Choice

	Permanent	Modern Temporary	Natural	None	Total
Illiterate	4	2	4	1	11(100%)
Lower Primary	4	6	5	3	18(100%)
Middle School	6	7	3	0	16(100%)
>=High School	5	6	3	2	16(100%)
Total	35	15	1	9	60

Results given in table 2 above shows that among illiterate women, 4 chose permanent method of contraception. Among lower primary educated, 4% selected permanent method compare to 6 who chosen modern temporary method. Among middle school literate, 6 chosen permanent method compare to 7 who chosen modern temporary method. Among high school literate, 5 chosen permanent method compare to the 6 who chosen modern / temporary method.

Table 3: Live Issue and Contraception

Live Issue	Permanent	Modern Temporary	Natural	None	Total
0	3	4	1	0	8(100%)

1	0	5	1	0	6(100%)
2	3	7	3	1	14(100%)
3	3	7	3	1	15(100%)
>=4	6	3	6	2	17(100%)
Total	35	15	1	9	60

Results given in table 3 above, suggest that among live issue and contraception, women with 0 children did not chose permanent method compare to 4 female who chosen modern/temporary method. Women with 1 child did not chose permanent method compare to who chosen modern/temporary method. women with 2 children did chosen permanent method compare to who chose modern/temporary method and who chosen no method. Finally, women with 4 or more children mostly chosen permanent method compare to small group who chosen modern/temporary method.

Table 4: Surviving Sons and Contraception)

Surviving Sons	Permanent	Modern Temporary	Natural	None	Total
0	3	8	1	3	15(100%)
1	4	11	0	6	21(100%)
2	5	5	3	2	15(100%)
3	3	3	2	0	7(100%)
>=4	2	0	1	0	2(100%)
Total	35	15	1	9	60

Table 4 shows the relationship between contraception method and surviving sons of the female who participated in the study. It shows that those who had no surviving son rarely opted for permanent compare to those who adopted modern/temporary method of contraception. Most of these females did not adopt any contraception method.

Female with 1 surviving son chose permanent method compare to those who chosen modern/temporary method of contraception. Female with 2 surviving son chosen permanent method compare to those who chosen modern/temporary method. Female who had 3, 4 or more than 4 surviving son chosen permanent method. Based on this, we can conclude that choice of

contraception is highly influenced by surviving son of female. As the number of surviving sons increases, the choice of contraception moves from temporary method to permanent method.

CONCLUSION

The study was about post-abortion integrative care and observation of choice of methods of contraception afterwards. Our study was about understanding how different factors influence the decisions of contraception method used by female in Tanzanian capital. On the basis of these results, we conclude that education, number of children, and living son are important determinant of female using permanent method or temporary method of contraception.

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