

FACTORS INFLUENCING UTILIZATION OF MODERN CONTRACEPTIVES AMONG MARRIED WOMEN ATTENDING FAMILY PLANNING CLINIC AT KAJJANSI HEALTH CENTRE IV, WAKISO DISTRICT. A CROSS-SECTIONAL STUDY.

Sheillah Nankya, Nelson Kakande*

St. Michael Lubaga Hospital Training Schools

Abstract

Background

World Health Organization defines family planning as a voluntary and informed decision by an individual or couple on the number of children to have and when to have them. The aim of the study is to assess the Factors influencing the utilization of modern contraceptives Among married women attending the family planning Clinic at Kajjansi Health Centre iv, Wakiso district.

Methodology

This was a descriptive cross-sectional study. The study population consisted of all women who were married attending to Kajjansi Health Centre IV family planning clinic. The sample size was determined according to UNMEB guidelines 2009 which stated an appropriate minimum sample size should be not less than 30 respondents.

Results

The majority 18(60%) of the respondents were in the age bracket of 26-33 years. Half 15(50%) of the respondents had attained secondary education. Most 28(93%) Resided in urban areas while few 2(7%) were from rural areas. Most 27(90%) had access to government contraceptives. 20(67%) mentioned that health workers were welcoming and polite. Most 17(57%) said husbands decided on the choices. 15(58%) had 4 children. The minority 6(23%) of the respondents mentioned that they had 1-2 children. The majority 18(60%) of the respondents mentioned business as their current source of income. 17(57%) obtained contraceptives from hospital.10(33%) said they obtained from the clinics and the minority 3(10%) got from friends.

Conclusion

The factors influencing the utilization of modern family planning services were higher levels of education, having the desired number of children, and living in urban settings, good access to government contraceptives, positive attitude towards modern contraceptives, availability of contraceptives, and friendly health workers.

Recommendations

Education about the importance of having smaller families should be intensified in communities.

Keywords: Modern contraceptives, Health workers, Urban areas, Kajjansi Health Centre IV

Submitted: 2024-01-14 **Accepted:** 2024-07-13

Corresponding Author: *Sheillah Nankya,*

Email: Sheillahnankya@gmail.com

St. Michael Lubaga Hospital Training Schools

Background

World Health Organization defines family planning as a voluntary and informed decision by an individual or couple on the number of children to have and when to have them, it is usually achieved mainly through the use of various contraceptive methods and treatment of involuntary infertility, this contains a lot of benefits which include the woman's ability to space and limit pregnancies which could have a direct impact on their health and well-being as well as outcome of pregnancies (Andi et al., 2018). The use of family planning services in developing countries has been found to avert unintended pregnancies and reduce maternal and child mortality (Apangaet al., 2017).

The global unmet need for contraceptives is still high despite many efforts to reverse this. So many sexually active individuals are not using any contraceptive methods more so in most of the world's poorest countries

where it has been observed that contraceptive utilization is low and the unmet need for family planning is high (Brown et al., 2019). The decision of women on the method of contraceptive involves both sexual partners or is dependent on the male partner's preference and This is so for any other issue that affects the woman's reproductive life (Bogale et al., 2020).

The 2016 Uganda Demographic Health Survey (UDHS) indicates more than four in 10 births are unplanned. In Uganda, Women give birth to about 2 children more than their actual desire Variation represents one of the highest levels of excess fertility in Sub-Saharan Africa illustrates hinders women from attaining their fertility desires (Rutaremwaw et al., 2015). Even though the majority, (85%) of Ugandan married women wanted to space their next child or completely cease giving birth, only 39% were currently using a family planning method; be it modern (35%) or traditional (4%). This created an unmet need for contraceptives estimated to be 28% among married women and 32% among sexually active

unmarried women (Uganda Bureau of Statistics Kampala, 2017).

At Kajjansi Health Center IV, cases of unplanned pregnancies continue to be issues of great concern as this not only affects the mother but the child as well due to complications that usually arise through attempts to terminate pregnancy and child neglect when delivery occurs. The study aimed to look at factors influencing the utilization of modern family planning methods among married women seeking care at Kajjansi Health Centre IV, Wakiso District since there was little known regarding factors that would influence the use of modern family planning methods. The aim of the study is to assess the Factors influencing the utilization of modern contraceptives Among married women attending the family planning Clinic at Kajjansi Health Centre iv, Wakiso district.

Methodology

Study Design

The researcher used a descriptive cross-sectional design because it enabled her to describe factors influencing the utilization of modern family planning methods among married women. A quantitative method of data collection was employed. Quantitative data collection involves the use of numerical values to assess information. The entire design was chosen because it enabled the researcher to obtain data at one point in time.

Study Setting

The study was carried out at Kajjansi Health Centre IV. Kajjansi Health Centre IV is found in the Central region of Uganda and it's a government-owned health facility with a bed capacity of 72 and above. The facility is located in Kajjansi village, Wakiso District along Kampala –Entebbe highway about 3 Kilometers from the main road. The facility provides many health services for both outpatient and inpatient services. The setting was good for the study since it had a number of required participants with the desired qualities the researcher was looking at and it was easily accessed by the researcher and easily reached.

Study Population

The study population consisted of all women who were married and attending Kajjansi Health

Centre IV family planning clinic.

Sample Size determination

The sample size was determined according to UNMEB guidelines 2009 which stated an appropriate minimum sample size should be not less than 30 respondents. Therefore, the study targeted and recruited 30 respondents. This was manageable due to the limited time and resources at hand for data collection.

Sampling Procedure

A random simple sampling technique was employed. This technique was chosen for this study because the sample was representative of the study population as well as reducing bias in the sample. This made it possible for the researcher to obtain inferential statistics collected.

The process involved the researcher cutting 60 pieces of similar size and 30 were written on YES and the rest NO. Eligible women picked a single paper at random. Those who picked papers with the word yes took part in the study, 6 respondents were interviewed every day of data collection and it took a period of 5 days to cover the sample size of 30 respondents.

Definition of variables

A variable is a factor or characteristic that changes, there are 2 major types of variables

Independent Variables

These were factors influencing the utilization of modern contraceptives which include; demographic and individual factors

Dependent variable

This was the “act of utilization of modern contraceptives.”

Research Instruments

The data was collected from the respondents using a questionnaire with open and close-ended questions in English language. This was preferred in this study because a lot of information was collected over a short period of time.

Data Collection Procedures

Data collection helped the investigator to obtain information from participants to answer the problem of interest. A guided questionnaire with both open and close-ended questions for data collection was used for all participants. The period of data collection was scheduled for 5 days; the participants were met at the family planning clinic and were requested to consent as the study participants. The prepared questionnaire was self-administered by the respondents with the help of the researcher and the completed questionnaire was collected for data entry and analysis. Thereafter, all answered and entered questionnaires were stored in a secured area.

Data Management

After the collection of data, every questionnaire was checked for completeness and any gaps were filled immediately before the client was discharged. the questionnaire was kept privately under lock and key only

accessible to the researcher and the research assistant only on request then it was directly entered into the computer using Microsoft Excel and Microsoft Word 2010 version for coding, validation, and analysis.

Data analysis

Quantitative data was manually tallied according to the variables and later was fed into the computer using Microsoft Excel. Qualitative data was analyzed using Microsoft Word and Excel programs. The analyzed data was presented in the form of frequency tables, figures, graphs, and charts. Frequency and percentage were used for the interpretation and establishment of the relationship between variables. Qualitative data was analyzed using themes, Frequencies, percentages, and means for the variable, and then the information was presented in tables, figures, and narratives.

Ethical considerations

The proposal was submitted to the research and ethical committee of St. Michael Lubaga Hospital Training Schools for approval, and then the introductory letter was obtained allowing the researcher to seek permission to carry out the study. The introduction letter was taken to

Kiswa Health Centre III to seek permission to pretest the questionnaire and this same letter was taken to Kajjansi Health Centre IV management for approval and allowed data collection. The participants were assured of proper confidentiality and obtained numbers for each for easy analysis. The studies began after the participants understood the objectives of the study and have freely consented.

Results

Demographic factors influencing utilization of modern contraceptives

Table 1 shows that majority 18(60%) of the respondents were in the age bracket of 26-33 years. The minority 2(7%) were more than 42 years.

Regarding their religion, more than half 16(53%) of the respondents were Protestants. And the minority 2(7%) were Pentecostal believers.

Table 1 still shows that more than half 16(53%) of the respondents were Baganda. The least 1(3%) represented tribe among the married women seeking care at Kajjansi Health Centre IV was the Basoga.

**Table 1 Showing respondents' age bracket, religion and tribe
n= 30**

Age in years	Frequency	Percentage (%)
18-25 years	6	20
26-33 years	18	60
34-41 years	4	13
42 years and above.	2	7
Religion		
Moslem	8	27
Catholic	4	13
Protestant	16	53
Others specify (Pentecostals)	2	7
Tribe		
Baganda	16	53
Bakiga	8	27
Banyankole	5	17
Basoga	1	3
Total	30	100

Figure 1: Shows the respondents highest education level attained (n=30)

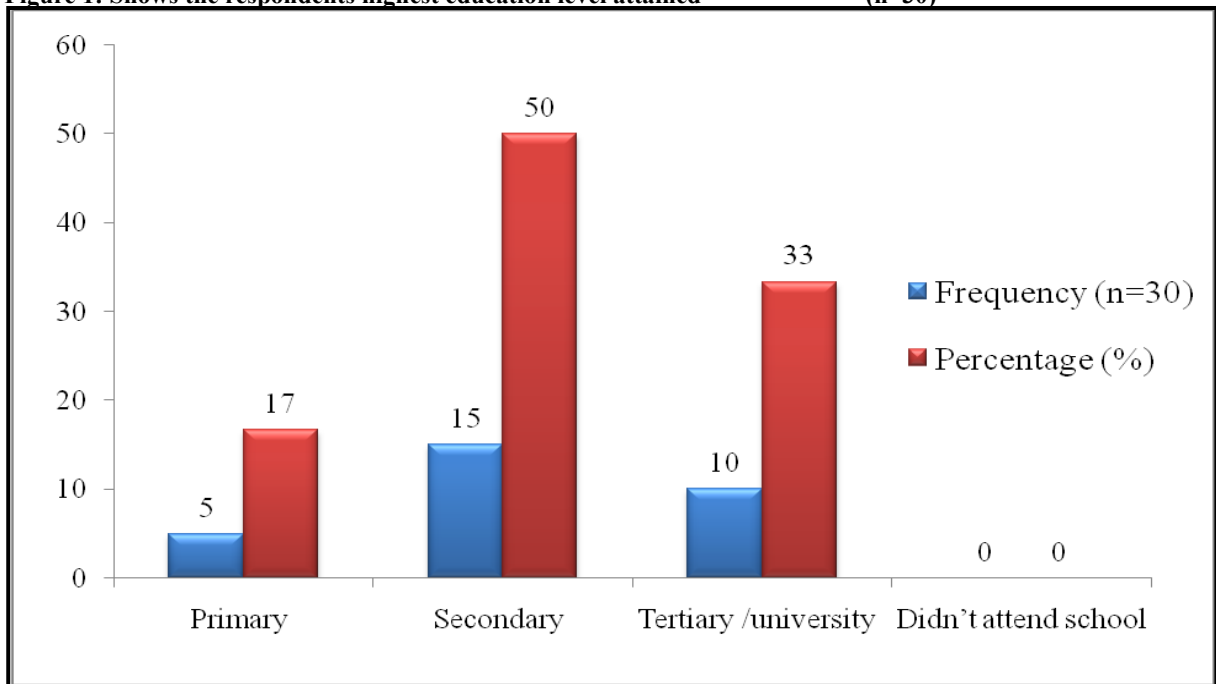


Figure 1 shows that half 15(50%) of the respondents had attained secondary education. The minority 5(17%) attained primary education level.

Among the 26 respondents who said they had children, more than half 15(58%) had 4 children. The minority 6(23%) of the respondents mentioned that they had 1-2 children.

Table 2 shows that majority 18(60%) of the respondents mentioned business as their current source of income.

Figure 2 shows that when the respondents were asked where they stayed, majority 28(93%) of them said urban setting while the minority 2(7%) said rural setting.

The minority group 4(13%) said that their current source of income was farming.

Figure 3 indicates that when the respondents were asked the last time they gave birth, most 12(40%) said 12-24 months ago. The minority 4(13%) of the respondents mentioned that they last gave birth in 25-36 months.

Table 2: Responses on the current source of income n= 30

The current source of income	Frequency	Percentage (%)
Peasant farming	4	13
Business	18	60
House wife	8	27
Others specify	0	0
Total	30	100

Table 3: Responses on whether respondents had children and the number of children n= 30

Had any children	Frequency	Percentage (%)
Yes	26	87
No	4	13
If yes, how many children		
1-2 children	6	23
3 children	5	19
4 children	15	58
Total	30	100

Figure 2: Responses on where the respondents were staying (n=30)

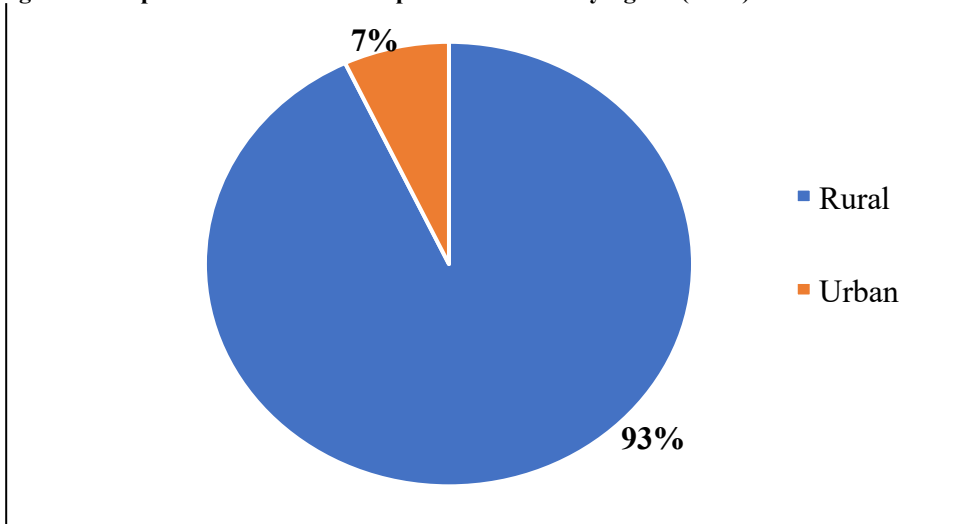
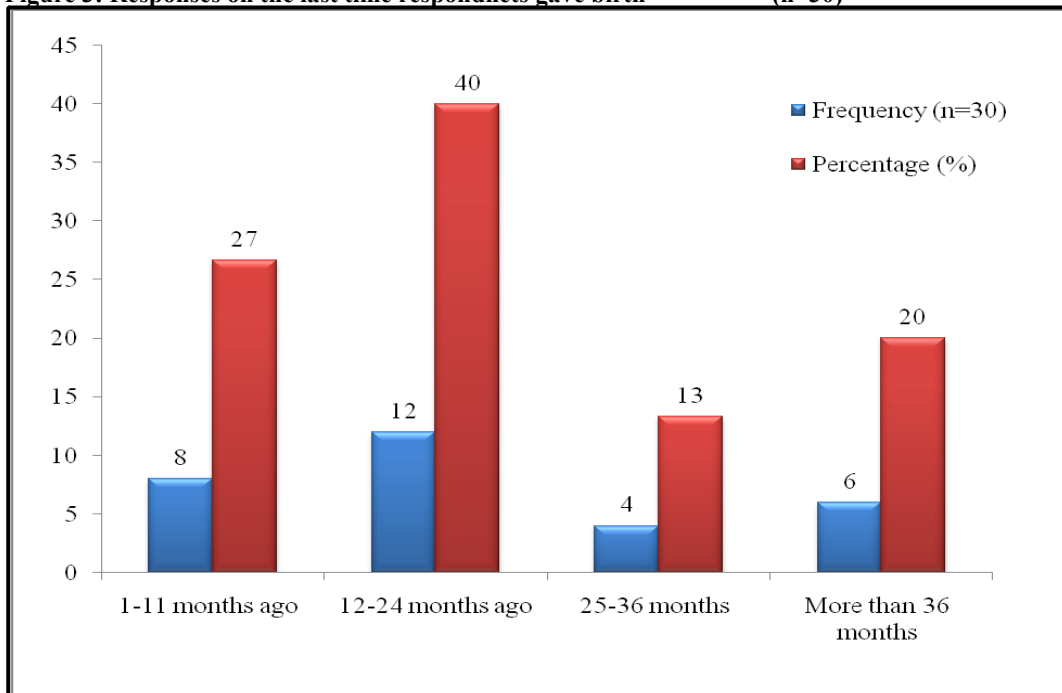


Figure 3: Responses on the last time respondents gave birth (n=30)



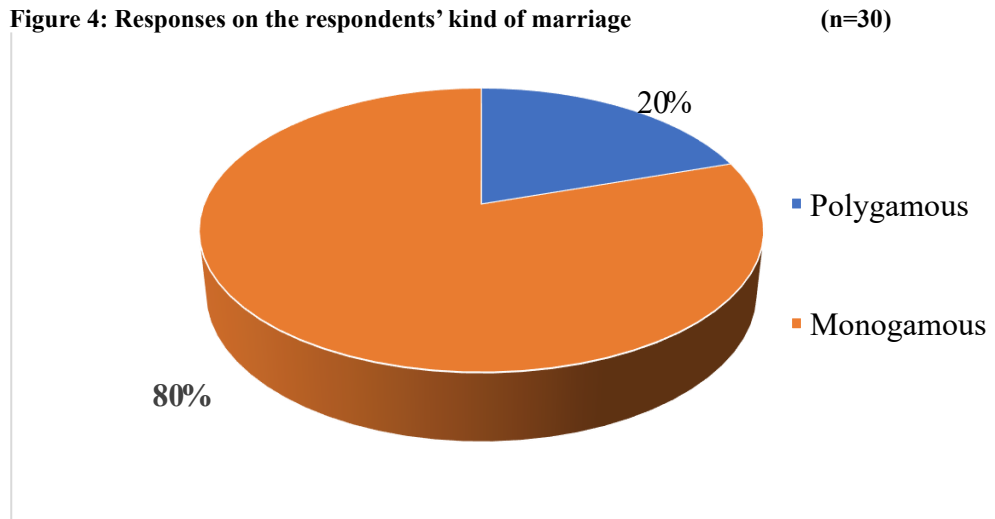


Table 4: Responses on decisions makers and ever abused due to family planning n= 30

Decision makers on the kind of contraceptive	Frequency	Percentage (%)
Family	6	20
Husband	21	70
Others specify (friends)	3	10
Ever been abused due to contraceptive utilization		
Yes	26	87
No	4	13
Total	30	100

Figure 4 shows that, the respondents were asked the kind of marriage they were engaged and majority 24(80%) said monogamy.

Figure 4 still shows that, the minority 6(20%) of the respondents mentioned that they were engaged in polygamous marriage.

Table 4 indicates that, the respondents were asked who always made the decision on the type of contraceptive to use and, majority 21(70%) said husbands.

The minority 3(10%) mentioned that their friends always made decisions on the type of contraceptives to use.

In addition, the respondents were asked whether they were at one time been abused by a family member for using contraceptives and, majority 26(87%) of them said yes.

The minority 4(13%) of the respondents said they were not abused because of using contraceptives.

Individual factors influencing utilization of modern contraceptives

Table 5 indicates that, the respondents were asked whether they had heard about contraceptives and all 30(100%) of them said yes.

Table 5 still shows that, when the respondents were asked how they got to know about contraceptives, most 12(40%) mentioned health facility. The minority 4(13%) said that they got to know about contraceptives from their friends.

Table 6 depicts that, when the respondents were asked the kinds of contraceptives that they knew, more than half 17(57%) of them mentioned pills.

Furthermore, minority 1(3%) of them also said condoms and safe days as the kind of contraceptives they knew.

Table 7 above indicates that, respondents were asked whether they use contraceptives and majority 22(73%) said yes. Furthermore, minority 8(27%) of the respondents mentioned no to the question about use of contraceptives.

Still table 7 showed that among the 22 who said when asked which contraceptives they were using, majority 15(68%) mentioned pills followed by 6(27%) who were using IUD and the minority 1(5%) were using safe days.

Furthermore shows that 10(33.3%) of the respondents mentioned that contraceptive methods were preferred because they were affordable and 10(33.3%) were effective while 3 (10%) said they were accessible and the minority 2(6.7%) said they preferred the contraceptives because of few side effects.

Table 5: Whether respondents ever heard about contraceptives and the sources
n= 30

Have you ever heard about contraceptives?	Frequency	Percentage (%)
Yes	30	100
No	0	0
How did you get to know about contraceptives?	Frequency	Percentage (%)
Media	8	27
Health facility	12	40
Parents	6	20
Friends	4	13
Total	30	100

Page | 7

Table 6: Respondents' responses on the kind of contraceptives that are known n= 30

What kinds of contraceptives do you know?	Frequency	Percentage (%)
Condoms	1	3
Pills	17	57
Injectables	6	20
IUD	5	17
Safe days	1	3
Withdraw	0	0
Total	30	100

Table 7: Respondents on whether they use contraceptives and the typed used n= 30

Do you use contraceptives?	Frequency	Percentage (%)
Yes	22	73
No	8	27
Total	30	100
If yes, which contraceptive do you use?		
Condoms	3	14
Pills	15	68
Injectables	5	23
IUD	6	27
Safe days	1	5
Withdraw	0	0
Total	30	100
The method above is preferred because it is:	Frequency	Percentage (%)
Affordable	10	33.3
Effective	10	33.3
Easy to use	5	16.7
Fewer side effects	2	6.7
Accessible	3	10
Total	30	100

Figure 5: Responses on where the contraceptives were obtained (n=30)

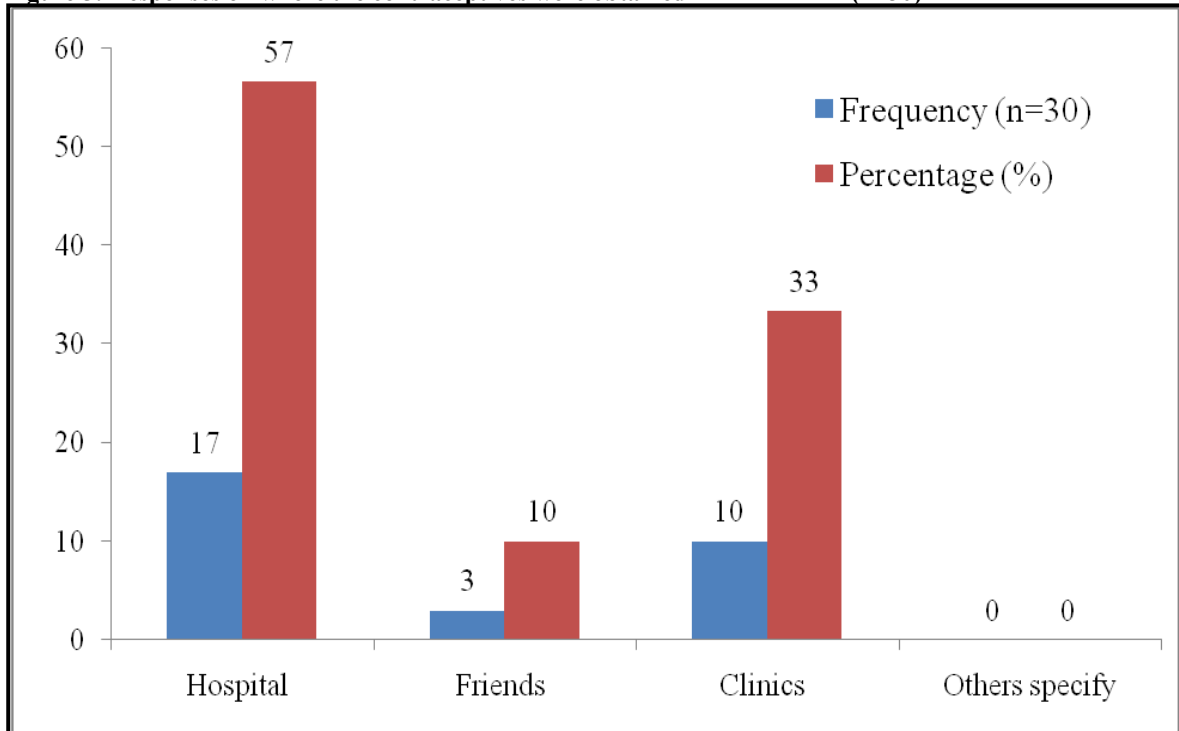


Figure 6: Whether respondents had free access to government contraceptives (n=30)

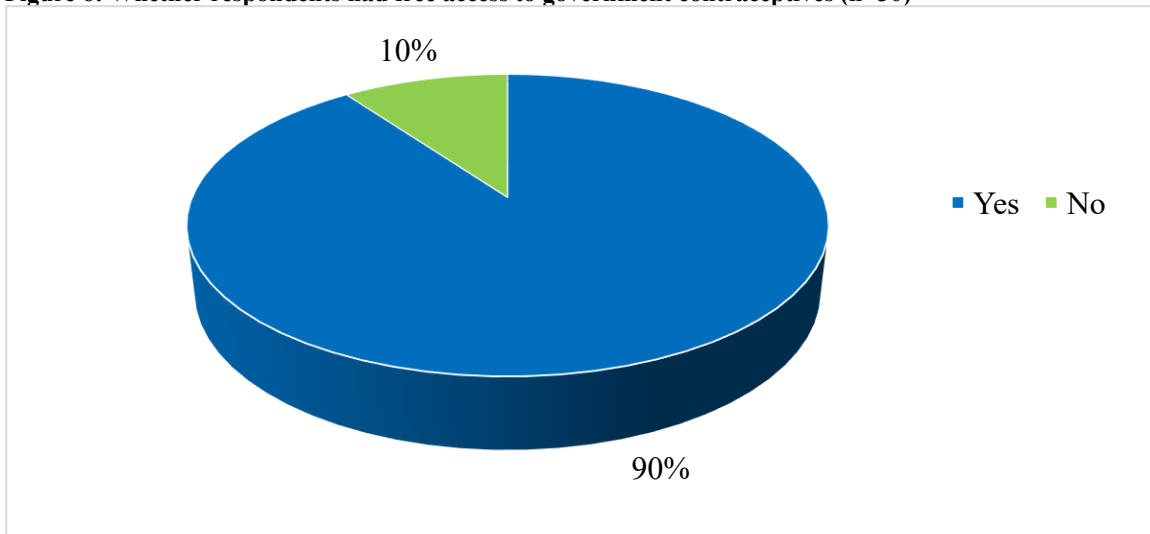


Figure 5 indicates that, when the respondents were asked where they obtained their contraceptives, more than half 17(57%) of them mentioned hospital. In addition, 10(33%) said they obtained from the clinics and the minority 3(10%) got from friends.

Figure 6 shows that majority 27(90%) of the respondents said yes, they had access to government contraceptives while 3(10%) mentioned no.

Figure 7 indicated that, the respondents were asked whether they thought it was important to use contraceptives and majority 26(87%) of them mentioned yes. However, the minority 4(13%) of the respondents said it was not important to use contraceptives.

Figure 8 shows that, the respondents were asked who decides whether or not to use contraceptives and more than half, 17(57%) said husbands. In addition, the minority 3(10%) said that it was both parties who decide whether or not to use contraceptives.

Figure 7: Respondents attitude towards use of contraceptives (n=30)

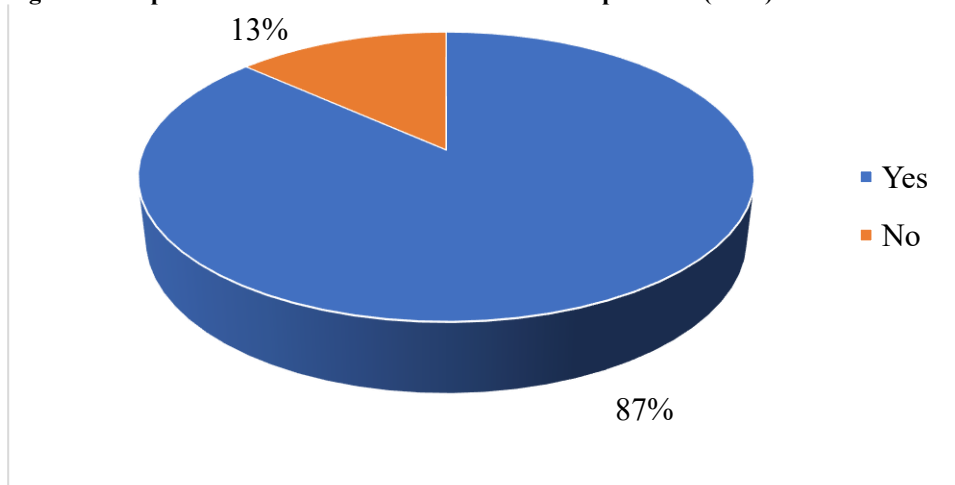


Figure 8: Who was responsible to decide whether or not to use contraceptives (n=30)

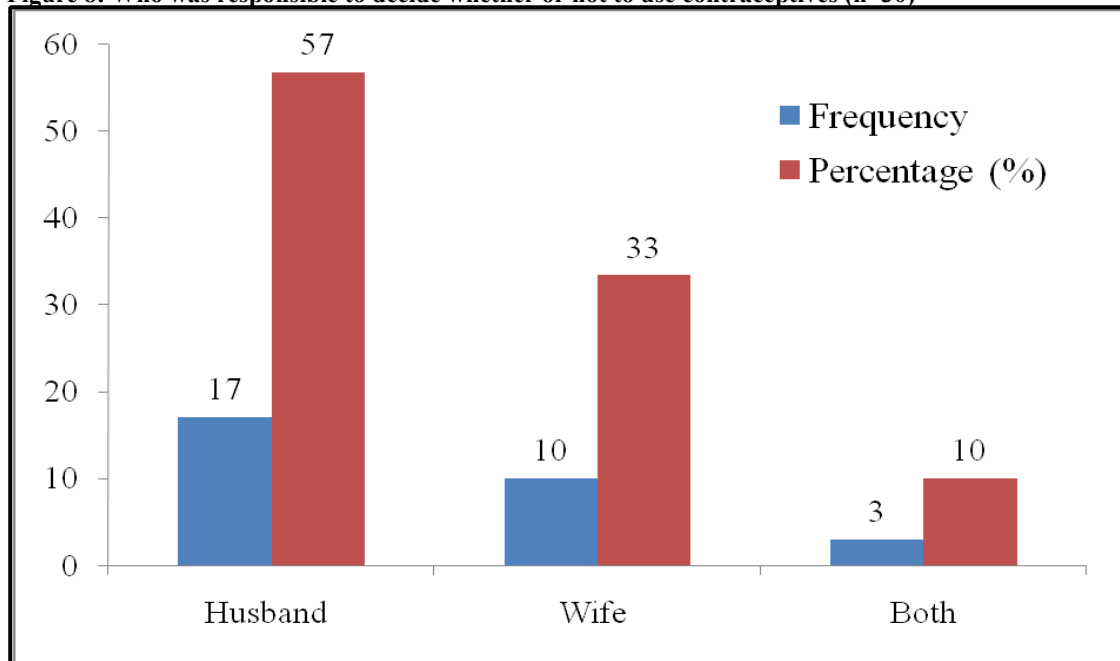


Table 8: Discussions about contraceptives use with friends and their opinions n=30

Do you discuss about contraceptives with peers?	Frequency (n=30)	Percentage (%)
Yes	28	93
No	2	7
Total	30	30
Their opinions about using contraceptives?	(n=28)	
Encouraging	21	75
Discouraging	7	25
Total	28	100

Note: The number of respondents changed from 30 to 28 because some respondents avoided to provide their opinions of the questions being administered to them.

Table 8 showed that, the respondents were asked whether they discussed about contraceptive use with peers and majority 28(93%) of them said yes. However, the minority 2(7%) of them said no to the statement.

Still table 8 showed that among the 28 who said yes when asked about their opinions on using contraceptives, majority 21(75%) said they were encouraging while the minority, 7(25%) mentioned that they were discouraging.

Health facility factors influencing utilization of modern contraceptives

Figure 9 showed that, the respondents were asked whether family services were always available at the facility whenever they wanted to utilize them and majority 25(83%) said yes while the minority 5(17%) said no.

Table 9 indicated that, the respondents were asked that when accessing family planning services, how long it takes to be served and majority 18(60%) of them mentioned 1 hour, 7(23%) said less than 30 minutes and the minority 2(7%) said more than 5 hours.

Figure 10 indicated that, the respondents were asked whether they have ever been yelled at or shouted at when accessing family planning services from the health facility and majority 26(87%) said no to the statement.

Figure 10 showed that, the respondents were asked how they felt about health workers providing family planning services and majority 20(67%) mentioned that, they were welcoming and polite.

Table 10 still showed that the minority 1(3%) of the respondents said they were abusive to pregnant mothers.

Figure 9: Whether family planning services are always available in the facility (n=30)

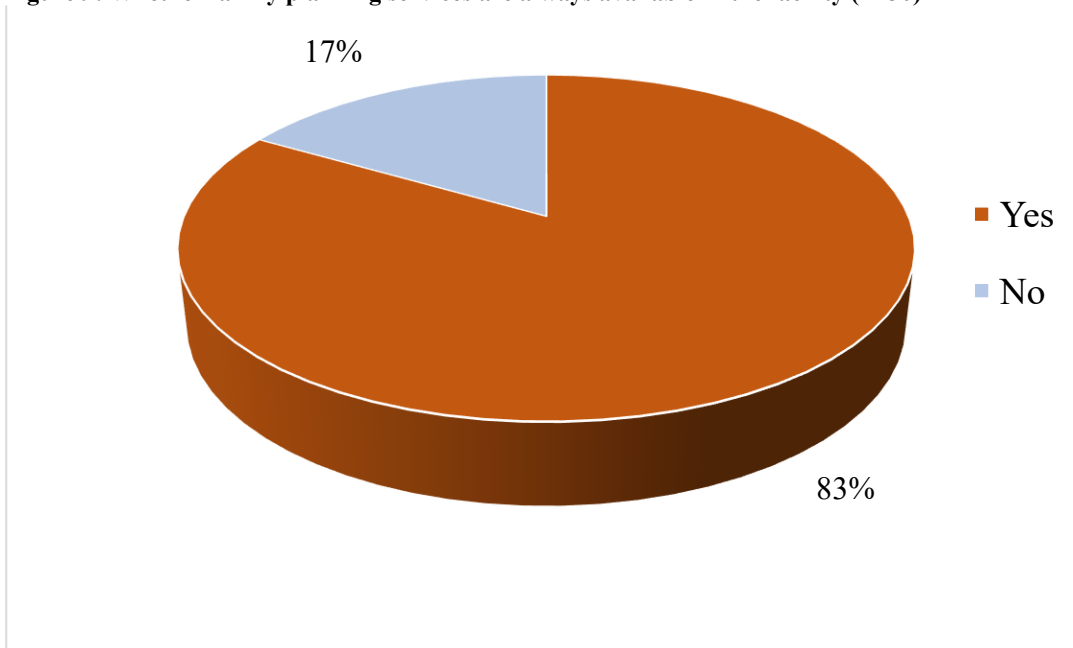


Table 9: Shows responses on the time taken to be served at the facility n=30

How long does it take to be served	Frequency	Percentage (%)
Less than 30 minutes	7	23
2-5 hours	3	10
1 hour	18	60
More than 5 hours	2	7
Total	30	100

Figure 10: Respondents were yelled or shouted at the facility (n=30)

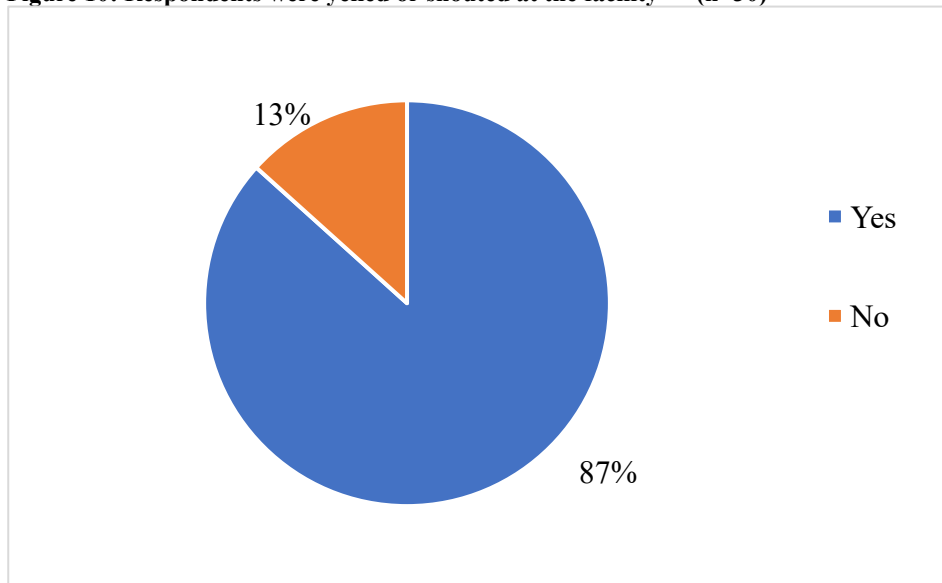


Table 10: Respondents' responses on attitude of health worker n=30

Responses	Frequency (n=30)	Percentage (%)
They are welcoming and polite	20	67
They are abusive to pregnant mothers	1	3
They take long to work on mothers	9	30
Total	30	100

Table 11: Ever been advised to initiate family planning and Kajjansi HCIV provides privacy n=30

Ever been advised to initiate family planning services	Frequency (n=30)	Percentage (%)
Yes	24	80
No	6	20
Total	30	100
Kajjansi HCIV provide privacy during family planning services	Frequency (n=30)	Percentage (%)
Yes	28	93
No	2	7
Total	30	100

Table 11 showed that, the respondents were asked whether they have ever been advised to initiate family planning services by health workers and the majority 24(80%) said yes while the minority 6(20%) said no.

Still, table 11 indicated that when the respondents were asked whether the setting of Kajjansi Health Centre IV provides privacy during family planning services, the majority 28(93%) said yes while the minority 2(7%) said no to the question.

DISCUSSION

Demographic factors influencing the utilization of modern contraceptives

According to the findings of this study, it was discovered that the majority 18(60%) of the respondents were in the age bracket of 26-33 years. This implied that the age bracket of 26-33 years was more influenced by the utilization of modern contraceptives and this could be attributed to the fact they were still energetic to seek these services. These findings are in line with the study conducted by Celik (2017) which was done on accessibility to contraceptives in Uganda and revealed that women who are the reproductive age of 26-35 years do use contraceptives more compared to other age groups.

On the other side, the minority 2(7%) were more than 42 years which implies that some married women were above the age of 42 years but still heard knowledge and experience concerning the usage of modern contraceptives which are applied as birth control strategies. This is in agreement with the study of Apanga & Adam (2017) which established age to be a critical factor in the utilization of family planning services including modern contraceptives in Ghana with a bigger percentage of women between 18 – 45yrs.

It was also discovered that more than half 16(53%) of the respondents were Protestants and this implied that the Protestant religion was more influential in the utilization of modern contraceptive methods, unlike the Catholic religion among others. This could be attributed to the fact that the Catholic religion prohibits its followers from using modern family planning methods but only natural methods. These findings were in line with the arguments of Andi et al., (2018) who established the factor of religion to be critical in the utilization of modern contraceptives based on religious beliefs which was also considered important in this study.

However, 47% of the respondents who were the minority belonged to other religions that is to say the Catholics and the Moslems with 27% and 13% respectively without leaving the Pentecostal(s). The study revealed that all respondents belonged to a given religious group which confirms that they had a religion which is in agreement with Rutaremwa et al., (2015) who proclaim that belongingness to a religion creates a sense of possessing values and applied ethics in life from the religious perspective.

The study revealed that the majority of the respondents 16(53%) were Baganda and this implies that Baganda dominated the study and was more involved in the utilization of modern contraceptives. This was attributed to the fact that the study was conducted in Kajjansi Health Centre IV which is found in Buganda “Central Region and the dominant tribe is Baganda. These findings were in line with the arguments of Patrick et al., (2015) who contended that cultures in Africa influence the understanding and the level of utilization of modern contraceptives within different communities. The minority of the respondents belonged to other tribes that participated in the study which include the Bakiga (27%), Munyankole (17%), and Basoga (3%) whereby the researcher was able to consider views of all respondents without any form of bias towards any given tribal group as expressed in the study findings.

According to the findings of the study, majority of the respondents 50% of the respondents had attained secondary education. This implied that married women with secondary education dominated the study and sought for modern contraceptives than their counterparts and this was attributed to the government’s effort to provide universal primary and secondary education that has boosted the education levels in the country. Therefore, higher education level of secondary and tertiary/university was one of the demographic factors

that influenced the utilization of modern contraceptives among married women. From the same study, findings expressed that the minority 5(17%) attained a primary education level which also affirms that at least all respondents had attained a recognizable level of education making them capable of understanding the questions administered to them. These findings were in line with the arguments of Nsubuga et al., (2018) who proclaimed that one’s knowledge and education levels determine much of the utilization of contraceptives.

The study discovered that the majority of the respondents 18(60%) mentioned business as their current source of income. This means, that married women doing business dominated the study and sought modern contraceptives in bigger numbers than their counterparts which was attributed to their abilities to facilitate transport and related expenses. Thus, the occupational status of business-related was influential in the utilization of modern contraceptives. The study results revealed that a minority of the respondents 4(13%) said that their current source of income was farming which is also another important economic activity that supports livelihood in Uganda. This implies that all respondents were capable of working and could afford modern contraceptives and their services from different health facilities which was also highlighted in the study of Bogale et al., (2020) who proclaim that accessibility to modern contraceptives is greatly determined by the ability to purchase or access the modern contraceptives.

This study further revealed that the majority of the respondents 26(87%) said they had children in among the 26 respondents who said they had children, more than half 15(58%) had 4 children. Since modern contraceptives are applied to control childbirth among women and men of reproductive age, it was revealed that the majority of the respondents had children and hence the intention of utilizing modern contraceptives is to regulate birthrates. This is supported by the arguments of Afolabi et al., (2018) who established that modern

contraceptives are effective in child spacing and birth control rates.

It was also observed that the majority 28(93%) of the respondents were living in urban settings which implies that married women who sought modern contraceptive services in Kajjansi HCIV were from urban settings thus; urban settings influenced utilization of rates than rural. However, this was attributed to the fact that the study was conducted in an urban setting thus; those in urban settings found it easier to reach the facility than their counterparts. Findings presented in the study revealed that a minority of the respondents 2(7%) were in rural areas which implies that the majority of the respondents were living in areas where they could easily access modern contraceptives which is in agreement with the arguments of Coetzee et al., (2017) who noted that women in urban areas are able to access modern contraceptives easily compared to those living in the urban setup.

Individual factors influencing the utilization of modern contraceptives

This study also revealed that the respondents were asked the last time they gave birth and most 12(40%) said 12-24 months ago. This implied that most of the married women using modern contraceptives were those who had spent roughly 1-2 years after childbirth and this could be attributed to health talks that have been conducted around the community in the last 1-2 years by the community health workers. These findings were in line with the arguments of Brown et al., (2019) who proclaim that modern contraceptives are used to control birth rates among women in Uganda. From the study findings, it was revealed that a minority of the respondents 4(13%) mentioned that they last gave birth in 25-36 months which affirms that these respondents had taken a long period of time to give birth and this is attributed to the level of utilization of the modern contraceptives as affirmed by the study of Ochako (2019) who proclaims that mothers who access modern contraceptives to space their children and control their childbirth rate.

The study findings revealed that the majority of the respondents 24(80%) were having a monogamous marriage where they had one partner in their relationships which implies they could easily agree with their partners on how they should handle the matter of utilizing modern contraceptives. These findings are in line with the arguments of Nalwadda et al., (2017) who contend that marriages with a single partner were found to agree easily about matters concerning the usage of modern contraceptives. From the study, it was revealed that a minority of the respondents 6(20%) mentioned that they were engaged in polygamous marriage which involves many partners. This implies that a greater percentage of the respondents were from monogamous marriages where they were able to sit with their partners and agree about the utilization of modern contraceptives.

The study also revealed that when the respondents were asked who always made the decision on the type of contraceptive to use, the majority 21(70%) said husbands. This implied that husbands continue holding the right to family planning issues depriving women of their right though to some extent has influenced the seeking and utilization rates. This could be attributed to the social perception that men are the final decision-makers at home but his social perspective has contributed to domestic abuse against women who have always used contraceptives without the consent of their husbands. These findings were in line with the arguments of Paul et al., (2017) who contend that the men predetermine the decision of whether their wives can or can't use the modern contraceptives in their families. The study findings revealed that the minority 3(10%) mentioned that their friends always made decisions on the type of contraceptives to use which implies that some people simply take advice from their friends to use contraceptives in their lives. This is in line with the arguments of Bogale et al., (2020) who contend that decision-making among marriage partners is influenced by who has more authority over the matters at the home.

According to the findings, the respondents were asked whether they had heard about contraceptives and all 30(100%) of them said yes. In addition, when the respondents were asked how they got to know about contraceptives, most 12(40%) mentioned health facilities. The minority 4(13%) said that they got to know about contraceptives from their friends. This implied that all the married women were aware of modern contraceptives and their major source of information about modern contraceptives was the health facility and the most known contraceptive was pills. Thus, individual knowledge about contraceptives was one of the factors that influenced the utilization of modern contraceptives in Kajjansi Health Centre IV, Wakiso District. These findings were in line with the arguments of Celik (2017) who contends that modern contraceptives are mainly provided and promoted for utilization among married couples that are believed to have great importance to them.

The findings revealed that when respondents were asked whether they used contraceptives, the majority 22(73%) said yes and this implied that, the majority of the married women who participated in the study were using modern contraceptives with the majority 15(68%) of them using pills followed by 6(27%) who were using IUD and the minority 1(5%) were using safe days. This was attributed to the fact that contraceptive methods were preferred because they were affordable and effective.

The findings of the study revealed that when respondents were asked whether they use contraceptives as majority of the respondents 22(73%) said yes. Furthermore, a minority 8(27%) of the respondents mentioned no to the question about the use of contraceptives. These findings were in line with the study conducted by Coetzee et al., (2017) who argue that women use modern contraceptives as they intend to control pregnancies they have not planned for or are willing to have within a given period of time.

Furthermore, findings revealed that 10(33.3%) of the respondents mentioned that contraceptive methods were preferred because they were affordable and 10(33.3%) were effective while 3 (10%) said they were accessible and the minority 2(6.7%) said they preferred the contraceptives because of few side effects. This implies that contraceptives are attained at affordable rates by women which is very important in attaining family planning services in different communities where they reside. Findings were in line with the arguments of Coetzee et al., (2017) who contend that the affordability of contraceptives matters a lot to the level of access the family planning services in different communities in rural areas.

These findings were in line with the study conducted by Coetzee et al., (2017) who argue that women use modern

contraceptives as they intend to control pregnancies they have not planned for or are willing to have within a given period of time.

From the findings of the study, the majority of the respondents 17(57%) mentioned that they had attained their contraceptives, and more than half 17(57%) of them mentioned hospital. In addition, 10(33%) said they obtained from the clinics, and the minority 3(10%) got from friends. This implied that individual accessibility to the health facility influenced the utilization of modern contraceptives because it was easier for the service users to get the contraceptives for free from the facility rather than buying. These were in line with the arguments of Brown et al., (2019) who proclaimed that accessing modern contraceptives was a serious matter on how women are able to utilize them in the developing countries which were considered in their study.

Findings revealed that the majority of the respondents 26(87%) were using contraceptives and the minority of the respondents comprising 4(13%) were not using modern contraceptives. This assures the researcher that the majority of the respondents had individually used modern contraceptives hence they were able to personally testify to their experience regarding how they can to used and what happened during and after using them. This implied that the majority of the married women seeking modern contraceptives possessed positive attitudes towards the utilization of modern contraceptives and this could be attributed to their education levels. Thus, individual positive attitude was one of the individual-related factors influencing the use of modern contraceptives. However, the minority 4(13%) of the respondents said it was not important to use contraceptives. This implied that despite the majority of the married women possessing positive attitudes as seen in the above paragraph, there were still some women who possessed negative attitudes towards the use of modern contraceptives and this could be attributed to their religions such as Islamic and Catholic who are against the use of modern contraceptives.

It was also discovered that, when the respondents were asked whether they discussed contraceptive use with peers and majority 28(93%) said yes and the less percentage that comprised the minority 2(7%) of them said no to the statement. This implied that a discussion with peers was one of the factors that were influencing the utilization of modern contraceptives. This was attributed to positive experiences related to modern contraceptives realized or felt by peers in the course of using these contraceptives thus; making them encourage others to use contraceptives. These findings are in line with the arguments of Nalwadda et al., (2017) who found that peer recommendation was used as a strong promotion and sensitization tool among women in both rural and urban areas in different parts of Uganda where women used to recommend their friend's different methods based on their previous experiences.

However, despite the majority 75% of the peers' opinions being encouraging on the utilization of modern

contraceptives due to the positive experiences realized in the course of using contraceptives, still (25%) were discouraging the utilization of modern contraceptives and this could be attributed to some side-effects realized during the use of contraceptives. These findings establish that many women were encouraged by peers or friends to seek modern contraceptives which is also supported by Rutaremwa et al., (2015) who established that many women recommend others for modern contraceptives and they believe in that information more than any source as they tend to consider what their colleagues tell them to be true.

Health facility factors influencing utilization of modern contraceptives

The study revealed that when the respondents were asked whether family planning services were always available at the facility whenever they wanted to utilize them, the majority 25(83%) said yes. This implies that there was availability of family planning services at the health facility and this makes it easy for the people in need of modern contraceptives to seek for the modern contraceptives which are availed to them. However, still, the minority 5(17%) said family planning services were always not available at the facility whenever they wanted to utilize them. This implied that there were some respondents who still experienced unavailability of the family planning services in the health facility thus; creating negative feelings towards the seeking behaviors of women. These findings were in line with the arguments of Ochako et al., (2019) who proclaimed that facilities with reliable supplies of modern contraceptives have a higher number of clients who seek them compared to those with shortages.

From the study findings, the respondents were asked when accessing family planning services, how long it took to be served and the majority 18(60%) of them mentioned 1 hour, 7(23%) said less than 30 minutes, and the minority 2(7%) said more than 5 hours. This implied that there was much waiting time in the health facility that sometimes created negative feelings among service users thus; negatively influencing the utilization of modern family planning services. These findings were in line with the arguments of Patrick et al., (2015) who noted that unnecessary delays at the medical facilities for services concerning modern contraceptives make the clients who give up for such services due to prolonged waiting for these services.

According to the study findings, when the respondents were asked whether they had ever been yelled at or shouted at when accessing family planning services from the health facility and majority 26(87%) said no to the statement. This implied that health workers or service providers of family planning services were positive about their service use and this was one of the factors that motivated the married women to seek and use modern contraceptive services. These findings are in line with the arguments of Nsubuga (2018) who contended that the attitude and approach expressed by the health workers at the medical facilities create a conducive environment that

makes them trust and feel comfortable with the services they attain while the reverse is true with unusual behaviors and conduct.

Furthermore, the study revealed that the respondents were asked whether they have ever been advised to initiate family planning services by health workers and the majority 24(80%) said yes while the minority 6(20%) said no. This implies that there was a sensitization session from the health workers to women regarding initiation of family planning and this motivated the married women to seek and use modern contraceptive methods.

In addition, when the respondents were asked whether the setting of Kajjansi Health Centre IV provides privacy during family planning services, the majority 28(93%) said yes while the minority 2(7%) said no to the question. This implied that the provision of privacy in the health facility was one of the health facility-related factors that influenced the utilization of modern family planning services. These findings were in line with the arguments of Rutaremwa et al., (2015) who established that medical services deserve utmost privacy and acts of integrity without disclosing the patient's information whereby the patients must be protected and letting their information leak to the public discourage them to acquire medical services from such facilities.

Conclusion

The factors influencing the utilization of modern family planning services were tertiary education level, having the desired number of children, and living in urban settings, good access to government contraceptives, positive attitude towards modern contraceptives, availability of contraceptives, and friendly service providers.

Recommendations

This study recommends that health workers in Kajjansi Health Centre IV and other stakeholders in Wakiso District should come up with strategies to encourage women under thirty-four years old and above, Muslims, Catholics, and those with low education levels about the benefits of using modern family contraceptive methods and encourages the use so as to increase the prevalence.

There was also a need to improve on the time taken while waiting for the service users to be served because longer waiting times like 1 hour or more negatively affect the service user's mood.

Based on the findings of this study, to enhance modern contraceptive use by married women of reproductive age in a study population it is recommended that education about the importance of having smaller families should be intensified in communities. Since a woman's perception of her husband's opinion about contraceptive use had a significant influence on her contraception practice, it seems that a husband's attitudes act as a

serious obstacle to a woman's contraceptive use. Therefore, policymakers responsible for national family planning programs need to target husbands by constructing a message that encourages male participation in family planning. This could be through the involvement of males in family planning programs.

Implications to Nursing Practice

There is a serious need for service providers to conduct community sensitization on the importance of modern contraceptives to the community at large so as to improve its utilization level.

Furthermore, campaigns to empower women and men such as emphasis on their education, and encouraging gender balance by changing community attitudes towards the position/status of women in a household and in a society as a whole should be strengthened. This would improve their participation in household decisions including those related to fertility and contraceptive use.

Acknowledgment

My deepest gratitude goes to God who has provided all that was needed to complete this project and the program for which it was undertaken. I give special thanks to my whole family who has been my constant source of inspiration. A special feeling of gratitude to my beloved mother Ms. Nakaweesa Zaina, whose words of encouragement and push for tenacity ring my ears. I acknowledge and give thanks to my classmates and workmates for being there for me throughout the entire nursing program. I would like to express my gratitude to all my friends whose names are not mentioned here, who always taught me how to be patient, responsible, and hardworking. I appreciate my Supervisor, Mr. Kakande Nelson whose contribution and constructive criticism have pushed me to expand the kind of effort I have exerted to make this work as original as it can be. My appreciation goes to the married women seeking healthcare services at Kajjansi Health Center IV who were my respondents for their input in this study and the administration of Kajjansi Health Center IV for giving me permission which made the data collection process a success.

List of abbreviations and acronyms.

FP: Family planning

IUD: Intra-uterine Device

UDHS: Uganda Demographic and Health Survey

Source of funding

The study was not funded.

Conflict of interest

The author did not declare any conflict of interest.

Author biography

Sheillah Nankya is a Diploma in Midwifery student at St. Michael Lubaga Hospital Training Schools.

Nelson Kakande is a tutor at St. Michael Lubaga Hospital Training Schools

References

1. Afolabi, B. M., Ezedinachi, E., Arikpo, I., Ogunwale, A., Ganiyu, D. F., Abu, R., & Ajibade, A. (2018). Knowledge, non-use, use and source of information on contraceptive methods among women in various stages of reproductive age in rural Lagos, Southwest Nigeria. *Open Access Journal of Contraception, Volume 6*, 65. <https://doi.org/10.2147/OAJC.S80683>
2. Andi, J. R., Wamala, R., Ocaya, B., & Kabagenyi, A. (2018). Europe PMC Funders Group Modern contraceptive use among women in Uganda : An analysis of trend and patterns (1995-2011), 28(2), 1009–1021. <https://doi.org/10.11564/28-0-553.Modern>
3. Apanga, P. A., & Adam, M. A. (2017). Factors influencing the uptake of family planning services in the Talensi District, Ghana. *Pan African Medical Journal*, 20(1).
4. Bogale, B., Wondafrash, M., Tilahun, T., & Girma, E. (2020). Married women’s decision making power on modern contraceptive use in urban and rural southern Ethiopia. *BMC Public Health*, 11(1), 342. <https://doi.org/10.1186/1471-2458-11-342>
5. Brown, W., Druce, N., Bunting, J., Radloff, S., Koroma, D., Gupta, S., ... Darmstadt, G. L.
6. (2019). Developing the “120 by 20” goal for the global FP2020 initiative. *Studies in Family Planning*, 45(1), 73–84. <https://doi.org/10.1111/j.1728-4465.2014.00377.x>
7. Celik, L. D. C. (2017). Access to contraceptives in Uganda : Approachability , acceptability a , and users ’ abilities, 60(August).
8. Coetzee, M. H., Ngunyulu, R. N., Africa, S., Coetzee, M., Africa, S., & Attribution, C. (2017). Assessing the use of contraceptives by female undergraduate students in a selected higher educational institution in Gauteng Research objective, 1–7.
9. Nalwadda, G., Mirembe, F., Byamugisha, J., & Fixelid, E. (2017). Persistent high fertility in Uganda : young people recount obstacles and enabling factors to use of contraceptives.
10. Nsubuga, H., Sekandi, J. N., Sempeera, H., & Makumbi, F. E. (2018). Contraceptive use , knowledge , attitude , perceptions and sexual behavior among female University students in Uganda : a cross-sectional survey. *BMC Women’s Health*, 1–11. <https://doi.org/10.1186/s12905-016-0286-6>.
11. Ochako, R., Mbondo, M., Aloo, S., Kaimenyi, S., Thompson, R., Temmerman, M., & Kays, M. (2019). Barriers to modern contraceptive methods uptake among young women in Kenya: A qualitative study *Global Health. BMC Public Health*. <https://doi.org/10.1186/s12889-015-1483-1>
12. Ochako, R., Temmerman, M., Mbondo, M., & Askew, I. (2019). Determinants of modern contraceptive use among sexually active men in Kenya. *Reproductive Health*, 14(1), 56.
13. Patrick, I., Aziken, M. E., & Okonta, P. I. (2015.). Knowledge and Perception of Emergency Contraception among Female Nigerian Undergraduates, 84–87.
14. Paul, B., Ayo, A. S., & Ayiga, N. (2017). Rural-Urban Contraceptive Use in Uganda : Evidence from UDHS 2011 Rural-Urban Contraceptive Use in Uganda. <https://doi.org/10.1186/s12978-017-0316-3>
15. Rutaremwa, G., Kabagenyi, A., Wandera, S. O., Jhamba, T., Akiror, E., & Nviiri, H. L. (2015). Predictors of modern contraceptive use during the postpartum period among women in Uganda: a population-based cross sectional study. *BMC Public Health*, 15(1), 262. <https://doi.org/10.1186/s12889-015-1611-y>
16. Uganda Bureau of Statistics Kampala, U. (2017). *Uganda Demographic and Health Survey Key Indicators Report*.
17. Uganda Bureau of Statistics. (2016). *Uganda Demographic and Health Survey 2016*. 1–60.

PUBLISHER DETAILS

SJC PUBLISHERS COMPANY LIMITED



Page | 17

Category: Non Government & Non profit Organisation

Contact: +256 775 434 261 (WhatsApp)

Email: info@sjpublisher.org or studentsjournal2020@gmail.com

Website: <https://sjpublisher.org>

Location: Scholar's Summit Nakigalala, P. O. Box 701432, Entebbe Uganda, East Africa