

Factors Influencing Woman Towards Family Planning at A Public Hospital

Joseph Galukeni Kadhila ^{1*}, Lucia Ileka ²

¹Masters of nursing Science, Post Graduate Diploma in Clinical nursing education, Namibia.

²Bachelors of Nursing Science, University of Namibia.

***Corresponding Author:** Joseph Galukeni Kadhila, Masters of nursing Science, Post Graduate Diploma in Clinical nursing education, Namibia.

Received date: July 22, 2024; **Accepted date:** August 08, 2024; **Published date:** September 02, 2024

Citation: Joseph G. Kadhila, Lucia Ileka, (2024), Factors Influencing Woman Towards Family Planning at A Public Hospital, *Clinical Research and Clinical Trials*, 10(4); DOI:10.31579/2693-4779/221

Copyright: © 2024, Joseph Galukeni Kadhila. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Abstract:

The aim of the study was to investigate factors influencing women at Intermediate Hospital Katutura towards family planning, Khomas region, Namibia. Family planning has become an important element of not only preventing unwanted pregnancy but also ensuring only to have children when ready and economically able to take care of them. The study utilized a qualitative approach with data collected through interviews from a population of all the female patients who were visiting the Ante-natal Clinic. The researcher utilised purposive sampling to select participants, data saturated at 22 respondents. The study found that factors that influenced the attitudes of women towards family planning included the side effects of the various options which ranged from physical, emotional and health wise. Themes were developed based on the analysis of the data with discussions made under them also in relation and comparison to other studies that have been published by other authors. It can be concluded that there are various factors that influence the attitudes of women towards family planning need to be addressed if women are to be able to have children when they are ready and able to take care of them.

Keywords: contraceptives; family planning; woman

Introduction

Family planning (FP) is defined by Amarin, (2018) as a preventative service that allows married couples to have the number of children they want and to space their pregnancies according to their economic opportunities and personal preferences, as well as to ensure that births occur at appropriate intervals for the mother and child's health. Family planning helps couples and individuals to avoid unintended pregnancies, it reduces the spread of sexually transmitted diseases (STD's), prevents maternal mortality and helps reduce rates of infertility by addressing the problem of sexually transmitted diseases (STD's) (World Health Organization, 2020).

Despite the clear contribution of family planning to important public health goals, the public varies widely in its attitudes toward family planning and contraceptives. About 86 per cent of the American public support family planning services as part of health care for low-income women, however not everyone believes in birth control as some believe that it should be available for married couples only and not for unmarried individuals and not for teenagers as contraceptives and family planning methods encourage sexual activities. Some religions, like the Roman Catholic Church, oppose certain methods of contraceptives (National Academy Press, 2019). A similar study from Turkey by Ayaz, (2020) revealed that the attitude of women towards family planning was at a good level, nearly half of the women were using an effective family planning method. However, despite the substantial benefits of family planning services, the researcher has observed that utilization remains low in Namibia (HIS IHK, 2022). This has led to a high incidence

of unintended pregnancies, unexpected deliveries, unsafe abortions, and maternal mortality throughout Namibia.

Objectives

The objectives of the study were to explore the factors that influence the attitudes of women towards family planning in a public hospital, Khomas region, Namibia.

Methods

This study followed a pragmatic research paradigm, applying a case study research design. The study has employed a qualitative research approach because it provided a better or deeper understanding of the subjective experiences of the participants of a study. A total of 22 out of 250 female clients who visited the Ante-Natal Clinic for family planning from 01 September to 01 October 2023 were recruited for this study and data was determined saturation, using purposeful sampling.

Data collection

The researcher designed a data collection tool in English with one central question: What are your perceptions and views regarding Family planning. Followed by a probing question: Is there something else you want to tell me regarding family planning? Moreover, a tape recorder and field notes were also used to collect data. The researcher received an ethical clearance from the University and permission letter from the Ministry of Health and Social

Services, permission from the Hospitals matron and written informed consent from the participants. Data was collected from September to October 2023. Data was analyzed and coded manually.

was obtained from the University School of Nursing Ethical Committee 20/2023, Ministry of Health and Social Services, hospital management and written informed consent from the participants.

Ethical considerations

The four principles required to guide research included, respect of persons, beneficence, non-maleficence and justice. Permission to carry out this study

Demographic data

Participants	Gender	Age	Number of children	Period of using family planning
M1	Female	34	3 children	1 st time
M2	Female	29 years	2 children	2 years
M3	Female	27 years	1 child	1 st time
M4	Female	19 years	2 children	1 year
M5	Female	21 years	1 child	1 st time
M6	Female	26 years	2 children	3 years
M7	Female	18 years	2 children	1 st time
M8	Female	24 years	1 child	2 years
M9	Female	23 years	1 child	2 years
M10	Female	40 years	5 children	5 years
M11	Female	26 years	2 children	4 years
M12	Female	30 years	2 children	2 years
M13	Female	33 years	2 children	1 year
M14	Female	26 years	2 children	5 years
M15	Female	26 years	2 children	1 year
M16	Female	37 years	2 children	2 years
M17	Female	42 years	4 children	3 years
M18	Female	23 years	2 children	6 months
M19	Female	34 years	3 children	3 years
M20	Female	28 years	3 children	1 st time
M21	Female	40 years	3 children	2 years
M22	Female	38 years	1 child	1 st time

Table 1: Demographic characteristics

As shown on table 1 all the participants were female. Additionally, the majority of the respondents 7 were between the ages of 18-24 while 6 were between the ages of 25-29. A total of 4 were aged between 30-34 years while 3 were between 35-39 and 2 between 40 and 44. Majority of the participants 15 had 2-3 children while 5 had 1 child and only 2 have 4 or more. For a majority of 10 it was the first time they were using family planning.

Themes and sub themes

A total of four themes and twenty sub-themes were presented in this study and are as shown in the table 2 below:

Themes	Sub-themes
Theme 1: Perception and views of mothers regarding family planning	<ul style="list-style-type: none"> ● Healthy timing and spacing of pregnancy ● Prevent unwanted pregnancy ● Completion of personal goals ● For specific groups of people ● Population control
Theme 2: Preferred type and methods of family planning	<ul style="list-style-type: none"> ● Implant ● Injection ● Pills ● Intrauterine Copper Device (IUCD) ● Condoms ● Bilateral Tubal Ligation (BTL)
Theme 3: Side effects of family planning	<ul style="list-style-type: none"> ● Menstrual cycle changes ● Physical changes ● Emotion changes ● Health issues
Theme 4: Recommendations	<ul style="list-style-type: none"> ● Education ● Advice ● Availability of family planning ● Lack of support

Table 2: Themes

Theme 1: Perception and views of mothers regarding family planning

This theme presented the understanding of mothers regarding family planning methods. The theme was important in the overall context of the study as an understanding of family planning meant the participants would also have an idea of the other aspects of family planning. Most mothers understood family planning as a way of preventing unwanted pregnancy however the perceptions or reasons for using it differed in most cases. These are presented below.

Sub-theme 1: Healthy timing and spacing of pregnancy

Most of the participants highlighted how they believed that family planning was a way of ensuring a woman spaces their pregnancies therefore avoiding having children within short periods of time or one after another after giving birth while also ensuring to stay healthy through avoiding this. This was articulated by participant who stated the following

"Family planning helps with spacing of births and helps the mother to stay healthy". M2

"Family planning gives a chance for children to grow before the next one and prevent competition among siblings". M17

"Family planning helps with spacing of birth and you only get a child when you want and when you are ready". M12

It is clear from the above responses that these participants were of the belief that family planning helps with child spacing, ensuring that one has a child when they are ready and the mother's health is not compromised by consecutively having babies.

Sub-theme 2: Prevent unwanted pregnancy

Most of the participants highlighted that family planning was a way of preventing unwanted pregnancy. Diverse reasons were given for this. Participants stated the following:

"Family planning helps prevent unwanted pregnancy and give the baby a chance to grow". M4

"Family planning is a method of keeping someone waiting until they are ready to have children". M21

It is clear from the above that the participants see family planning as a way of preventing unwanted pregnancy thereby enabling them to give recently born babies time to grow without focus being shifted to another baby as well as ensuring one gives birth when they are ready.

Subtheme 3: Completion of personal goals

Another element that was highlighted about family planning is how it is a way of ensuring that one is able to achieve certain goals without getting pregnant such as finishing their studies. This was highlighted by participant who stated the following:

"Family planning is a good thing as it helps girls to finish their education. Like me, I have been using family planning since I became sexually active until I was ready to have my baby". M8

Subtheme 4: For specific groups of people

There were participants who also perceived family planning to be more relevant or applicable to other groups of people such as married people and unmarried people. Participant stated the following:

"Family planning is supposed to be used by married people to plan their families". M7

"Family planning is supposed to be for unmarried people but married people should give birth because it is their obligation". M8

The above views show the differences in the perceptions with regards to family planning and who it is meant for among married and unmarried groups.

Subtheme 5: Population control

One participant also stated that family planning was meant to control the population through preventing people from giving birth as they please due to especially the economic situation. This was highlighted by participant M20 who stated the following:

"Family planning is a method of controlling the population in Namibia because imagine how much we are in this country but no jobs and food is expensive". M20

Theme 2: Preferred type and methods of family planning

Beyond identifying which types and methods the participants knew, it was important to also identify which ones they preferred. It was found that the most preferred were the implant, injection as well as pills. Although there were a few that also mentioned the IUD and condoms.

Subtheme 1: Implant

Most of the participants stated that they had the implant as their preferred method of family planning. The reasons for this revolved around not requiring follow ups after, effective, safe, stays longer and does not cause physical body changes. The following are responses various participants gave in relation to this. Participant stated the following

"I prefer the implant because I will not be going for a follow up". M1

"I prefer implant because there was a time when I was using pills and I used to forget to drink them". M5

"I prefer implants because it works for many years and there is no need for follow up". M6

The above shows the various reasons why participant used the implant. Additionally, these other participants mentioned the implant to be more effective and safer compared to others such as the injection as well as staying longer in the body without one getting pregnant. Some of the participants also had reservations with the other family methods making them lose weight which was not the case with the implant.

Subtheme 2: Injection

Other participants preferred using the injection method for family planning. Most of the participants highlighted that this was because they have never experienced side effects, no knowledge of modern methods like IUCD, likelihood of forgetting to take pills and longer periods before follow up. Participant stated the following in this regard:

"I prefer the injection because I have never experienced any side-effects with it". M8

"I prefer Depo Provera because it is very effective for me and never caused problems. M12

"I prefer the injection because I have no knowledge of these modern things like implant and IUCD". M13

Subtheme 3: Pills

Some of the participants highlighted that they preferred pills. The reason for this among all the participants who chose this method was because they do not have any side effects. This was high by participant who stated the following:

"I prefer pills because it has no side effects". M2

Subtheme 4: Intrauterine Copper Device (IUCD)

Two participants mentioned that they preferred the IUCD. The reasons given were that it does not have hormones as well as is the best method for women who have been operated on. Participant stated the following:

"I prefer IUCD because it does not have any hormones". M3

"IUCD because I know it is a method that is good for operated women" M20

Subtheme 5: Condoms

One participant mentioned that they preferred the use of Condoms for family planning because unlike the other methods, they go beyond just preventing unwanted babies but also diseases. Participant stated the following:

"Condoms because it prevents both unwanted pregnancy and STI (Sexually Transmitted Diseases)" M4

Subthemes 6: BTL

One of the participants also highlighted that they preferred BTL especially if one never wants to give birth again. This was highlighted by participant who stated the following:

"BTL because if you don't want to fall pregnant ever again". M10

Theme 3: Side effects of family planning

The researcher also sought to identify the side effects of family planning that the participants experienced or had knowledge of. This was important as side effects also tend to have an influence on the choice of family planning that someone chooses. These side effects ranged between menstrual cycle changes, physical changes, emotional changes, and health issues.

Subtheme1: Menstrual cycle changes

Most of the participants highlighted that one of the major changes that come with family planning are the changes in menstruation cycle and volume of bleeding. Participant stated the following:

"Family planning can cause heavy bleeding during menstruation and spotting". M1

"Family planning causes prolonged menstruation and missing of periods making them irregular". M13

Subtheme 2: Physical changes

Some of the participants also highlighted that family planning causes various physical changes to the body in ways that do not sit well with the participants. For instance, participant stated the following:

"I was using depo Provera before it was losing my hair (in my head) and not interested in sexual activities even". M14

It is clear from the above that there are various physical side effects that can occur due to family planning that make participants take seriously the type they use as some don't want to lose or gain weight, lose hair, have struggles breastfeeding or lose interest in various activities.

Subtheme 3: Emotion changes

A few of the participants also mentioned that one of the side effects of family planning is mood swings. Participant stated the following:

"Family planning gave me mood swings". M 14

Subtheme 4: Health issues

The participants also mentioned that there are a number of health issues that come with using family planning. These include heart palpitations, illness, heartburn, headaches, dizziness and vomiting. Additionally, others believe some cause cancer as well as infertility. Participant stated the following:

"Family planning leads to heart palpitations." M8

"You can get an illness after BTL".

"For me it caused heartburn and headaches". M2

"If one uses Depo Provera for long it can cause infertility". M19

Theme 5: Recommendations

This theme was introduced by the researcher to obtain recommendations that the participants may have had with regards to family planning. The comments covered a wide range including the need for education on family planning, family planning advice, issues with side effects, availability as well as conflict in using it.

Subtheme1: Education

The participants highlighted that there was a need for education on family planning to ensure that people were aware of the options as well as the side effects that come with the various options. Participant stated the following:

"Family planning is good for preventing unplanned pregnancy but education on side effects should be given". M9

"Most of the time we are not educated on the advantages and disadvantages of family planning all you are being told is that it prevents unwanted pregnancy but not the side effects". M4

"I used to hear about family planning at school but didn't have the knowledge of using it until I fell pregnant. Only after health education I got the knowledge of how to use family planning". M7

The above responses show a clear need for education as derived from the participants especially in relation to the side effects as well general knowledge especially at school level and at home.

Subtheme 2: Advice

The participants also offered various advice that was based on their experiences with family planning. Participants stated the following:

"It is best for the mother to wait at least 18 months in-between before getting pregnant or giving birth again so that when they fall pregnant again the baby is a year and a half old you can even get enough time for the wound to recover especially when you are operated and your baby will breastfeed for long". M1

"If you miss your follow up and don't take pills regularly (everyday) you can fall pregnant". M20

"I was already 40 years with 4 children when I found out that I was pregnant with my last-born baby I was so sad because I didn't plan on falling pregnant or having children again. I was using depo- Provera and was not getting my period so I stopped for a while I just get flu one day I went to the hospital and had a pregnancy test done and it was positive". M10

Subtheme 3: Availability of family planning

Some of the participants highlighted that family planning was available and free of charge in Namibia while others mentioned that there were issues with regards to accessibility when it came to family planning. Such that the various options were not always available at all hospitals which then complicated the getting them easily. These issues revolve around a lack of adequate stock, long queues, lack of preferred methods and high costs. For instance, participant stated the following:

"Family planning is free of charge in Namibia and is available and accessible at every clinic and hospital". M5

"Most of the time you will go to the clinic for this method of family planning but you will be told it is only being offered at another hospital which you have wasted your taxi money and you will have to get another taxi to go to the hospital". M6

Subtheme 4: lack of support

One participant also added that they had a lack of support from the spouse that then made them not get family planning. Participant stated the following:

"At times you want to be on family planning but your husband do not want especially these uneducated husbands who just want you to have a lot of children without considering our pockets". M12

"Sometimes we are just too shy to ask our parents and teachers about family planning. You will find yourself having a boyfriend but no idea how to use a condom even or you don't even know what type of family planning method to use". 9

From the responses above it is clear that the participants hold a significant amount of views on family planning, the education required, lack of support and availability etc.

Discussion of findings

Theme 1: Perception and views of mothers regarding family planning

The study found that family planning refers to methods used to prevent unwanted pregnancy, ensure child spacing and keep the mother healthy. This is similar to the definition provided by Amarin, (2018) who stated that family planning is a preventative service that allows married couples to have the number of children they want and to space their pregnancies according to their economic opportunities and personal preferences, as well as to ensure that births occur at appropriate intervals for the mother and child's health.

Additionally, the study found that FP is pivotal in ensuring women meet their career goals such as finishing school. This is a finding that was emphasized by Sonfield, (2018) who highlighted that a number of studies have found that the use of family planning prevents pregnancy for women in school or chasing their careers therefore ensuring pregnancy does not affect their progress.

The study also found that people had varying perceptions of family planning with others saying it is for married people and others saying it is for unmarried people while other perceptions were that those that are Christians must not use it as it goes against their values. This is a finding that was echoed by the National Academy Press, (2019) which stated that not everyone believes in birth control as some believe that it should be available for married couples only and not for unmarried individuals and not for teenagers as contraceptives and family planning methods encourage sexual activities.

Moreover, the authors state that some religions like the Roman Catholic Church oppose certain methods of contraceptives (National Academy Press, 2019). The study also found that FP is utilized for population control as influenced by the perception of harsh economic times and that it enables people to engage in sexual activities without any worries. Grant, (2016) also highlighted this stating that family helps couples engage in a sexual relationship without having to worry about the woman getting pregnant.

Theme 2: Preferred type and methods of family planning

The study found that the most common preferred FP method was the implant due to reasons such as that it does not require numerous follow-ups, other methods less suitable and because it has worked well for a long time when used. Contrary to this study, Tibaijuka et al., (2017) found that there was low intake of long-acting reversible contraceptive (LARC) methods (i.e., intrauterine devices and hormonal implants) even though they were highly effective and lasted longer.

The study also found that injections were highly preferred due to not causing much problems, lack of knowledge of other options and having long periods such as 3 months before follow-ups. This is backed by Taapopi, (2019) who highlighted that most women are not aware of modern family planning methods like intra- uterine copper device (IUCD) but they have knowledge and understanding of injectables and pills that's why they end up opting for those. The study found that other preferred methods were pills because they did not have side effects.

The Intrauterine Copper Device (IUCD) because it does not have any hormones and is suitable in the case of operations. Similar WHO, (2021) highlights that IUCD has been growing in popularity mostly because it does not have any hormones. Additionally, this method is regarded as 95% effective by WHO even in mothers who recently gave birth. The study also

found a preference for condoms because out of all options, they help avoid other issues such as getting HIV/AIDS and sexually transmitted diseases.

Onwusobalu et al., (2021) stated that some family planning methods such as condoms have an advantage because they can protect people from sexually transmitted infections (STIs), such as HIV/AIDS something while other family planning methods cannot prevent. BTL was also preferred especially for those that never want to have children again. According to Tesfaw, (2022) BTL is a family planning method that is not widely known however, it is a permanent method of contraception for women who want no more children.

Theme 3: Side effects of family planning

The study found that there are various side effects that one suffers depending on the FP method that they use. These side effects may differ from one person to another and play a major role in which method one decides to utilise. The study established that disruptions in the menstrual cycle as well as the volume of bleeding during the menstruation was one of the major side effects as one's cycle tends to become irregular. This was echoed by Onwusobalu, (2021) who highlighted that some family planning methods lead to irregular menstruation especially injections and oral contraceptive pills.

Additionally, it was found that physical changes such as weight gain or loss, loss of hair, and lack of stimulation from sexual activities was a side effect that made other FP options unattractive to use. This was asserted by Higgins and Smith, (2017) who stated that some FP methods lead to the woman's libido dropping thereby losing interest in sexual activities. The study also found that FP methods also caused emotional issues such as mood swings as well as health issues such as possibility of cancer and infertility. This finding mirrors the one of Mu and Kulkarni, (2022) who stated that FP especially those with hormones, influence brain function, which leads to negative mood changes and depression. Additionally, the National Cancer Institute, (2018) asserted that some methods of contraception increase the risk of cancer and infertility. Moreover, other health issues included dizziness, vomiting, heartburn and headaches.

Theme 4: Recommendations

The study found that there was a need for education on family planning at different levels including schools especially focussing on the advantages and side effects of family planning options. Tefera and Abuye, (2019) also highlighted the need for well-organized family planning education and follow up for the reproductive age women to help them gain more knowledge on FP.

The study further found that mothers should wait for about 18 months to have adequate child spacing and during this time should not take a break or stop using FP especially if they are sexually active. This was similarly also highlighted by Tefera and Abuye, (2019) who stated that most women want to delay their pregnancy for at least two years after giving birth, postpartum family planning/PPFP use is low.

It was also found that hospitals have irregular availability with family planning which then leads to women seeking certain options not finding them or having to pay large sums to buy them at private hospitals. Sedgh, (2016) highlighted this by noting that there is an unmet need for contraception in especially developing countries as there tends to be shortages or lack of options.

More over, it was found that there is a lack of support especially from spouses with regards to using family planning especially husbands, parents to their children as well as some teachers. This contradicts Amarin, (2018) who stated that everyone has the right to choose the number and timing of their children without fear of discrimination, abuse, or oppression, and to have access to high-quality sexual and reproductive health care. Additionally, Helmich, (2020) stated that the use of contraceptives among sexually active young women is quite low as there is poor communication between parents and children on sexual issues.

Conclusion

It was concluded that factors such as side effects, irregular menstrual cycle, getting mood swings, headaches, feeling dizzy and vomiting played a significant role in influencing the attitudes of women towards family planning. Other factors included such as spousal refusal, economic status as well as women's views about having more children played a role in influencing their attitudes towards wanting to adopt family planning. It was clear from the study that women face a significant number of issues relating to the availability of their preferred family planning methods as well as their high cost at private hospitals if not available at state hospitals. This leads to women either choosing not to take what is available or enduring through the ones that are available but developing a negative attitude towards them. It is clear that there is a need to identify strategies to ensure the change of attitudes through dealing directly with the contributing factors.

Author contribution

Joseph G Kadhila was responsible for study design, data analysis, study supervision, manuscript writing and critical revision. Lucia Ileka was responsible for study design and data collection.

Funding information

No funding was received for this study.

Conflict of interest

The authors declared no conflict of interest.

Data availability

Data may be available on request from the corresponding author Mr Joseph Galukeni Kadhila, jkadhila@unam.na. (University of Namibia)

Acknowledgement

We would like to thank all the mothers that availed themselves to take part in our study from the Intermediate Hospital Katutura, Khomas region Namibia.

Relevance for clinical practice

Family planning helps couples and individuals to avoid unintended pregnancies, it reduces the spread of sexually transmitted diseases (STD's), prevents maternal mortality and helps reduce rates of infertility by addressing the problem of sexually transmitted diseases. Women face a significant number of issues relating to the availability of their preferred family planning methods as well as their high cost at private hospitals if not available at state hospitals.

Reference

1. Amarin, S. (2018). *Family Planning attitudes of women and affecting factors*. Gazi University, Faculty of Health Sciences, Nursing Department, Ankara, Turkey.
2. Ayaz, S. (2020). *Family Planning attitudes of women and affecting factors*. Gazi University, Faculty of Health Sciences, Nursing Department, Ankara, Turkey.
3. Helmich, N. (2020) *Family Planning begins to pay off*. Department of Statistics, Faculty of Science, University of Namibia.
4. Health Information System. (2022) Intermediate Hospital Katutura.
5. Higgins, J.A. and Smith, N.K. (2017). The Sexual Acceptability of Contraception: Reviewing the Literature and Building a New Concept. *J Sex Res.* 2016 May 3; 53(4-5): 417-456.
6. Mu, E., & Kulkarni, J. (2022). Hormonal contraception and mood disorders. *Australian prescriber*, 45(3), 75-79.
7. National Academic press. (2019). *Overview of family planning in the United States, Washington*
8. National Cancer Institute. (2018). Oral Contraceptives and Cancer Risk.
9. Onwusobalu, P., Onyemaechi, C., Madu, S., & Unadike, M. (2021) *Perception of Family Planning Methods among married women in Anambra state, Nigeria*
10. Sedgh, G. (2017). Unmet Need for Contraception in Developing Countries. Guttmacher Institute.
11. Taapopi, F.N., (2019). *Exploring Knowledge, Attitudes and Practices Regarding the Intrauterine Contraceptive Device among Family planning Acceptors in Windhoek, Khomas Region, Namibia*.
12. Tefera, K. and Abuye, M. (2019). Postpartum Family Planning Utilization and Associated Factors among Women Who Gave Birth in the Past 12 Months, Hawassa Town, Southern Ethiopia: A Community Based Cross-Sectional Study. *Journal of Reproductive Health and Contraception*, 8 :1:002.
13. Tesfaw, M., Abebe, A., Bekele, B. and Baza D. (2022). The Lived Experience of Women Using Bilateral Tubal Ligation Service in Rural Southern Ethiopia: A Phenomenological Study. *Open Access J Contracept.* ;13:49-60.
14. Tibaijuka, L., Odongo, R., Welikhe, E. et al. (2017). Factors influencing use of long-acting versus short-acting contraceptive methods among reproductive-age women in a resource-limited setting. *BMC Women's Health*.
15. WHO. (2021). Emergency contraception.
16. WHO. (2022). *Reproductive Health and Research*.



This work is licensed under Creative Commons Attribution 4.0 License

To Submit Your Article Click Here:

[Submit Manuscript](#)

DOI:[10.31579/2693-4779/221](https://doi.org/10.31579/2693-4779/221)

Ready to submit your research? Choose Auctores and benefit from:

- fast, convenient online submission
- rigorous peer review by experienced research in your field
- rapid publication on acceptance
- authors retain copyrights
- unique DOI for all articles
- immediate, unrestricted online access

At Auctores, research is always in progress.

Learn more <https://auctoresonline.org/journals/clinical-research-and-clinical-trials>