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Factors Influencing the Choice of Contraceptive Methods among Women of Reproductive Age Attending Kampala International University-Teaching Hospital Bushenyi District

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ABSTRACT

The choice of contraceptives has continually become mixed up with all methods being utilized for births control, where the success of mixture in choices was realized, unwanted pregnancies were reduced by 87.3% mainly in Europe and north Asian countries although challenges in the uniform choices remain in Africa, South America and south Asia. To assess the factors influencing the choice of contraceptives among women of reproductive age at Kampala International University Teaching Hospital (KIUTH), Bushenyi District. A Cross sectional study design with both descriptive and analytic components employing quantitative data collection methods. A total of 174 women of the reproductive age group at KIUTH were interviewed between September 2021 and December, Self-administered questionnaires were used to collect data. Data was entered into Epi data 4.0 version and exported to IBM SPSS version 20 for analysis. Data was summarized using frequency and percentage charts and presented in tables with P-values and Odds ratios and their respective Confidence intervals where necessary. Majority of participants 122(76.7%) were aged between 20-30 years and 31-45 years were the minority 6(3.8%). Banyankole 49(28.2%), Baganda 36(20.7%), Batooro and Bakiga were 10.9% and 9.8% respectively; 54 (31%) were Catholics followed by 48(27.6%) Protestants, 39(22.4%) saved/born again Christians, 14(8%) Adventists among others 10.9% religions. 84(48.3%) reside in urban areas whereas the 76(43.7%) were rural dwellers; earning majorly 58(33.3%) less than 4,000 ug.shs (1 USD); 38(21.8%) Between 4,000 – 20,000 ug.shs (1 to 5 USD) and 35(20.1%) earn More Than 20,000 ug.shs (5 USD). And 97(55.7%) single, 68(39.1%) Married/ cohabiting/ in relationship and 6 (3.4%) Separated/ divorced at an education level of majority 146(85.4%) Tertiary, 12 (7%) secondary and 13 (7.6%) primary level and occupied mainly with 108(71.5%) studies, 14(9.3%) employed, 13(8.6%) business, 9(6%) peasant farmers, and lastly 7(4.6%) house wives. The proportion of people who use contraceptives is 75(44.9%); choice of contraceptives stands at; 40.7%, 17.3%, 16.7%, and 12.7% for condoms, Implanon, oral pills and injectables and safe days respectively. The partner's influence on the choice of contraceptive methods was significant in this study and p-value 0.029, OR 2.168 were influenced. Since, the partner's opinions were majorly and significantly encouraging p-value [0.015, OR 7.249]. available and accessible 38(21.3%) for each of these reasons; followed by being Safe with less side effects (20.1%); easy to use (7.9%) as well as being affordable (6.5%) among other reasons (10.8%). The prevalence of contraceptives uses among women of reproductive age attending KIUTH remains low (44.9%) with male condoms (40.7%) being the preferred choice This is socio-demographically affected by marital status, area of residence, occupation and income levels affecting one's choice of a given option. Similarly, type and contraceptive's durations, frequency, availability, accessibility and affordability as well as association of side effects and / or its effectiveness significantly affect the possibility it being a woman's choice.

Keywords: Choice, contraceptive, women, reproductive age

INTRODUCTION

Contraceptives are birth control methods including medicines, devices and/or any method intended to prevent pregnancy [1-5]. The planned use of contraceptives by couples or individuals is called Family planning, which involves making decision to have the required number of children at the appropriate time through utilization of contraceptive methods for the purpose of delaying spacing or limiting child birth [1]. Contraceptive methods are classified as modern or traditional methods. Modern methods include; female condoms oral contraceptive pills, emergency contraceptive pills injectable contraceptives, implants intrauterine device (IUD), female sterilization [6-9]. On the other hand, traditional methods include; Safe Days Method (SDM), Lactational Amenorrhea Method (LAM), rhythm and withdrawal [10].

METHODOLOGY

Study Design

A descriptive cross-sectional hospital-based study design was used during the month of May – December 2019.

Study Area

This hospital-based study was conducted at KIU-Teaching Hospital located in Ishaka.

Study Population

The hospital has a catchment population of about 72,189, with expected family planning target of 180 and expected deliveries being 200 per month [11]. This study targeted women of the reproductive age group.

Sample Size

A study sample size was obtained using Fitcher's et al (1990) formula i.e.

$$n = Z^2pq / r^2$$

This formula is valid for a population ≥ 10000 . Where;

n = desired sample size

Z = standard normal deviation taken as 1.96 at confidence interval of 95%.

p = proportion of the target population estimated to have similar characteristics; according to KIU-Teaching Hospital records females who chose COC (microgylon) = 13%. Thus, $p = 0.13$.

q = proportion of target population without a desired characteristic ($q = 1 - p = 0.87$).

r = degree of accuracy (0.05).

$$n = (1.96^2 \times 0.13 \times 0.87) / (0.05^2) = 173.79 \text{ respondents}$$

Therefore n = 174 respondents.

Sampling Techniques

A Simple random sampling technique was used to select respondents in the study.

Selection Criteria

The Participants was chosen according to the inclusion and exclusion criteria.

Inclusion Criteria

Women aged 15–49 years attending KIU-Teaching Hospital with informed consent were selected to participate in the study.

Exclusion Criteria

Women who were pregnant and critically ill during data collection; and those who declined from participating freely in the study were excluded.

Data Collection Methods

Data was collected using pretested standardized questionnaires comprising both open and closed ended questions; used to collect both qualitative and quantitative data sets.

Data Analysis and Presentation

Data was sorted, coded, and checked for consistency. It was entered into Ms Excel spreadsheet application software for organization and then exported to IBM SPSS – 20 for comprehensive analysis. Data sets was analyzed using multinomial logistic model, then cross tabulated and presented in odds ratios (OR), figures, proportions, percentages, correlations, central tendencies and dispersions.

Ethical Consideration

The researcher submitted the final draft of the research to the research ethics committee and academic board through faculty of clinical medicine and dentistry KIU-WC for approval. After these administrative and ethical clearances an introductory letter of the principal researcher was obtained. The researcher obtained written informed consent of respondents before enrolling them voluntarily in the study. Respondents were at liberty to withdraw from the study at any time. Ethic issues such as privacy of respondents and confidentiality of information extracted from the respondent was ensured. Back up of the data and filled questionnaires was stored in a safe place under lock and Key. The principle of non-maleficence was practiced in that no participant was harmed during the course of the study in

any way either socially or psychologically. Finally, data collection and information gathering was carried out in a skilled manner without asking questions which can stigmatize the research participants.

Results

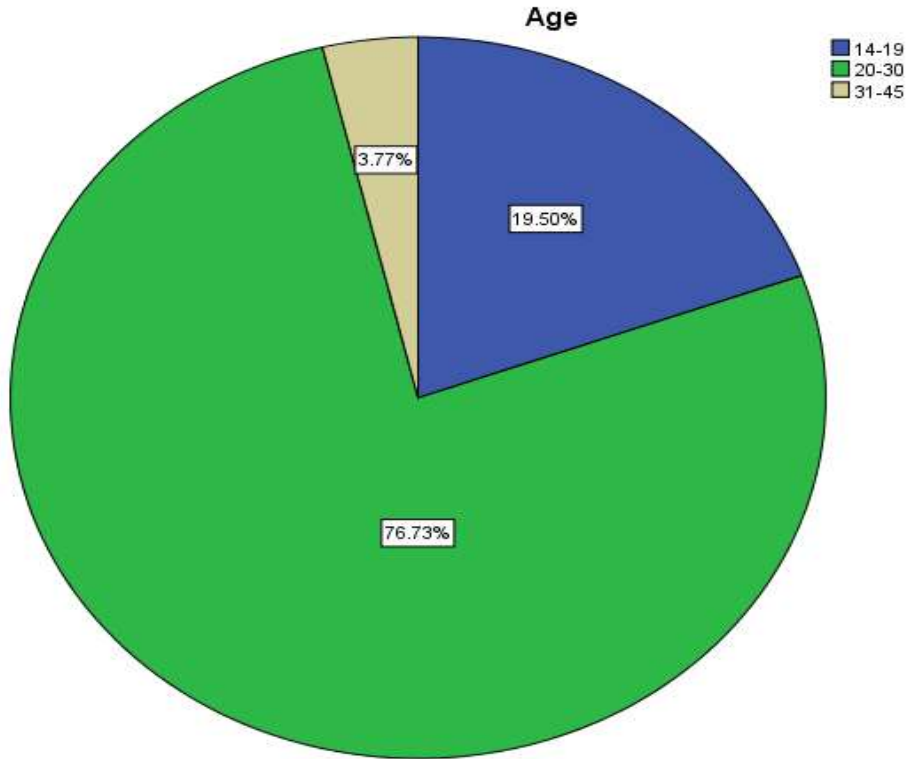


Figure 1: Age of the Study Participants

According to the results of this study; majority 122(76.7%) were aged 20-30 years, 31(19.5%) between 14-19 years, 31-45 years were 6(3.8%). These were majorly Banyankole [49(28.2%)], Baganda [36(20.7%)], Batooro and Bakiga were 10.9% and 9.8% respectively among other tribe that contributed 50(28.7%) of the study participants. By religion; majority 54 (31%) were Catholics followed by 48(27.6%) Protestants, 39(22.4%) saved/born again Christians, 14(8%) Adventists among others 10.9% religions.

Socioeconomically, 84(48.3%) reside in urban areas whereas the 76(43.7%) were rural dwellers; earning majorly 58(33.3%) Less Than 4,000 ug.shs (1 USD); 38(21.8%) Between 4,000 – 20,000 ug.shs (1 to 5 USD) and 35(20.1%) earn More Than 20,000 ug.shs (5 USD). See table 1 below.

Table 1: socio-demographic factors that influences the choice of contraceptives among women of reproductive age

Variable	Frequency (N)	Percentage (%)
Tribe		
Munyankole	49	28.2
Muganda	36	20.7
Mukiga	17	9.8
Mutoro	19	10.9
Others	50	28.7
Religion of the respondent.		
Advents	14	8.0
Saved	39	22.4
Catholic	54	31.0
Protestant	48	27.6
Others	19	10.9
Marital Status		
Single	97	55.7
Married/ cohabiting/ in relationship	68	39.1
Separated/ divorced	6	3.4
Education level of the respondent		
Primary	13	7.5
Secondary	12	6.9
Tertiary	146	83.9
Occupation		
House wife	7	4.0
Peasant farmer	9	5.2
Business	13	7.5
Student	108	62.1
Employed	14	8.0
Level of Income (per day) of the family		
Less Than 4,000 ug.shs (1 USD)	58	33.3
Between 4,000 – 20,000 ug.shs (1 to 5 USD)	38	21.8
More Than 20,000 ug.shs (5 USD)	35	20.1
Place of Residence		
Urban	84	48.3
Rural	76	43.7

Majority of the participants were 97(55.7%) single, 68(39.1%) Married/ cohabiting/ in relationship and 6 (3.4%) Separated/ divorced at an education level of majority 146(85.4%)

Tertiary, 12 (7%) secondary and 13 (7.6%) primary level and occupied mainly with 108(71.5%) studies, 14(9.3%) employed, 13(8.6%) business, 9(6%) peasant farmers, and lastly 7(4.6%) house wives.

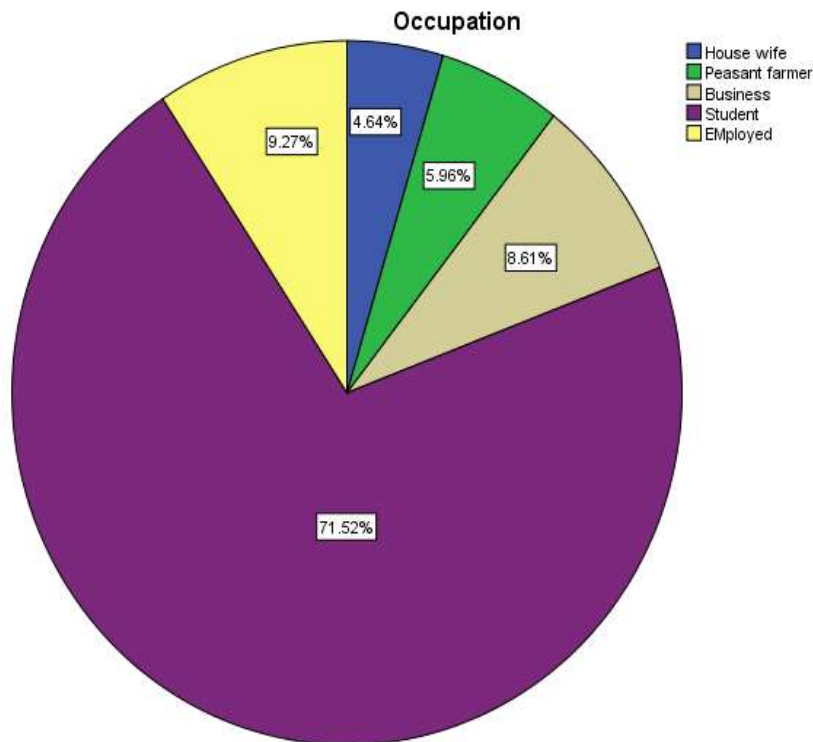


Figure 2: Occupation of the study participants

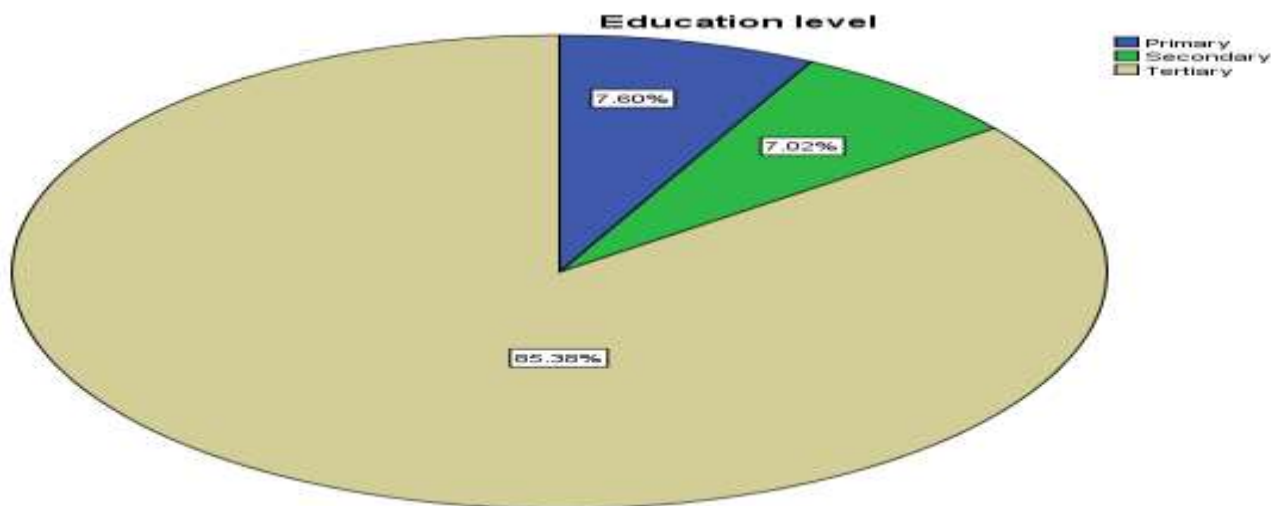


Figure 3: Level of Education of the Study Participants

Table 2: The prevalence of contraceptives among women of reproductive age

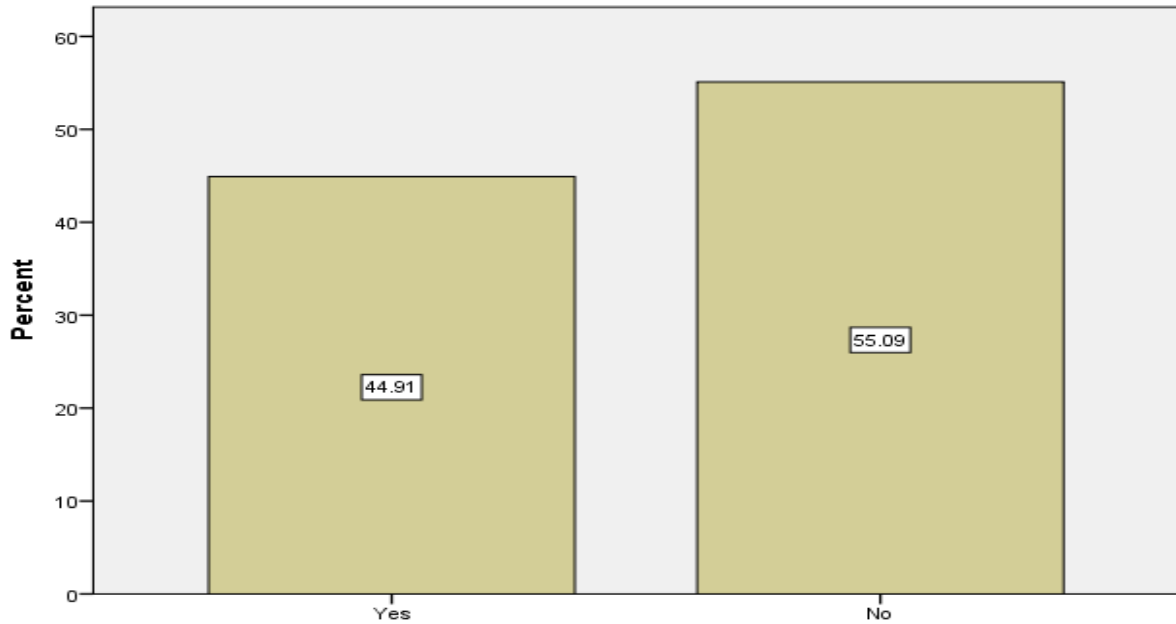


Figure 4: Prevalence of contraceptives use

According to these study findings, the proportion of people who use contraceptives is 75(44.9%) as illustrated on figure 1 above. According to these study findings in figure 5, majority of those participants who have partners 116 (73%) discuss about contraceptives with their partners. And the minority (27%) do not

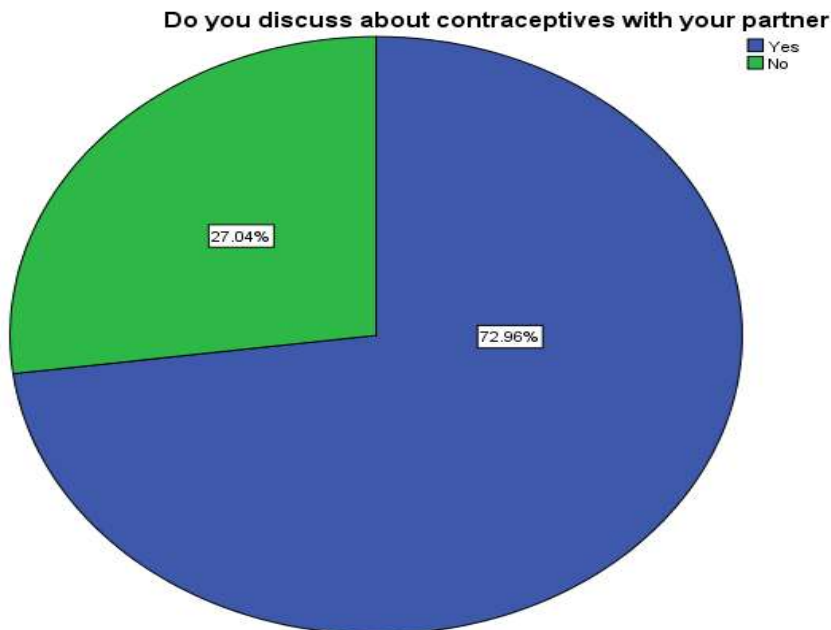


Figure 5: Contraceptives sharing between partners

From table 3 below regarding choice of the contraceptives, the study findings show that; majority 89((51.1%) [P value <0.001, OR 19.783] opted to a given contraceptive method during their last sexual contact prior to this study. When explored ,majority had opted for a condom (28.2%) and a significant choice was oral pills [(13.8%), P value 0.024), OR 10.724] and implanon (4.6%), whereas others opted for safe days/withdrawal (16.7%) and injectable contraceptive method (8.6%). The partner’s influence on the choice of contraceptive methods was significant in this study and 83[(47.7%), pvalue0.029, OR 2.168] were influence. Since, the partner’s opinions were majorly and significantly encouraging 98[(47.7%), pvalue0.015, OR 7.249].

Table 3: Choice of contraceptives among women of reproductive age

Parameter	Frequency (N)	Percentage (%)	P-Value	Odds Ratios	95% C.I
Used a contraceptive method during the last sexual contact					
Yes	89	51.1	<0.001*	19.783	6.917-56.577
No	43	24.7	Ref	1	1
What contraceptive method did you use in the last sexual contact?					
Condom	49	28.2	0.806	0.833	0.194-3.579
Oral pills	24	13.8	0.024*	10.724	1.360-84.558
Injectables	15	8.6	0.212	4.667	0.416-52.340
Implanon	8	4.6	0.001*	-----	-----
Safe days/withdrawal	29	16.7	Ref	1	1
Does your sexual partner influences your choice of contraceptive?					
Yes	83	47.7	0.029*	2.168	1.075-4.372
No	57	32.8	Ref	1	1
If YES (above), what is their opinion your choice of contraceptive?					
Encouraging	98	56.3	0.015*	7.249	1.476-35.615
Discouraging	46	26.4	Ref	1	1

*Statistically Significant(P-value<0.005)

Ref: reference

Majority of the Participants reported 61(35.1%) condom to be the to be the most effective condom they know. These were followed by those who know implanon and oral pills to be the most effective with 14.9% and 14.4% respectively. Lastly safe days/withdrawal and injectable contraceptives were reported to be the least effective known to this study participants with 19(10.9%) each.

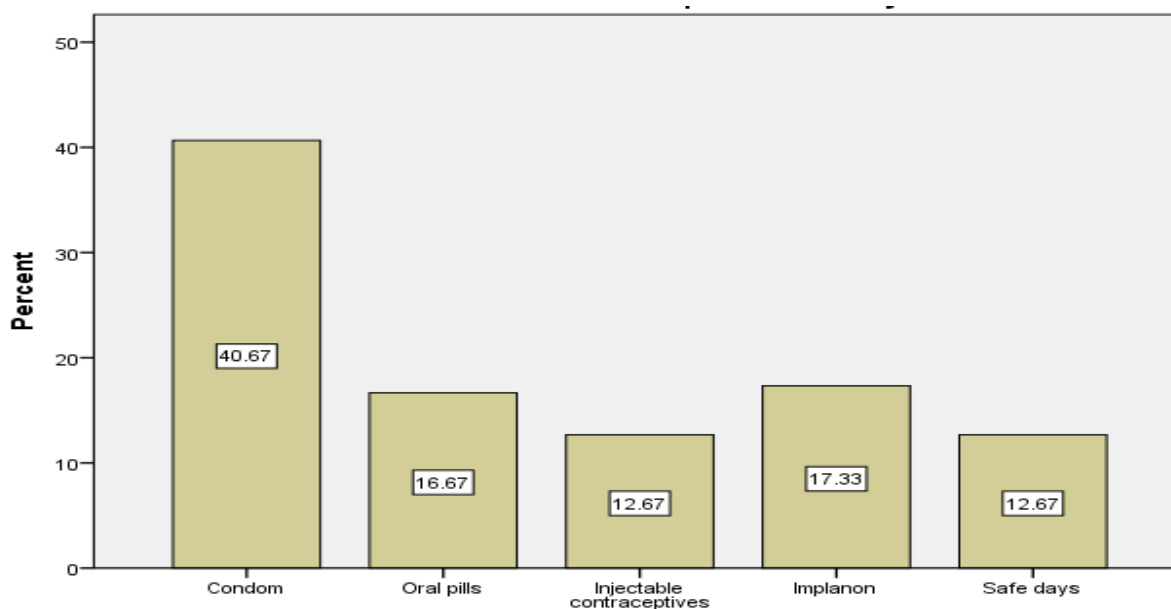


Figure 6: Effectiveness ranking of the contraceptive methods known to the participants

According to *figure 6 above* choice contraceptives stands at; 40.7%, 17.3%, 16.7%, and 12.7% for condoms, implanon, oral pills and injectables and safe days respectively.

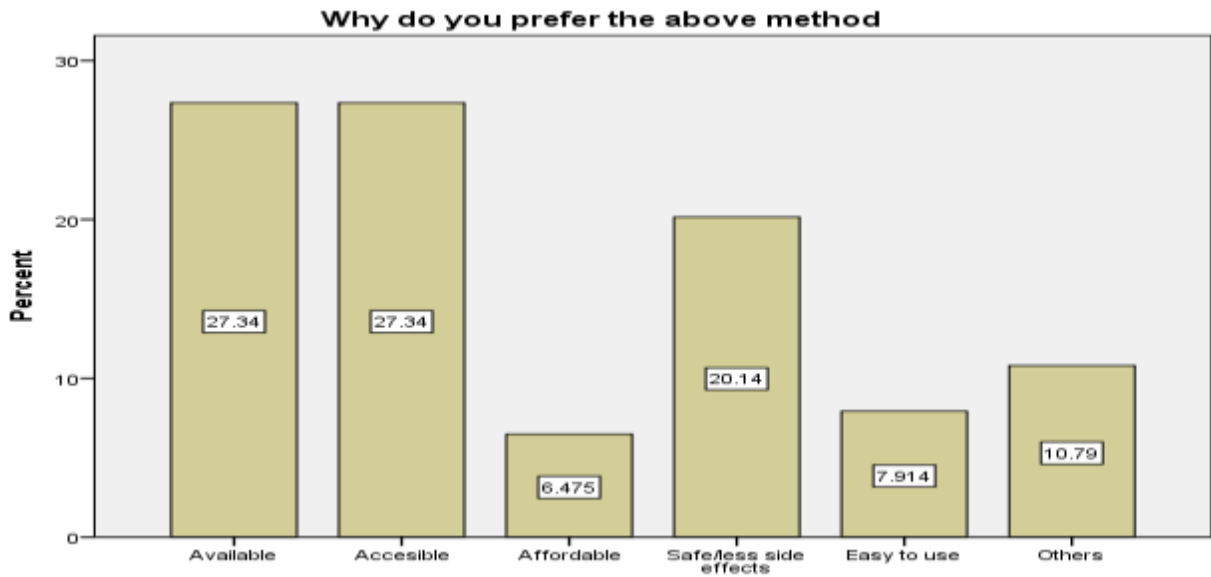


Figure 7: Reason for a proffered method of choice

According to this study findings, participants made choice of their preferred contraceptive method of choice owing to the majority report that they are available and accessible 38(21.3%) for each of these reasons; followed by being Safe with less side effects (20.1%); easy to use (7.9%) as well as being affordable (6.5%) among other reasons (10.8%).*see fig. 7 above.* Furthermore, table 4 shows that; participants reported these methods of contraceptives to be associated with some unrevealed side effects but this claim was found insignificantly associated with their choice of their proffered method of contraception. Other probable independent factors that could affect the choice of contraceptives such as household population or number of people in a family (Majority 36.8% between 1-5 people) and number of children under the age five in the family (45.4% 1-5 children); were both found statistically insignificantly associated with choice of contraceptives among our study participants.

Table 4: Individual factors on choice of contraceptive use among women of reproductive age

Variable	Frequency (N)	Percentage (%)	P-Value	Odds Ratios	95% C.I
There are some side effect with the contraceptive used					
Yes	67	38.5	0.601	1.206	0.599-2.427
No	62	35.6	Ref	1	1
Religion encourage use to Contraceptives					
Yes	80	46.0	0.323	1.369	0.734-2.554
No	86	49.4	Ref	1	1
Household Population (Number of people in the family)					
1-5	64	36.8	0.082	5.117	0.811-32.278
6-10	37	21.3	0.723	1.401	0.217-9.058
11-15	8	4.6	0.181	5.036	0.470-53.920
16-20	7	4.0	Ref	1	1
Number of children under five years in the family.					
1-5	79	45.4	0.950	0.958	0.252-3.638
6-10	20	11.5	Ref	1	1

*Statistically Significant (P-value<0.005)

Ref: reference

DISCUSSION

According to these study findings, the proportion of people who use contraceptives is 75(44.9%). This is in congruence with the intervention for family planning reveals a contraceptive prevalence of 43.1% which was below the national target of 50% by 2020 [12] but disagrees with Andi *et al.* [13] who reported prevalence of contraceptives use in Uganda to be 30% and a general global increase in the recent past from 54% in 1990 to 57% in 2012. Thus, it still possibly leaves 4 in 10 sexually active Ugandan women not using any form of contraception, including 3 in 10 who express a desire to delay childbearing [10]. Unlike Manortey and Lotsu [14] a study in the Worawora township of the Volta Region of Ghana in which age group 35-40 yrs was slightly over four times more likely to use modern contraceptives compared to the younger aged women thus choice was connected to experience and taste for various contraceptive methods, in this majority 122(76.7%) were aged 20-30 years, and 31-45 years were the minority 6(3.8%). By religion; majority 54 (31%) were Catholics followed by 48(27.6%) Protestants, 39(22.4%) saved/born again Christians, 14(8%) Adventists among others 10.9% religions. Socioeconomically, 84(48.3%) reside in urban areas whereas the 76(43.7%) were rural dwellers; earning majority 58(33.3%) Less Than 4,000 ug.shs (1 USD); 38(21.8%) Between 4,000 – 20,000 ug.shs (1 to 5 USD) and 35(20.1%) earn More Than 20,000 ug.shs (5 USD). Just like in a study in Sub-Saharan Africa, indicated that accessibility to contraceptive use was positively correlating with use and choice of contraceptives [15-18]. Majority 89((51.1%) [P-value <0.001, OR 19.783] opted to a given contraceptive method during their last sexual contact prior to this study. Nonetheless in this study, majority made such choices based on availability and accessibility 38(21.3%) for each of these reasons; followed by being Safe with less side effects (20.1%); easy to use (7.9%) as well as being affordable (6.5%) among other reasons (10.8%). More so, majority had opted for a condom (28.2%) and a significant choice was oral pills [(13.8%), P-value 0.024], OR 10.724] and implanon (4.6%), whereas others opted for safe days/withdrawal (16.7%) and injectables contraceptive method (8.6%) in their last sexual intercourse.

CONCLUSION

The prevalence of contraceptives uses among women of reproductive age attending KIUTH remains low (44.9%) with male condoms being the preferred choice. This is sociodemographically affected by marital status, area of residence, occupation and income levels affecting one's choice of a given option. Similarly, type and contraceptive's durations, frequency, availability, accessibility and affordability as well as association of side effects and / or it effectiveness significantly affect the possibility it being a woman's choice.

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