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FACTORS ASSOCIATED WITH LOW UTILIZATION OF CONTRACEPTIVES AMONG WOMEN AGED 15-49 YEARS AT RWAMWANJA HCIII, KAMWENGE DISTRICT. A CROSS-SECTIONAL STUDY.

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ABSTRACT.

Introduction:
Contraception refers to |the practice of utilizing contraceptive methods intended to prevent or space future pregnancy. Contraceptive use is reported as the actual utilization or intake of contraception in the last year.
Objectives: The broad objective was to determine factors associated with low utilization of contraceptives while specific objectives were to determine the knowledge of women aged 15-49 about contraceptives and facility-based factors affecting utilization of contraceptives by women aged 15-49 at Rwamwanja HC III.

Methodology:
This was a descriptive cross-sectional study that employed a random sampling method and each participant was assessed using a pre-designed questionnaire.

Results:
According to study100% were knowledgeable at least of one family planning method used by women in the reproductive age, pills (35.1%) were the most known method, followed by injections (25.9%), implants (19.5%), condoms (13%) and IUCD (6.5%) respectively. Distance, stockouts, health workers' attitudes, and fear of side effects were the health-based factors that affected the utilization of contraceptives by women of reproductive age.

Conclusion:
The respondents were highly knowledgeable about family planning methods with pills as the most known and IUCD being the least known. The majority of the respondents reported long distance as their main hindrance to the utilization of FP services as it limited their access to the health facility while the least reported lack of privacy.

Recommendation:
The government through the MoH extends the family planning services up to the village level to increase accessibility to all communities for example through awareness campaigns with help from community-based Resource Person and VHTs as well as enhancing the integration of lessons about family planning services into schools.

Keywords: *Low Utilization, Contraceptives, Women, Rwamwanja HCIII, Kamwenge District*
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BACKGROUND.

Contraception has been in use since ancient times but effective and safe methods of birth control became available in the 20th century. Depending on the time of evolution, birth control methods are classified as modern contraceptives (implants, injectables, condoms, intrauterine devices) and traditional methods (lactational amenorrhea, fertility awareness method is moon bead and calendars)

Despite the overwhelming benefits contraceptive use remains low worldwide where 222 million women of reproductive age have unmet needs in developing regions, the unmet need for contraception remains too high. This inequality is fueled by both a growing population and a shortage of services. In Africa, 53% of women of reproductive age have an unmet need for contraception, in Asia, Latin America, and the Caribbean – regions with relatively high contraceptive prevalence – the levels of unmet need are 21% and 22%, respectively.

Contraceptive use has increased in many parts of the world, especially in Asia and Latin America, but continues to be low in sub-Saharan Africa (WHO, 2014). As a region, sub-Saharan Africa has the highest fertility level in the world (WHO,2014). Globally, the use of contraceptives has risen slightly from 54% in 1990 to 57.4% in 2015. Family planning, especially modern family planning utilization, is one strategy for preventing more than 20% of maternal mortality and 17% of neonatal mortality. In addition, family planning allows people to

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attain their desired number of children and determine the spacing of pregnancies or birth intervals, modern contraceptive utilization helps to facilitate gender equality, as well as social and economic empowerment for reproductive-aged women (Tessema, Z. T., et al, 2021). The use of modern contraceptives among women of reproductive age could also have significant implications for poverty reduction and the socio-economic development of a country.

Furthermore, modern contraceptive utilization helps women to take full control of their ability to reproduce and free themselves from the fear of being accidentally pregnant, thereby allowing them to embrace their sexuality more fully (Tessema, et, al, 2021).
The profile of contraceptive use in some Gulf Arabian countries is still poorly understood, based on the indicated 30.4% of women of reproductive age used contraceptives and oral contraceptives were the most common method used, children's ever-born educational level and family size were the main determinants, however, the current study in Jazan city in Saudi Arabia about knowledge, attitude, and practices of contraceptive use elicited high knowledge about modern contraceptives though it's not translated into actual use as the overall prevalence is 64.4%

In Africa data available shows that the prevalence of modern CP use among married women or those in relationships in Africa is low estimated at 23.9% in 2012 and 28.5% in 2017, Studies have also reported low utilization of contraceptives in Africa among women in their reproductive age with the overall prevalence of 26%ranging from 6% in Guinea to 62% in Zimbabwe and the variation in prevalence across African countries strongly reflected the difference in cultures, religion, and family planning service delivery. There are mixed findings in terms of the factors influencing the low use of modern CPs among women in Africa. Studies have established strong associations between higher socioeconomic status and modern CPs, and between being married and an increased use of modern CPs (Apanga, P. A., 2020).

In East Africa, an amulet-country analysis among 12 East African countries reports low utilization of contraceptives compared to the SDG target of 2030 (75%). The overall prevalence was 20.6% which ranged from 9.08%in Mozambique to 61.949% in Comoros, furthermore, the study suggested that the variation in prevalence across East African countries was strongly associated with residence, parity, marital status, education status, number of live children, access to health facilities, family size and husband approval (Tessema, et, al,2021).

Most reproductive-aged women know little or incorrect information about contraceptive methods, even when they know some names of contraceptives they don't know where to get them and how to use them, In addition to that these women have negative attitudes about contraception while some hear false misleading information

Despite the efforts by the government through the Ministry of Health (MoH) and other developmental organizations to provide family planning services to all women of reproductive age, their utilization is still low hence this study aims to find out the factors associated with low utilization of contraceptives among women aged 15-49 years.

General objective.

To determine factors associated with low utilization of contraceptives among women aged 15-49 years at Rwamwanja HCIII.

Specific objectives.

- To determine the knowledge of women aged 15-49 about contraceptives at Rwamwanja HCIII.
- To assess the facility-based factors affecting the utilization of contraceptives by women aged 15-49 at Rwamwanja HCIII.

METHODOLOGY.

Study design.

The study employed a descriptive cross-sectional study.

Study area

The study was conducted at Rwamwanja Health Center III, a government health facility that started in the 1970s, located in Nkoma-Natalyeba Town Council, Kibale East constituency, the health facility is 20 kilometers from the Kamwenge district headquarters. The health facility has a well-organized obstetrics ward attending to up to 15 women daily. It serves most people in the Kamwenge district and the neighboring districts like Kiruhura, Kyegegwa, Kyenjojo, and Ibanda among others. Rwamwanja is one the largest refugee settlement camps in Uganda, this means that Rwamwanja also offers family planning services to refugees from the Democratic Republic of Congo, Burundi, and South Sudan within the settlement.

Study population

The study population constituted women aged 15-49 years attending the family planning clinic at Rwamwanja Health Center III.

Sample size determination.

The sample size was determined using a statistical formula adapted from Fishers given by
Where n=Number of samples required
z=1.96 (95% confidence interval)
P=is the proposed proportion of mothers that had unmet needs for family planning (28%)
Q=1-P

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d=Sampling error i.e. the degree of the research that was able to accept 10% (precision value).
n= 1.96×1.96×0.28× (1-0.28)/(0.1×0.1)
n=77respondents

sampling technique.

A simple random sampling was used to select the number of women required and purposive sampling was used to select health workers. This saved time made the generation of findings much easier for the researcher and reduced the cost of operation as well.

Sampling procedure.

The procedure was explained to the target group that each member had an equal chance of being included in the study, 85 papers some with the word YES and others with the word NO folded, and 77respondents picked papers with YES and were taken for study having sought their consent and those whose papers have NO were left out of the study.

Data collection.

This study gathered both quantitative data and qualitative data which was collected using questionnaires and interview methods. This helped to capture data from both literate and illiterate respondents.

Data collection tools.

Data was collected using questionnaires and interview lists, the questionnaire has 3 sections and the respondents were required to tick appropriately and to write in the spaces provided.

Data collection procedure.

The purpose of the study was clearly explained to the respondents. Consent forms were provided and then data collection using the relevant data collection tools ie the questionnaires were provided for those that consented. The answers to the questions were filled in the interview schedule from the respondents using a pencil in the process of the session. In case of any mistake when filling in, an eraser was used to rub and a correct input was refilled in the space. All questions were answered clearly and correctly. After the activity, the respondents were thanked for their cooperation. In addition, feedback was communicated to the respondents through the health worker in charge of family planning services at Rwamwanja HCIII.

Study variables.

Independent variables.

Women aged 15-49years

Dependent variables.

Knowledge of women about contraception and health facility-based factors that affect contraception.

Quality control.

The study used English, Kiswahili, Kinyarwanda, and Runyankole languages which are best understood by most respondents since they include the refugees. The questionnaires were reviewed meticulously to demonstrate how questions were asked and answers recorded. Pre-testing and standardization of questionnaires were done to test the applicability and sequencing using 4 respondents who will participate in the pretesting of the questionnaire and who will not be included in the study. The collected data was stored safely and securely to avoid distortion of the study findings.

Selection criteria.

Inclusion criteria.

All women aged 15-49 years attending the family planning clinic at Rwamwanja HCIII in Kamwenge District consented to participate in the study.

Exclusion criteria.

All women aged 15-49 years attending family planning clinic who asked for money, and other women of the same age bracket but not attending family planning services.

Data analysis and presentation.

Data was analyzed in Statistical Package for Social Science Software version 26. Results were presented in the form of frequencies, tables, percentages, pie charts, and graphs.

Ethical consideration.

The study observed all relevant ethical and legal considerations that apply to scientific research. Approval was sought from the Medicare Health Professionals College-Research Committee through the letter of introduction to the study area. Confidentiality, dignity, and respect of all mothers were observed during the study. Participants were assured that there was no harm if they did not want to participate in the study. Proper consent was obtained in writing for all the participants.

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PRESENTATION OF FINDINGS.

Demographic data of respondents.

Table 1: Shows characteristics of respondents by demographic data. (n=77)

Respondents' characteristics	Variables	Frequency	Percentages (%)
Age	15-20	8	10.4
	21-25	31	40.3
	26-30	17	22.1
	31-35	15	19.5
	36-39	4	5.2
	40-45	2	2.5
Tribe	Refugee	13	16.8
	Munyankole	32	41.6
	Mukiga	27	35.1
	Mutooro	5	6.5
Religion	Catholics	21	27.3
	Anglican	37	48.1
	Moslem	4	5.2
	Adventist	9	11.7
	others	6	7.7
Occupation	Student	4	5.2
	Housewife	48	62.3
	Civil servant	18	23.4
	Businesswoman	7	9.1
Marital status	Married	46	59.7
	Never married	17	22.1
	Separated	8	10.4
	Widowed	6	7.8

Most of the respondents 31(40.3%) were between 21 and 25 years while the minority 2(2.5%) were 40 years and above. By tribe 32(41.1%) were banyankokle and a smaller number were batooro 5(6.5%). By religion, 37(48.1%) were protestants and Muslim 4(5.2%), by occupation the biggest number 48(62.3%) were house wives and the least number 4(5.2%) were students. Furthermore 46(59.7%) were married while 6(7.8%) were widowed.

Knowledge of women about Family Planning Methods.

Table 2: Distribution of respondents by whether they had ever heard about family planning. (n=77)

Response	Frequency	Percentages (%)
Yes	77	100
No	0	0
Total	**77**	**100**

All the respondents 77(100%) had heard about family planning methods.

Table 3: Shows the source of information about family planning methods. (n=77)

Response	Frequency	Percentages (%)
Health personnel	49	63.6
Media	7	9.1
Family/relatives	4	5.2
Friend	17	22.1
Total	**77**	**100**

The majority of the respondents gave their source of information as health personnel 49(63.6%) whereas 4(5.2%) media were the least sources of information.

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Table 4: Distribution of respondents by methods known. (n=77)

Response	Frequency	Percentages (%)
Condoms	10	13
Pills	27	35.1
Implants	15	19.5
Injection	20	25.9
IUCD	5	6.5
Total	**77**	**100**

The majority of the respondents knew pills 27(35.1%) while the minority 5(6.5%) knew IUCD.

Table 5: Distribution of respondents by methods used. (n=77)

Response	Frequency	Percentages (%)
Injection	15	19.5
Pills	20	25.9
Implants	34	44.2
Condoms	8	10.4
Total	**77**	**100**

The most commonly used method was implants 34(44.2%) whereas condoms 8(10.4%) were the least used method.

Health Facility Factors Affecting Utilization of Family Planning.

Table 6: Distribution of respondents by whether they accessed the health facility. (n=77)

Response	Frequency	Percentage (%)
Yes	77	100
No	0	0
Total	**77**	**100**

Of all respondents, 77(100%) stated that they had access to the health facility.

Table 7:Distribution of respondents by what limited their access and utilization of contraception services at the health facility. (n=77)

Response	Frequency	Percentage (%)
Distance	35	45.5
Lack of privacy	6	7.8
Side effects	8	10.4
Stock outs	19	24.6
Money for transport	9	11.7
Total	**77**	**100**

The majority of the respondents 35(45.5%) reported distance while the minority 6(7.8%) reported lack of privacy as the factor that limited their access and utilization of contraception services at the health facility.

Table 8: Distribution of respondents by distance from a health facility. (n=77)

Response	Frequency	Percentage (%)
1 to 5	27	35.1
6 to 10	41	53.2
11 to 15	9	11.7
16 to 20	0	0.0
Total	**77**	**100.0**

The majority of the respondents 41(53.2%) were staying between 6 – 10 km away from the Health Centre and none was 16-20 km from the health facility.

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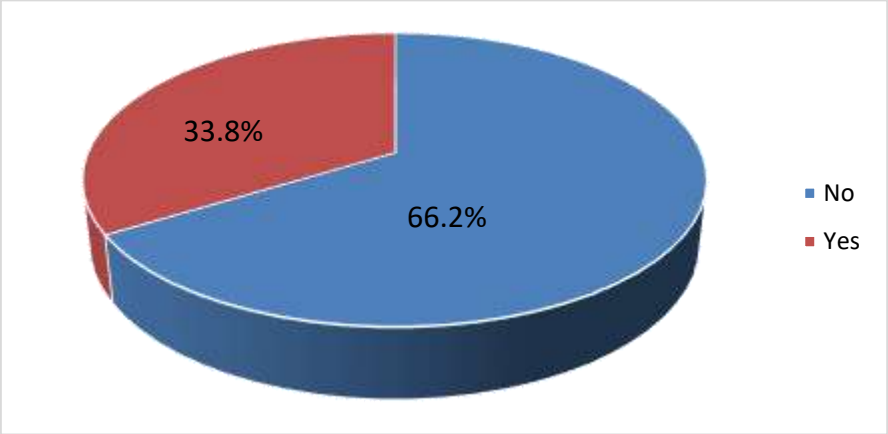
Figure 1: Distribution of respondents by desired method found at the health facility. (n=77)



Most of the respondents 51(66.2%) said the desired method was not found at the health facility whereas the rest of the respondents 26(33.8%) stated that the desired methods were readily available and sufficiently provided by the health facility.

Table 9: Distribution of respondents by attitude of health workers. (n=77)

Response	Frequency	Percentages (%)
Shouting	5	6.5
Giving enough time to the client	29	37.7
Not allowing clients to explain their method of choice and side effects	43	55.8
Total	**77**	**100**

The majority of the respondents 43(55.8%) reported that they were not allowed to explain their method of choice and side effects by health workers while the minority 5(6.5%) of the respondents reported being shouted at by the health workers.

DISCUSSIONS.

Knowledge of women about utilization of family planning services.

The study revealed that all the respondents 100% were knowledgeable at least of one family planning method used by women in their reproductive age. This finding implies higher levels of knowledge among the respondents about family planning. This is slightly in agreement with the findings of a study done by Pokharel *et al.* (2018) which revealed that Knowledge of modern methods of family planning was almost universal, with 99 % of the respondents knowing at least one method of family planning.

According to this study, it was found that the most common source of information was health personnel and family/ relatives were the least sources of information. The last source was because of the different perceptions and attitudes that people (spouses and friends) have towards family planning services while respondents continued to elicit that when they come to the facility for management of other conditions or infections in young children, they have been advised by health workers that child spacing could be one way if minimizing some conditions among their children like malnutrition hence being the commonest source of information. This is in agreement with a study done by Chavane et al. (2017), where Almost two-thirds (64%) of the women said that they had received information from providers about the health advantages of using FP, both for the women themselves and their children.

More so, the study showed that 35.1% of the respondents knew pills while the least 6.5% knew IUCD. This was because pills were at least always available at the health facility compared to IUCD. This is slightly in agreement with a study done by Alhusain et al. (2018), which showed that knowledge of the participants on the different family planning methods were cited as follows; oral pills 77 %, IUD 66.2 % and spermidal methods 7.9%.

Furthermore, the study showed that implants 44.2% were the highly used method, followed by pills 25.9% while IUCD was the least used and this was because implants and pills were the most commonly available methods of choice at the facility as well as condoms though most of the respondents reported that they only knew condoms for prevention of STIs not as a family planning method while others reported that their spouses couldn't allow use of condoms and this explains why they are they were found

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out to be almost least used during the study. In addition, pills were always available at the facility but not the most commonly used because some respondents reported that they couldn't use them because of side effects while others reported that their use is a bit incoviniencingin that they could sometimes forget to take them hence skipping some days and not producing desired results since most of them are peasants

Health Facility Factors Affecting Utilization of Family Planning.

The study revealed that the majority of the respondents (55.8%) reported health workers not allowing clients to explain the method of their choice and side effects experienced before, (35.8%) clients also reported health workers not giving them enough time while 5 (6.5%) of the respondents reported shouting as the attitude of the health workers. This is slightly in agreement with the study done by Silumbwe *et al.* (2018), where the healthcare providers and key community stakeholders reported that negative attitudes such as shouting, scolding, not allowing clients to explain their side effect experiences, and giving preference to socially accepted family planning services user groups like the married women, existed in some of the health facilities.
More so, the study found out that the majority of the respondents (66.2%) reported the desired method was not found at the health facility because of stockouts for example most of the respondents stated that their method of choice was injectables since it's for a shorter time and it's use is not inconveniencing but it was rarely available at the facility so ended up opting for available methods like implants whereas a few of the respondents (33.8%) stated that the desired methods were readily available and sufficiently provided by the health facility. This is in agreement with the study done by Agesa (2016), which showed that among the 47.5% of the respondents using FP methods, 25% thought that the method they were using was not always available while the other 20% always got their chosen FP method.

Furthermore, the study found that the majority of the respondents (45.7%) reported that distance was the main factor that hindered their access to the health facility. This is slightly in agreement with the study done by Silumbwe *et al.* (2018), which found that Community participants from rural areas recounted that walking long distances to healthcare facilities to access FP/C services hindered utilization. They narrated that long distances were demotivating to women who wanted to consistently use FP services/methods, and were a major contributor to discontinuation and intermittent use. The long distances also put clients at risk of being denied access to FP services especially if they got to the health facility outside the established schedule of service provision. Also, undesirable health workers' attitudes were stated as a barrier to FP services utilization, especially for marginalized user groups, like unmarried and adolescent users which is in line with a study done by Kaniki, (2019) which revealed that some women thought that healthcare workers usually displayed a discriminatory attitude towards women who expressed the desire to use contraceptives and others said that there were no suitable shelters in healthcare facilities to ensure confidentiality of PF service delivery.

The majority of the respondents (53.2%) were staying between 6 – 10 km away from the Health Centre (35.1%) were within a 1 - 5 km radius from Rwamwanja Health Centre III while (10.4%) were 11-15 km away and none was 16-20 km from the health facility. This implies that people who are far from the health facility were not able to access the family planning services from the facility due to high transportation costs as some respondents narrated. This is in agreement with a report by Uganda Family Planning Costed Implementation Plan, 2015-2020 (2014), which revealed that there were numerous supply–side barriers to accessing contraception in Uganda; for example, clients were often unable to access care due to geographical distances and the lack of supplies or equipment at facilities.

CONCLUSIONS.

The respondents were highly knowledgeable about family planning methods with pills as the most known and IUCD being the least known it can also be concluded that long distance was their main limitation to the utilization of FP services as it limited their access to the health facility while the least reported lack of privacy.

RECOMMENDATIONS.

The study recommends the government through the MoH to extend the family planning services up to the village level to increase accessibility to all communities for example through awareness campaigns with help from community-based Resource Person and VHTs as well as enhancing the integration of lessons about family planning services into schools.

The study recommends the Ministry of Health to allocate supervisors to oversee how the family planning services are being offered to the community to avoid wastage as well as stockouts. Also together with the staff of Rwamwanja Health Centre III should encourage the men always to approve and support their wives upon the utilization of the family planning services since it's of benefit to the family as a whole.

The study recommends the need for carrying out outreach services on family planning services to areas that are far away from the facility. This would reduce the long-distance most respondents have to travel to the health facility and also the health workers should conduct proper

counseling channeled towards explaining the side effects of these methods to clients and allowing them to make informed choices.

The study recommends the school to add more time for research so that big numbers can be included in the study to produce more reliable results.

The study recommends that future researchers look at the factors influencing the choice of family planning methods among women of reproductive age to increase its utilization.

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Lastly, I wish to thank the Almighty God for wisdom, knowledge, and guidance throughout my academic journey.

LIST OF ACRONYMS AND ABBREVIATIONS.

CBD: Community-Based Distribution.
CDC: Center for Disease Control.
CPs: Contraceptives
DHO: District Health Officer
EDHS: Ethiopian Demographic and Health Survey
FP: Family Planning.
FPAU: Family Planning Association of Uganda
H/C: Health Center.
ICFP: International Conference of Family Planning
IUCD: Intra Uterine Contraceptive Device
MDG: Millennium Development Goals
MOH: Ministry of Health
NDHS: Nigeria Demographic and Health Survey
UDHS: Uganda Demographic and Health Survey
UHMG: Uganda Health Marketing Group
UNFPA: United Nations Fund for Population Activities.
WHO: World Health Organization

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