SJ Gynecology and Obstetrics Africa
Vol. 1 No. 8 (2024): August 2024 Issue
https://doi.org/10.51168/q9s04m10
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FACTORS INFLUENCING THE UPTAKE OF COMBINED ORAL CONTRACEPTIVES AMONG WOMEN OF REPRODUCTIVE AGE AT MUBENDE REGIONAL REFERRAL HOSPITAL MUBENDE DISTRICT. A CROSS-SECTIONAL STUDY.

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Abstract

Background

Contraception allows women, men, and couples to choose if and when to have children by way of willingly and intentionally delaying, spacing, or limiting pregnancies thus, contraception has been, and continues to be, a key focus of the global agenda for maternal health. The study aims to assess the Factors influencing the uptake of combined oral contraceptives among women of reproductive age.

Methodology

A cross-sectional descriptive study involving women of reproductive age attending Mubende Regional Referral Hospital, using a quantitative method of data collection. Non-probability convenience sampling approach where the interviewer-administered questionnaires to 30 respondents.

Results

Half 15(50%) of the respondents were married, 11(37%) were cohabiting, 2(7%) were single, 1(3%) were divorced, and 1(3%) were separated. The majority 19(63%) of the respondents were aged 21 to 35 years. (42%) mentioned having negative outcomes as one of the reasons for not using combined contraceptive pills. 22(73%) said that they needed education about contraceptives. 20(67%) said that preventing pregnancy is one of the benefits. 10(33%) mentioned child spacing as one of the benefits. 5(17%) accepted that cultural norms affect combined oral contraceptive uptake, and 20(67%) of the respondents said that their communities do not support young adolescents in using family planning methods. (43%) said that it is the opinion of both partners that carries weight in terms of contraceptive use.

Conclusion

Marital status, age, side effects, Benefits and knowledge about contraceptives, community support, cultural beliefs, and opinions of partners were the major factors influencing the uptake of combined oral contraceptives among women of reproductive Age.

Recommendations

The Ministry of Health should also empower healthcare providers to always educate the women and communities on the various benefits of utilizing COCS.

***Keywords**: Combined oral contraceptives, Women of reproductive age, Side effects, Mubende Regional Referral Hospital.*
Submitted: 2024-05-21 Accepted: 2024-07-20

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Background

Contraceptive methods refer to the utilization of methods that interfere with the normal processes of ovulation, fertilization, and/or implantation to prevent pregnancy (Preethy, 2022). Contraception is essential for women of childbearing age, to improve their reproductive health and avoid unintended pregnancy (Yalew, Zeleke & Teferra, 2015). Oral contraception (OC) is the most widely used method of contraception due to its accessibility, reliability, and reversibility (Al Basri, 2022). It allows women, men, and couples to choose if and when to have children by way of willingly and intentionally delaying, spacing, or limiting pregnancies which makes it a global key focus for maternal health (WHO, 2018). Access to and use of contraception by women and men can improve the health, economic, and social domains of their lives and reduce childcare demands (Guttmacher Institute, 2017).

United Nations, (2019) revealed that among the 1.9 billion women of reproductive age (15-49 years) living in the world in 2019, 1.1 billion need family planning, 842 million use modern methods of contraception and 80 million use traditional methods while 190 million women want to avoid

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pregnancy and do not use any contraceptive method and the proportion of women who had their need for family planning satisfied by modern methods (Sustainable Development Goals indicator 3.7.1) was 76 percent in 2019. Southeast Asia, East Asia, and Oceania had the highest use of modern contraceptives (65%) and demand satisfied (90%) (United Nations, 2019).

While Kenya has made great progress in improving the uptake of family planning, various challenges persist that hinder access, including a limited supply of different contraceptive methods (UNFPA, 2022). The 2018 Kenya health facility survey found that stock-outs of different contraceptive methods persist, with only 57% of facilities having combined oral pills, (Kungu, 2020).

Uganda has the lowest FP prevalence rate as compared to the rates in neighboring countries like Kenya (45.5%), Rwanda (51.6%), and Tanzania (34.4%) (20) with the difference in prevalence rates possibly due to low education level among women, having three or more children, living in rural areas, husband's disagreement on contraceptive use (Ochen, 2023). Other could be; perceived side effects, infant mortality; negative traditional practices, knowledge gaps on contraceptive methods, fears, rumors, and misconceptions about specific methods, and unavailability and poor quality of services, (Sserwanja, 2021). The study aims to assess the Factors influencing the uptake of combined oral contraceptives among women of reproductive age at Mubende Regional Referral Hospital Mubende district.

Methodology

Study Design

This was a cross-sectional descriptive study involving women of reproductive age attending Mubende Regional Referral Hospital, using a quantitative method of data collection. Quantitative data was acquired using a self-administered questionnaire to obtain information from the respondents on demographic characteristics, knowledge, and beliefs of reproductive women towards combined oral contraception, and individual and community factors influencing the uptake of combined oral contraceptives. The qualitative method was used because it provided valuable data about the behaviors and patterns of pregnant mothers to supplement the quantitative findings.

Study Setting

The study was conducted at Mubende Regional Referral Hospital, commonly known as Mubende Hospital. Mubende Hospital is a public hospital, funded by the Uganda Ministry of Health and general care in the hospital is free. It is one of the thirteen Regional Referral Hospitals in Uganda.

The hospital is designated as one of the fifteen Internship Hospitals in Uganda where graduates of Ugandan medical schools can serve one year of internship under the supervision of qualified specialists and consultants. The hospital serves a catchment population estimated at 610,600 people, as of July 2020. The hospital collaborates with Mildmay Uganda, in the implementation of the Accelerating Epidemic Control Project against HIV/AIDS that covers the districts of Kiboga, Kyankwanzi, Mubende, Mityana, Luweero, Kassanda, Nakasongola, and Nakaseke. It is located on Old Kampala Road, in the central business district of the municipality of Mubende, about 150 kilometers (93 mi) west of Mulago National Referral Hospital. This is approximately 148 kilometers (92 mi) east of Fort Portal Regional Referral Hospital. The coordinates of Mubende Hospital are 0°34'03.0"N, 31°23'35.0" E (Latitude: 0.567496; Longitude: 31.393041).

Sample Size Determination

A sample of 30 respondents was used in the study because it was the recommended minimum sample size according to the research guideline UNMEB (2009).

Sampling Procedure

The study employed a non-probability convenience sampling approach where the interviewer-administered questionnaires to any available respondents who met the required inclusion criteria and consented and accepted to participate in the study.

Dependent variable

The dependent variable was the uptake of combined oral contraceptives among women of reproductive age.

Independent variables

The independent variables were; knowledge and beliefs of women of reproductive age towards combined oral contraception, individual factors, and community factors associated with choice of combined oral contraceptive method among women of reproductive age.

Research Instruments

Questionnaires were used and comprised of structured questions. The purpose of the study was carefully explained to the respondents within the questionnaire.

Data Collection Procedure

An introductory letter from the school administration was obtained and presented to the Mubende regional referral hospital administration for permission to conduct this study. The researcher interviewed women of reproductive age using the Questionnaires during data collection and the rights of individuals were respected.

Data Management

Data was checked for completeness and consistency. Before the final analysis, data was coded and questionnaires with

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missing variables, information, or mistakes were left out. Then data was entered into the computer and thereafter cleaned by comparing the raw data to the electronically entered data to check for data entry and coding errors.

Data analysis

After the collection of data, responses from the questionnaires were studied to make sure that the information obtained was complete, consistent, accurate, and reliable. Analysis of the data was done using quantitative methods to make the findings easy to understand and make a conclusion for the stakeholders. Quantitative data was processed by coding and sorting it to ensure that it matched the study objectives. After this, it was entered into a computer and then analyzed using SPSS version 20 and later interpretation was derived using mean scores which were later used to interpret the findings. For easy interpretation and analysis, data was presented using tables, pie charts, and bar graphs.

Ethical Considerations

The study was done following guidelines of the Uganda Nurses and Midwives Examination Board standard research guidelines for the Diploma Nursing Program. Development of the research proposal and the report under the supervision of a staff assigned by Lubaga Hospital Training School who issued a letter introducing the researcher to Mubende Regional Referral Hospital. The same letter was taken to the relevant officials for purposes of granting permission to interact with the participants. After getting permission, the researcher went ahead to obtain the required information by engaging only the respondents who were willing to take part in the study based on the four "basic" ethical principles of independence, justice, benevolence, non-maleficence, and related ethical concepts. Moreover, a consent form was designed and required every participant to fill and sign.

Quality Control

A discussion of the research tools was done with the research supervisor and pre-testing of the research tools was done before the questionnaire was adapted for final data collection.

Results

Demographic characteristics

Age of respondent

Figure 1 highlights the age of the respondents, which is categorized into three age groups and these include: below 18 years, 18-21 years, and 21-35 years.

Figure 1: Age of respondent (n = 30)

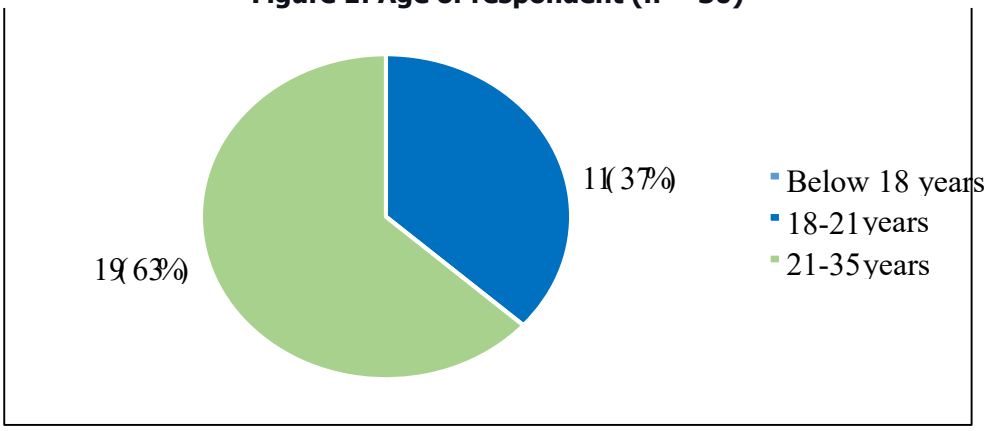

Figure 1 shows that majority 19(63%) of the respondents were aged 21 to 35 years, 11(37%) were aged 18 to 20 years, while none 0(0%) were aged below 18 years.

This implies that all respondents were above eighteen years of age.

Marital status of the respondents

The study sought to find out the marital status of the respondents. Findings are presented in figure 2

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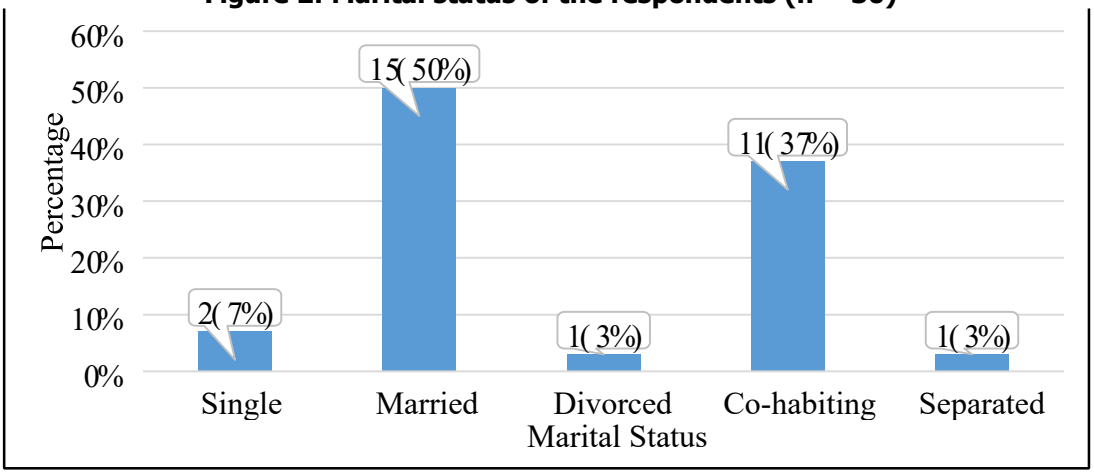
Figure 2: Marital status of the respondents (n = 30)



Source: Primary data - 2023

Figure 2 showS that, half 15(50%) of the respondents were married, 11(37%) were cohabiting, 2(7%) were single, 1(3%) were divorced, and 1(3%) were separated.

Education level, religion, ethnicity, and occupation of the respondents

Table 1 reveals more demographic characteristics of the respondents. These include: education level, religion, ethnicity, and occupation.

Table 1: Other demographic characteristics of respondents (n = 30)

Variable	Response	Frequency	Percentage
Education level	No formal	0	0
	Primary	5	17
	Secondary	8	27
	Tertiary	10	33
	University	7	23
	Total	**30**	**100**
Religion	Anglican	10	33
	Catholic	10	33
	Muslim	4	13
	SDA	0	0
	Born Again	6	20
	Total	**30**	**100**
Ethnicity	Mugwere	3	10
	Musoga	5	17
	Muganda	5	17
	Mutooro	3	10
	Bantu	11	37
	Mukonjo	3	10
	Total	**30**	**100**

Source: Primary data - 2023

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Table 1 revealed that, majority 10(33%) of the respondents had attained tertiary level of education, 8(27%) had secondary level, 7(23%) had university level, 5(17%) had primary level, and no respondent 0(0%) lacked formal education. In terms of religion, 10(33%) of the respondents were Anglican, 10(33%) were Catholic, 6(20%) were Born Again, and 4(13%) were Muslim. Regarding ethnicity, 11(37%) were Bantu, 5(17%) were Musoga, 5(17%) were Muganda, 3(10%) were Mugwere, 3(10%) were Mutooro, and 3(10%) were Mukonjo.

Table 2: Occupation of the Respondents (n = 30)

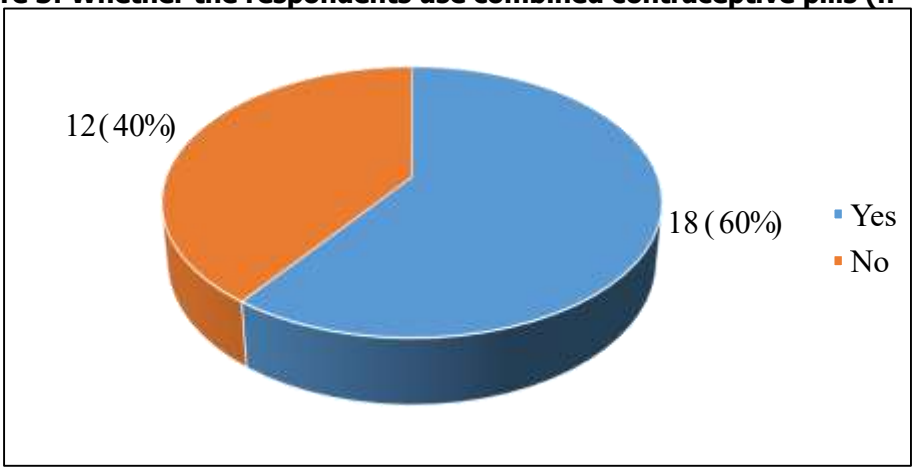
Occupation	Frequency	Percentage %
Businessman	1	3
Business woman	15	50
Human Resource Manager	2	7
Teacher	3	10
Enrolled Nurse	2	7
Enrolled Midwife	1	3
Shopkeeper	2	7
House wife	2	7
Student	1	3
Receptionist	1	3
Total	**30**	**100**

Table 2 revealed that majority 15(50%) were business women, 3(10%) were teachers, 2(7%) were Human Resource Managers, 2(7%) were Enrolled Nurses, 2(7%) were Shop keepers, 2(7%) were house wives, 1(3%) were business men, 1(3%) were Enrolled Midwives, 1(3%) were students, and 1(3%) were Receptionists.

Knowledge and beliefs of women of reproductive age towards combined oral contraception use whether the respondents use combined contraceptive pills.

Figure 3 highlights whether the respondents used combined contraceptive pills.

Figure 3: Whether the respondents use combined contraceptive pills (n = 30)



Source: Primary data - 2023

Figure 3, majority 18(60%) of the respondents use combined contraceptive pills while a few 12(40%) do not use combined contraceptive pills.

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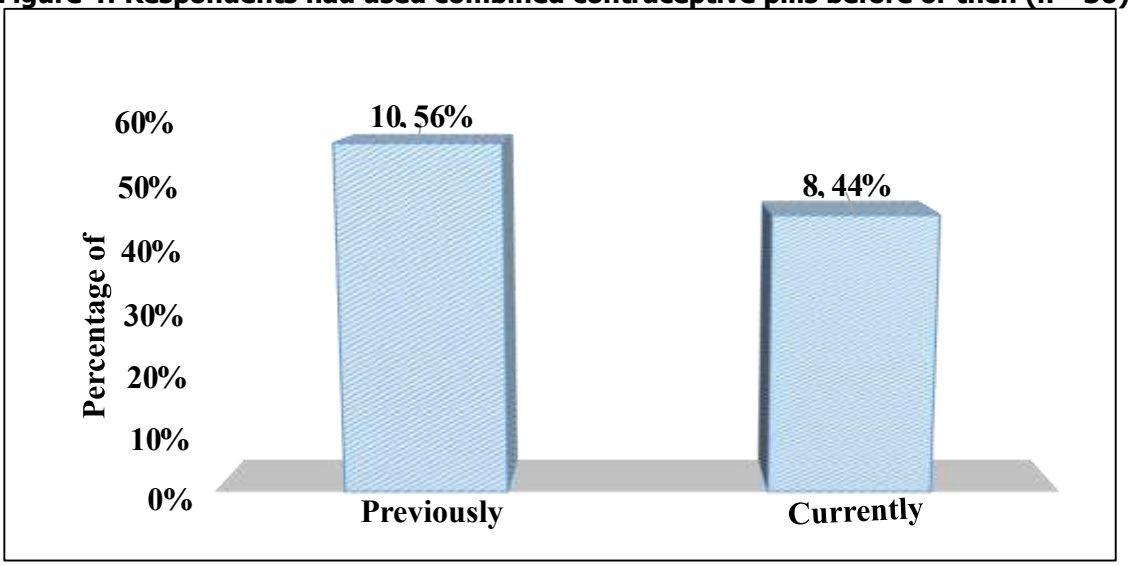
Whether the respondents had used combined contraceptive pills before.

The study sought to find out whether the respondents had used combined contraceptive pills before.

Figure 4: Respondents had used combined contraceptive pills before or then (n =30)



Source: Primary data - 2023

Figure 4 shows that majority 10(56%) of the respondents had previously used combined contraceptive pills, while a few 8(44%) had used combined contraceptive pills currently.

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Table 3: Other knowledge and beliefs of women of reproductive age towards combined oral Contraception use (n = 30)

Variable	Response	Frequency	Percentage
Purpose of using combined contraceptive pills	Prevent pregnancy	10	56
	Child spacing	4	22
	Not sure	4	22
	Total	**18**	**100**
Reasons for not using combined contraceptive pills	Uses NFP	4	33
	Have negative outcomes	5	42
	It's hormonal	2	17
	Need to conceive	1	8
	Total	**12**	**100**
Whether the respondents have ever planned a pregnancy with their husbands	Yes	21	70
	No	9	30
	Total	**30**	**100**
Whether the respondents had been adequately educated about contraceptives and their complications in health centers and hospitals around	Yes	17	57
	No	13	43
	Total	**30**	**100**
Whether the respondents needed education about contraceptives and their complications	Yes	22	73
	No	8	27
	Total	**30**	**100**

Source: Primary data - 2023

Table 3, the majority 10(56%) of the respondents said that the purpose of using combined contraceptive pills is to prevent pregnancy, 4(22%) said that it is child spacing, while 4(22%) were not sure. However, the majority 5(42%) of the respondents mentioned having negative outcomes as one of the reasons for not using combined contraceptive pills, 4(33%) mentioned the use of NFP, 2(17%) said it is

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hormonal, and 1(8%) said that the reason was the need to conceive.

The respondents pointed out how oral contraception affects the menstrual cycle, and the majority 15(50%) pointed out menstrual changes, 5(17%) pointed out the cessation of menstruation, 4(13%) were not sure, 3(10%) pointed out spotting, and 3(10%) pointed out prolonged periods. Furthermore, the majority 21(70%) of the respondents revealed that they have ever planned a pregnancy with their husbands while a few 9(30%) revealed that they have never. The majority 17(57%) of the respondents said that they had been adequately educated about contraceptives and their complications in health centers and hospitals around, while a few 13(43%) said that they had not been adequately educated. In addition, the majority 22(73%) of the respondents said that they needed education about contraceptives and their complications while a few 8(27%) said that they did not need the education.

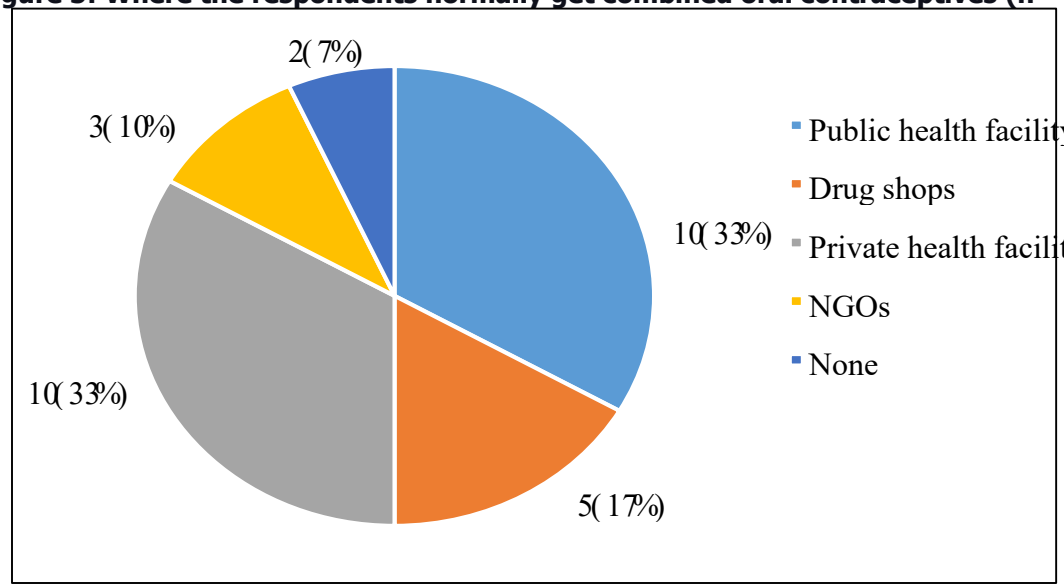
Individual factors influencing the uptake of combined oral contraceptives

This section gives out the individual factors influencing the uptake of combined oral contraceptives.

Where the respondents normally get combined oral contraceptives from

The study established where the respondents normally attain their combined oral contraceptives from and the following findings were attained.

Figure 5: Where the respondents normally get combined oral contraceptives (n = 30)



Source: Primary data - 2023

Figure 5 shows that nearly half 10(33%) of the respondents normally get combined oral contraceptives from public health facilities, 10(33%) get combined oral contraceptives from private health facilities, 5(17%) get combined oral contraceptives from drug shops, 3(10%) get them from NGOs, and 2(7%) get them from neither private health facilities, nor public health facilities, nor NGOs.

The benefits of contraceptives the respondents knew

Figure 6 highlights the benefits of contraceptives the respondents knew.

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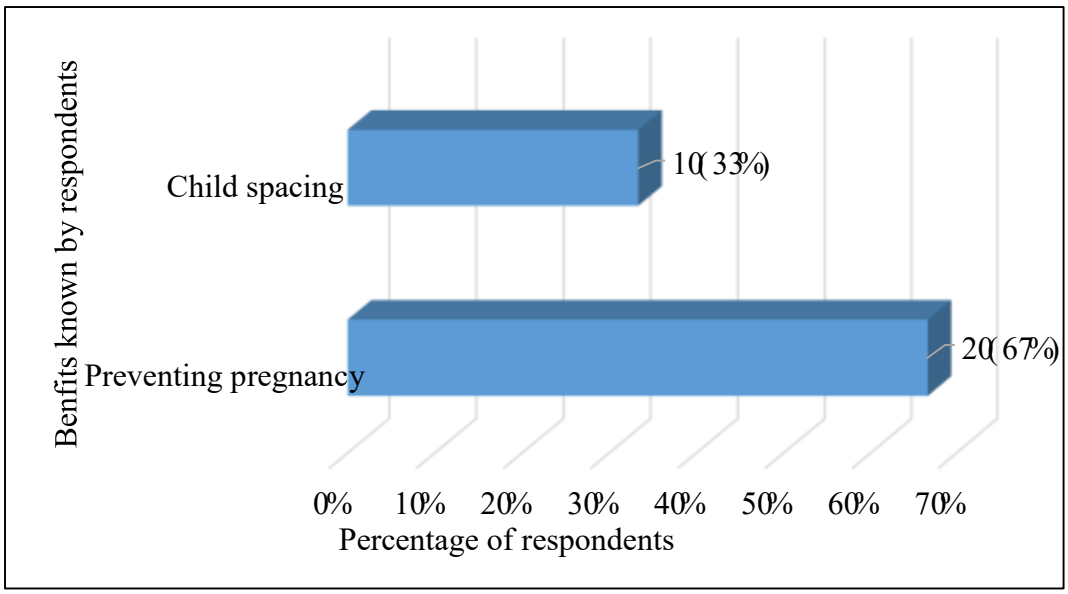
Figure 6: Benefits of contraceptives the respondents know.

(n=30)



Source: Primary data - 2023

Figure 6, the majority 20(67%) of the respondents said that preventing pregnancy is one of the benefits of contraceptives they know, while 10(33%) of the respondents mentioned child spacing as one of the benefits.

Other individual factors influencing the uptake of combined oral contraceptives

Respondents were asked about the barriers towards combined oral contraceptive uptake, whether the respondents consume any drinks containing alcohol,

Table 4: Individual factors influencing the uptake of combined oral contraceptive (n=30)

Variable	Response	Frequency	Percentage (%)
Respondents' barriers to combined oral contraceptive uptake	Perceived side effects	10	33
	Cultural norms	5	17
	Religion	2	7
	Absence of specialized clinics	10	33
	Partners not approving	3	10
	Total	**30**	**100**
Whether the respondents consume any drinks containing alcohol	Yes	6	20
	No	24	80
	Total	**30**	**100**
Whether the respondents had ever used any drugs for addiction	Yes	2	7
	No	28	93
	Total	**30**	**100**
Type of drugs of addiction the respondents use most of the time	Marijuana	0	0
	Sniffing petrol	0	0
	Cocaine	0	0
	Heroine	1	3

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Khat	0	0
Tobacco	1	3
None	28	93
Total	**30**	**100**

Source: Primary data - 2023

Table 4, 10(33%) of the respondents said that perceived side effects are one of the barriers towards combined oral contraceptive uptake, 10(33%) suggested that absence of specialized clinics is one of the barriers towards combined oral contraceptive uptake, 5(17%) accepted that cultural norms affect combined oral contraceptive uptake, 3(10%) said that partners not approving the use of combined oral contraceptive uptake deter them from use of combined oral contraceptives, and 2(7%) had religion as a barrier towards combined oral contraceptive uptake. Furthermore, the majority 24(80%) of the respondents said that they do not consume any drinks containing alcohol while a few 6(20%) said that they do. In addition, the majority of the respondents 28(93%) revealed that they had never used any drugs of addiction while a few 2(7%) revealed that they had ever used them. However, when asked about the type of drugs of addiction the respondents use most of the time, the majority 28(93%) did not reveal any type of drugs of addiction they use most of the time, 1(3%) revealed heroin, 1(3%) revealed tobacco and no one 0(0%) revealed marijuana, sniffing petrol, cocaine, nor Khat.

Table 5: How oral contraception affects the menstrual cycle (n=30)

Response	Frequency	Percentage %
Ceasation of menstruation	5	17
Menstrual changes	15	50
Not sure	4	13
Spotting oral contraception affects the menstrual cycle	3	10
Prolonged periods	3	10
Total	**30**	**100**

Source: Primary Data 2023

Table 5 revealed that the majority of the respondents 15(50%) mentioned that the usage of contraceptives affects the menstrual cycles, followed by 5(17%) who mentioned the cessation of menstruation, 4(13%) mentioned that they were uncertain, 3(10%) mentioned spotting oral contraception affects the menstrual cycles and 3(10%) mentioned the issue of prolonged periods.

Community factors influencing the uptake of combined oral contraceptives

Whether the respondents discussed issues about sexuality and oral contraceptive use with their partners/parents/guardians

Respondents were asked whether they discussed issues about sexuality and oral contraceptive use with their partners, parents, or guardians. Their responses are presented in Figure 7 below.

When asked about whether the respondents discussed issues about sexuality and oral contraceptive use with their partners, parents' or guardians' the majority 19(63%) revealed that they discussed issues about sexuality and oral contraceptive use with their partners, parents, or guardians, while a few 11(37%) revealed that they do not discuss issues pertaining sexuality and oral contraceptive use with their partners, parents or guardians.

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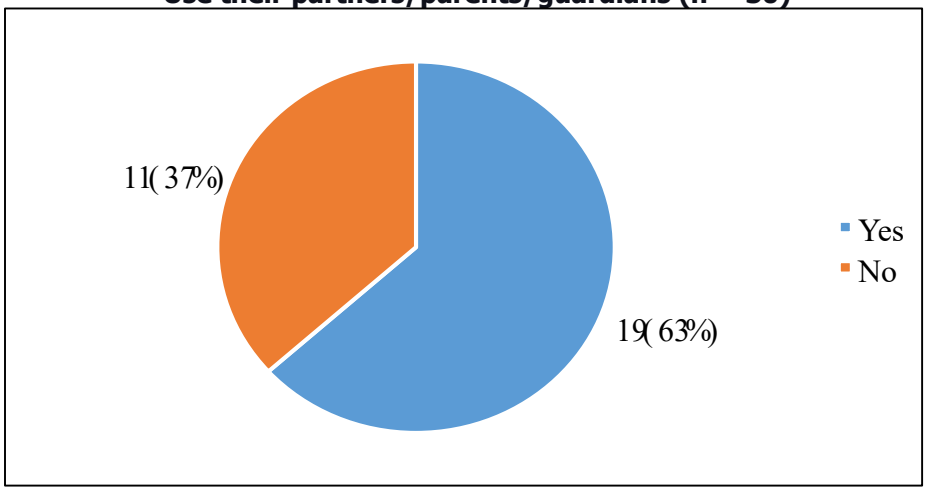
Figure 7: Whether the respondents discuss issues about sexuality and oral contraceptive Use their partners/parents/guardians (n = 30)



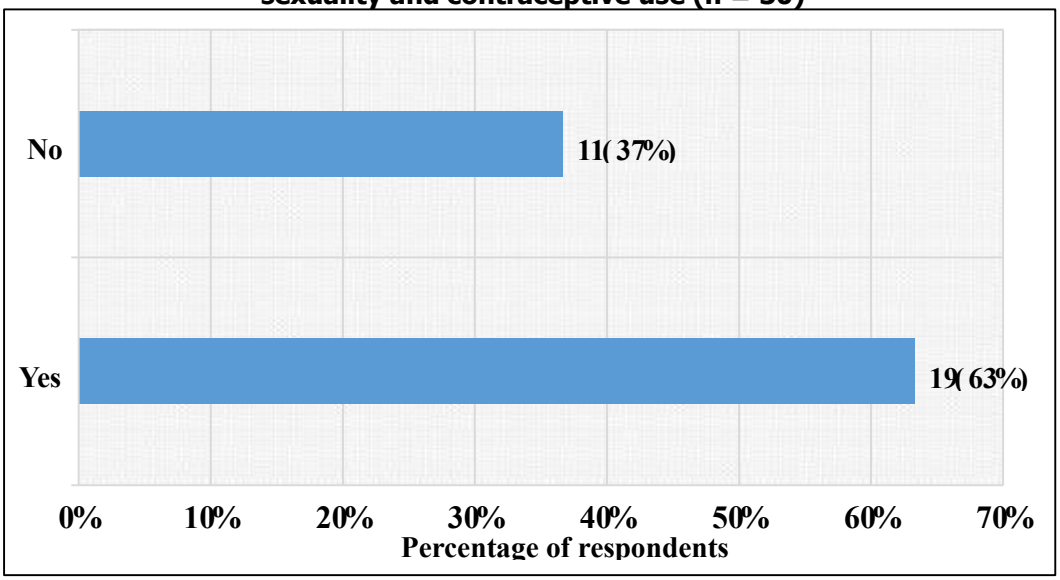
Source: Primary data - 2023

Figure 7, the majority 19(63%) of the respondents revealed that they discuss issues about sexuality and oral contraceptive use with their partners/parents/guardians, while a few 11(37%) revealed that they do not.

Whether the respondents thought that community members have a role in issues of sexuality and contraceptive use.

The study also wanted to find out whether the respondents thought that community members have a role in issues of sexuality and contraceptive use and their responses are presented in figure 8.

Figure 8: Whether the respondents thought that community members have a role in issues of sexuality and contraceptive use (n = 30)



Source: Primary data - 2023

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Figure 8 shows that the majority 19(63%) of the respondents thought that community members have a role in issues of sexuality and contraceptive use while a few 11(37%) thought that community members have no role in issues of sexuality and contraceptive use.

Other community factors influencing the uptake of combined oral contraceptives

Table 6 below shows whose opinion carries weight in terms of contraceptive use, whether the respondents' communities support young adolescents to use family planning methods, and circumstances that affect contraceptive use in the respondents' communities.

Table 6: Community factors influencing uptake of combined oral contraceptives (n=30)

Variable	Response	Frequency	Percentage (%)
Whose opinion carries weight in terms of contraceptive use	Both partners	13	43
	Wife	13	43
	Husband	4	13
	Total	**30**	**100**
Whether the respondents' communities support young adolescents in using family planning methods	Yes	10	33
	No	20	67
	Total	**30**	**100**
Circumstances that affect contraceptive use in the respondents' communities	Religion	4	13
	Cultural beliefs	5	17
	Limited knowledge of RH	4	13
	Long distances to H/C that offer RHS	5	17
	Shortage of facilities offering RH	5	17
	Drug stock-outs	1	3
	Stigma	2	7
	Side effects of contraceptives	2	7
	Myths about COCs	2	7
	Total	**30**	**100**

Source: Primary Data - 2023

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Table 6 shows that nearly half of 13 terms of contraceptive use. However, the majority of 20(67%) of the respondents said that their communities do not support young adolescents to use family planning methods, while 10(33%) said that they do. Meanwhile, 5(17%) (43%) of the respondents said that it is the opinion of both partners that carries weight in terms of contraceptive use, 13(43%) said that it is the opinion of wives that carries weight in terms of contraceptive use, and the minority 4(13%) said that it is the opinion of husbands that carries weight in respondents mentioned cultural beliefs as one of the circumstances that affect contraceptive use in their communities, 5(17%) mentioned long distances to health centers (H/C) that offer reproductive health services (RHS), 5(17%) mentioned shortage of facilities offering RH, 4(13%) mentioned religion, 4(13%) mentioned limited knowledge about RH, 2(&%) mentioned stigma, 2(7%) mentioned side effects of contraceptives, 2(7%) mentioned myths about combined oral contraceptives (COCs), and very few 1(3%) mentioned drug stock-outs.

DISCUSSION

Demographic characteristics.

The findings from the study showed that the majority 19(63%) of the respondents were aged 21 to 35 years, and 11(37%) were aged 18 to 20 years, this implies that all respondents were above eighteen years of age and this affected COC use among the women similar to the findings of Hossain, et al., (2018). This study also revealed that half 15(50%) of the respondents were married, so they could be having frequent sex and so needed COC uptake unlike in the study by Lori et al., (2016), in the West and Middle African women cited the most common reason for not using contraception was infrequent sex as in no married women, the study also revealed that majority 10(33%) of the respondents had attained a tertiary level of education, this implied that women who have been educated can easily understand the importance of using combined oral contraceptives and may use them while it may not be common with the ones of low education.

Knowledge and beliefs of women of reproductive age towards combined oral.

It was found in this study that, the majority 18(60%) of the respondents used combined contraceptive pills. This could be because they wanted to prevent pregnancy, which means that they had knowledge about combined oral contraceptives and this was similar to a study in Bangladesh by (Huda. et al., 2017) who said that most women were aware of several family planning methods and used them, but contrary to the findings of Munakampe, (2018), who said that limited knowledge affects contraceptive use. A few 12(40%) did not use combined contraceptive pills which could be due to poor knowledge about how to access services and how to use contraception correctly which was in line with Nwaozuru & Iwelunmor (2017) findings in Sub-Saharan Africa and Sserwanja, Musaba &, Mukunya (2021) in Uganda who reported that limited knowledge about sexual and reproductive health among adolescents led to reduced access to contraception.

Furthermore, the majority 21(70%) of the respondents revealed that they have ever planned a pregnancy with their husbands, this helps them to choose the right contraceptive to use as they plan for the next pregnancy hence increasing the uptake of COCs. This is in line with the study of (Black et al,2019) which showed increased male interest in contraception measures and the need for fewer children to reduce on pressure of large families. While the minority of the respondents 9(30%) revealed that they have never, this could be because they had not been adequately educated on COC uptake was similar to the findings of (Saifuddin et al., 2019; who confirmed that lack of knowledge affected contraceptive use. In addition, the majority 22(73%) of the respondents in Mubende Regional Referral Hospital said that they needed education about contraceptives and their complications but often did not know how to use them correctly and had misconceptions. This is in line with the study of (Saifuddin et al,2019) that revealed most women knew the different methods available but there were many misconceptions like fear of death.

Individual factors influencing the uptake of combined oral contraceptives.

In Mubende regional referral hospital, 10(33%) reported that they get access to COCs in private health facilities, this could be due to the quality of service and the trust they had in private facilities and this was in line with a study by Yalew, (2015) where findings showed that lack of access to quality services as many patients preferred private facilities over the government health facilities as the later were cited as ridiculed. More so, the majority 20(67%) of the respondents said that preventing pregnancy was one of the benefits of contraceptives they knew. This meant that since they knew the benefits, they had access to combined oral contraceptives therefore this influenced COC uptake. This was in disagreement with a cross-sectional study about the demand for long-acting contraceptive methods and associated factors among family planning service users, done in Ethiopia by Yalew, (2015) which revealed that the majority knew about some modern contraceptive methods, but the overall contraceptive use was very low due to negative perceptions. While the minority10(33%) of the respondents mentioned child spacing as one of the benefits of contraception use. This increased the uptake of contraceptives since mothers know about contraceptive uses. On the contrary, it is with the study by (Munakampe, 2018; MooneySomers, et al, 2019; James-Hawkins et al., 2018) revealed that insufficient or inaccurate knowledge and

https://doi.org/10.51168/q9s04m10
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concerns about side effects are major barriers to contraception use.

The study also identified individual barriers to combined oral contraceptive uptake as; the majority 10(33%) of the respondents said the absence of specialized clinics for family planning is the major barrier to COC uptake since they don't have places to get them when needed. This is in line with the findings of (Huda. et al., 2017) that most of the women were aware of several family planning methods but did not know how to use them. The minority of the respondents 2(7%) reported that religion was hindering the uptake of COCs. This is because some religions do not support the use of artificial family planning methods.

This study further affirmed that women do not use COCs due to the side effects they get as the majority of the respondents 15(50%) reported menstrual changes, and mothers reported dysmenorrhea and spotting while on COCs. While minority 3(10%) of the respondents reported prolonged periods, this is the same way Kungu, Agwanda & Khasakhala (2020) discovered in their studies in Kenya, that the contraceptive side effects of longer menstruation periods and excessive bleeding in women made them fatigued to use the methods.

Furthermore, the majority 24(80%) of the respondents said that they do not consume any drinks containing alcohol because it was associated with the level of uptake of SRH services and the level of contraceptive use. That meant that these women had some knowledge about factors that influenced COC uptake. The majority of the respondents 28(93.3%) revealed that they had never used any drugs of addiction, this could be because they knew that drugs affect contraceptive use. While the minority 1(3.3%) revealed that they use tobacco which hinders them from using contraceptives.

Community factors influencing the uptake of combined oral contraceptives.

The majority 19(63%) of respondents who attended Mubende regional referral hospital at the time of data collection revealed that they discuss issues about sexuality and oral contraceptive use with their partners, parents, or guardians, unlike in Sri Lanka, Nigeria, Nepal and Kenya where Preethy, (2022) revealed that friends, peers, and school influence young people's use of contraceptives around the world. Of the few 11(37%) revealed that they do not discuss with anyone about contraception and use of methods, which is due to fear of being pressured to give birth again by family members or husband.

In Mubende Regional Referral Hospital still, nearly half 13(43%) of the respondents said that it is the opinion of both partners that carries weight in terms of contraceptive use, which means that when they do not make a common decision, the COC uptake is affected. This is similar to the findings by Nazli et al., (2018) that revealed male partners hinder contraception uptake since they report the women to relatives/friends or deny them money for feeding if they decide to use COCs.. 4(13%) said that it is the opinion of husbands that carries weight in terms of contraceptive use. This could be due to different cultures since communities have different cultures which in turn brings out hitches in the uptake of contraceptive services in lower- and middle-income countries, majority of women were faced with hurtful penalties like stigma discrimination, and violence due to the different gender norms and other beliefs the same way James-Hawkins, et al.,
(2018) revealed.

However, the majority 20(67%) of the respondents said that their communities do not support young adolescents in using family planning methods. This could be due to stigma, yet adolescents undergo sorts of physical and sexual violence. A minority 10(33%) of the respondents reported that the community supports adolescents to use family planning methods since it is helpful to them to reduce unwanted pregnancies and sexually transmitted diseases since they are prone to them. This is similar to the findings of James-Hawkins, et al., (2018) who revealed that different communities have different cultures which in turn bring out hitches in the uptake of contraceptive services.

Conclusion

Marital status, age, side effects, Benefits and knowledge about contraceptives, community support, cultural beliefs, and opinions of partners were the major factors influencing the uptake of combined oral contraceptives among women of reproductive Age.

Recommendations

Recommendations to the ministry of health

The government of Uganda through the Ministry of Health should encourage all hospitals to provide all family planning methods including the COCs such that the mothers can uptake the methods.

The Ministry of Health should also empower healthcare providers to always educate the women and communities on the various benefits of utilizing costs to prevent unintended pregnancy and reduce mortality and morbidity.

Recommendations to Mubende Regional Referral Hospital

Nursing administration should ensure that the COCs needed by women who are in their reproductive ages are regularly and adequately provided.

There should be periodic workshops and seminars on the different methods of family planning to equip the healthcare workers with the needed skills and confidence to educate the women and provide the methods. This would lead to a better understanding of the methods for adequate utilization.

Implications of nursing care plan to the student Nurse or Midwife

Women of reproductive age should all be recommended to take combined oral contraceptives a remedy for reduction of abortions and maternal mortality. Therefore, nurses should take action to administer COCs to women appropriately and also monitor the client's side effects of the contraceptive.
Educate the client about the utilization of contraceptives to stop unwanted pregnancies that can lead to maternal complications and morbidities.

List of abbreviations

FP: Family Planning
OC: Oral Contraceptive
SRH: Sexual Reproductive Health
WHO: World Health Organization

Acknowledgment

I praise God almighty for granting me the capability to proceed successfully.
I would not have been able to complete my report without the guidance of my supervisor, help from friends, family, and co-workers, and support from my lovely parents. I would like to express my deepest gratitude to my supervisor Sr Ddumba Patience who supervised me with courtesy. I owe my thanks for her excellent guidance, care, and patience.

Source of funding

The study was not funded.

Conflict of interest

The author did not declare any conflict of interest.

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