

**FACTORS CONTRIBUTING TO UNDERUTILISATION OF ARTIFICIAL  
CONTRACEPTIVE METHODS AMONG FEMALE NURSING  
STUDENTS OF KAMPALA INTERNATIONAL  
UNIVERSITY**

**BY**

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**A RESEARCH REPORT SUBMITTED TO THE FACULTY OF NURSING IN A  
PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE  
AWARD OF A DEGREE IN NURSING SCIENCE AT  
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## DECLARATION

I **Nawana Miria**, a student nurse. I hereby declare that this research report entitled “factors contributing to underutilization of artificial contraceptive methods among female nursing students of Kampala International University” is original and has never been submitted to any institution of higher learning or university for award of degree or other purpose. Appropriate referencing has been made where citation of other people’s work has been done.

Signature

Date

.....

.....

**Nawana Miria**

**APPROVAL**

This is to confirm that this research report entitled “factors contributing to underutilization of artificial contraceptive methods among female nursing students of Kampala International University” has been written under my supervision and is now ready for submission to the research committee at Kampala International University western campus with my approval.

Signed

Date

.....

.....

Supervisor

**Mr. Nizeyimana Rogers**

**Signature.....**

**Date .....**

**Mrs. KABANYORO ANNET**

**DEAN SCHOOL OF NURSING**

## **DEDICATION**

I dedicate this work to my beloved parents, my beloved pastor Melchizedeck Okuku for the continuous prayers, my brothers and sisters.

## **ACKNOWLEDGEMENT**

I would like to thank the Almighty God for the strength and guidance through life challenges to this far especially during the academic pursuit for my undergraduate program. I thank my supervisor Mr. Nizeyimana Rogers for his guidance and enlightening instructions and suggestions right from the beginning to end of this work. Am greatly indebted to appreciate my parents for the foundation of education. Finally, my exceptional thanks go to my friends at KIU, classmates particularly Nabandeke Florence for the care and always being there for me in life challenges and to all my lecturers, God bless you always.

## **ABSTRACT**

### **Introduction**

Family planning is a basic human right for an individual / couple to exercise control over their fertility, make informed decision on the number of children they want to have. The purpose of the study was to assess the factors contributing to underutilization of artificial contraceptive methods among female nursing students of KIU Ishaka-Bushenyi.

### **Methodology.**

The study employed a descriptive cross-sectional design, a simple random sampling technique was used to get a total of 189 students who participated in the study, a self-administered questionnaire was used for data collection, data was analyzed using quantitative methodology where it was entered in analysis software, analyzed and presented using tables, frequencies, columns and pie charts using SPSS version 20.0

### **Results.**

The results showed that Majority of the respondents(65.0%) reported not having used artificial contraceptive methods and someone's age whereby majority (63.4%) of the respondents who reported not having utilized artificial contraceptives were between the age of 28 and 32 years, religion (65.0%) year of study whereby majority of the respondents (66.7%) were in first and fourth year and culture (43.4%)were among the major contributing factors to underutilization of artificial contraceptive methods also fear of side effects whereby (64.6%) of the respondents reported that fear of side effects made them not to use artificial contraceptives and having one sexual partner contributed to underutilization of artificial contraceptives.

### **Conclusion**

Majority of the respondents reported having not used artificial contraceptive methods and someone's age, religion year of study and culture were among the major contributing factors to underutilization of artificial contraceptive methods also fear of side effects and having one sexual partner contributed to underutilization of artificial contraceptives.

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## **LIST OF ABBREVIATIONS/ ACRONMS**

<b>%</b>	Percentage
<b>ACR</b>	Average Contraceptive Rate
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>COC</b>	Combined Oral Contraceptives
<b>HIV</b>	Human Immunodeficiency Virus
<b>IUD</b>	Intra Uterine Device
<b>IUS</b>	Intra Uterine System
<b>KIU</b>	Kampala International University
<b>MOH</b>	Ministry Of Health
<b>SDG</b>	Sustainable development goal
<b>STIs</b>	Sexually Transmitted Infections
<b>UBOS</b>	Uganda Bureau Of Statistics
<b>UDHS</b>	Uganda Demographic Health Survey
<b>UNFPA</b>	United Nation’s Family Planning Agency
<b>WHO</b>	World Health Organization

## OPERATIONAL DEFINITIONS

- Family planning:** Is a basic human right for an individual / couple to exercise control over their fertility, make informed decision on the number of children they want to have, when to have the first and last pregnancy and the space between pregnancies
- Contraception:** Is the deliberate use of artificial methods or other techniques to prevent pregnancy as a consequence of sexual intercourse.
- Pregnancy:** It is a state in which a woman carries a fertilized egg in her body.
- Mortality Rate:** It is also called death rate and is the number of deaths in a particular population at a given period of time
- Morbidity:** Related disease cases

## **CHAPTER ONE**

### **1.0 Introduction**

This chapter consists of information on the background, problem statement, study objectives, research questions, significance of the study and the conceptual frame work.

### **1.1 Background**

Family planning means the preventing of unwanted pregnancies by safe methods, (WHO, 2015).

Family planning is a basic human right for an individual / couple to exercise control over their fertility, make informed decision on the number of children they want to have,(WHO, 2015).

The following are the common artificial contraceptive methods available for females; Combined oral contraceptive pills, the progesterone only preparation, both pills and injectable, Intrauterine device (IUD), two types copper intrauterine and hormone releasing intrauterine system (IUS) and Barrier methods like female condoms, (WHO, 2015).

It can prevent unwanted pregnancies and unsafe abortions, some contraceptive methods like condom usage can protect individuals from STIs including HIV/AIDs. Family planning has also been found to promote gender equality as well as promote educational and economic empowerment for women. Family planning Services help to reduce on the population growth, (Ministry of Health Uganda, 2015).

Similarly, women who use contraceptives tend to have better quality of life, higher social status and greater autonomy, (Nsubuga, H., 2015). This association has been highlighted in a study in Nigeria which emphasized that contraceptive use has the power to reduce fertility considerably and ultimately to improve maternal health, (Osemwenkha, 2014).

Throughout the world, female adolescents are exposed to the risk of unplanned pregnancies as a result of ineffective or non-use of contraceptives. This may result in failure to complete their education, inability to maintain gainful employment and making independent marital decisions, (Maja, & Ehlers, 2014:14).

Young females joining universities often become sexually active partly due to peer pressure, alcohol consumption / as a result of perceived sense of being in control of their social lives, (Nsubuga, H., 2015).

In research studies conducted worldwide amongst university students, several factors were identified as contributing to the non-utilization of contraceptive methods. These were amongst others, lack of knowledge and awareness, age, culture, ethnicity, religion, poor access to contraceptive services, peer pressure, source of information, alcohol and other substance abuse and lack of partner support (Ahmed, et al, 2012, Golbasi, Tugut & Erenel, 2012). Information on contraceptive use is not easily available to young students due to social stigma of using contraception before marriage, and hence they may fear disclosing their sexual activity, (Nsubuga, H., 2015)

Among sexually active university female students, the following proportions of lack or contraception non-use were found in different countries, these were: 26% in Botswana. (Hoques M.E., 2013), 48.7% in china had not taken contraceptive measures during the first episode of sexual intercourse, (Zhou, Y.Z., et al, 2014), 66% in Nigeria, (Abiodun, O., M., & Balogun, O.R., 2013), 19% in south Africa had not used contraceptives at the last sexual encounter (Hoque, M., Ghumans, 2012) and in Uganda 19% did not use contraception in their last sexual encounter (Mehra D., et al, 2014).

In Addis Ababa University in Ethiopia, 90% of the ever pregnant students terminated their pregnancies with induced abortion, (Tolossa, E., Meshesha, B., & Alemu, Bajobir, 2013).

An estimation of a third of women who give birth in developing countries are below age of 20 which exposes them to greater risks of illnesses and death related to maternal cases, (WHO, 2016).

In Uganda adolescent fertility rates are among the highest in the world, indicative of early sexual indulgence in absence of contraceptive use. The incidence of unwanted pregnancies among female adolescents is high and this approximates to 1.2 million women have unintended pregnancies and 26% end into abortions, additionally contraceptive use in Uganda averts approximately 490,000 unintended pregnancies, (Unintended pregnancy/Guttmanmacher institute, 2017).

In Uganda, artificial contraceptive methods are provided freely to every non pregnant woman of reproductive age depending on WHO eligibility criteria for every method after counseling them. Although some successes have been obtained in the areas of awareness of artificial contraceptive services in the country, the unmet need for artificial contraception still remains high that is 3 in 10 women who want to use artificial contraceptive methods are not using, (MOH, 2015).

There is great need to address issues that hinder young people from using contraception, (Kabagenyi A., Habaasa G and Rutaremwa G, 2016).

Since little research has been found about the factors contributing to underutilization of artificial contraceptive methods among nursing students, the researcher was convicted to conduct this study at Kampala International University in Ishaka-Bushenyi.



### **1.3 Problem Statement**

Globally, use of artificial contraception has risen slightly from 54% in 1990 to 57.4% in 2015, (WHO, 2016). Artificial contraceptive methods are public health concern in developing countries yet contraceptive use has increased in many parts of the world, especially in Asia and Latin America but continues to be low in sub-Saharan Africa, (WHO, 2016).

In Africa, 24.2% women of reproductive age have an unmet need for contraception. In addition to that, only 40% of African women use artificial contraceptive methods, (UN, 2015).

In Uganda the limited use of contraceptives has led to the high incidence of unwanted pregnancies among female adolescents which approximates to 1.2 million women having unintended pregnancies and 26% end into abortions, (Guttmanmacher institute, 2017). It also leads to high maternal and infant mortality rate, and increased spread of sexually transmitted diseases and increased number of school dropouts, (WHO, 2017),

The contraceptive use prevalence rate of Uganda is 26%, (UDHS, 2016). The unmet need for artificial contraceptives was 25% as per a study done among 33 university students of Uganda. (Mayega, R.W., 2013).

In Ankole region where Bushenyi district is located, the unmet need for artificial contraception is 23.0%, (UDHS, 2016).

At KIU, an estimate 10% of unmarried female nursing students become pregnant each year according to school of nursing records. This indicates underutilization of artificial contraceptive methods. Since the factors to this underutilization are not known, the researcher would like to conduct a study about factors contributing to underutilization of artificial contraceptive methods among KIU nursing students.

## **1.4 Study Objectives.**

### **1.4.1 Broad Objective.**

To assess the factors contributing to underutilization of artificial contraceptive methods among female nursing students at Kampala International University.

### **1.4.2 Specific Objectives**

- To assess the socio-demographic factors contributing to underutilization of artificial contraceptive methods among female student nurses at Kampala International University.
- To assess the behavioral factors contributing to underutilization of artificial contraceptive methods among female student nurses at Kampala International University.
- To assess the risk factors contributing underutilization of artificial contraceptive methods among female student nurses at Kampala International University.

## **1.5 Research Questions**

1. What are the risk factors contributing to underutilization of artificial contraceptive methods among female nursing students at Kampala International University?
2. What are the social factors contributing to underutilization of artificial contraceptive methods among female nursing students at Kampala International University?
3. What are the behavioral factors contributing to underutilization of artificial contraceptive methods among female student nurses at Kampala International University?

## **1.6 Significance of the study.**

### **To Nursing Practice.**

The results of this research will be shared with nurses and other stakeholders involved in promoting and preserving the lives of youths by avoiding early pregnancy.

### **To Nursing Education.**

The study findings may be incorporated into nursing curriculum to enhance teaching and learning of student nurses about factors contributing to underutilization of artificial contraceptive methods.

The study findings will help the student nurses to continue with their academics.

### **To Ministry of Health.**

The study findings will help in the achievement of the strategic development goal of health promotion among students of higher institutions of learning. It will identify the areas of concerns for the reproductive health programs to take action and for the wellbeing of a girl child.

### **To Research:**

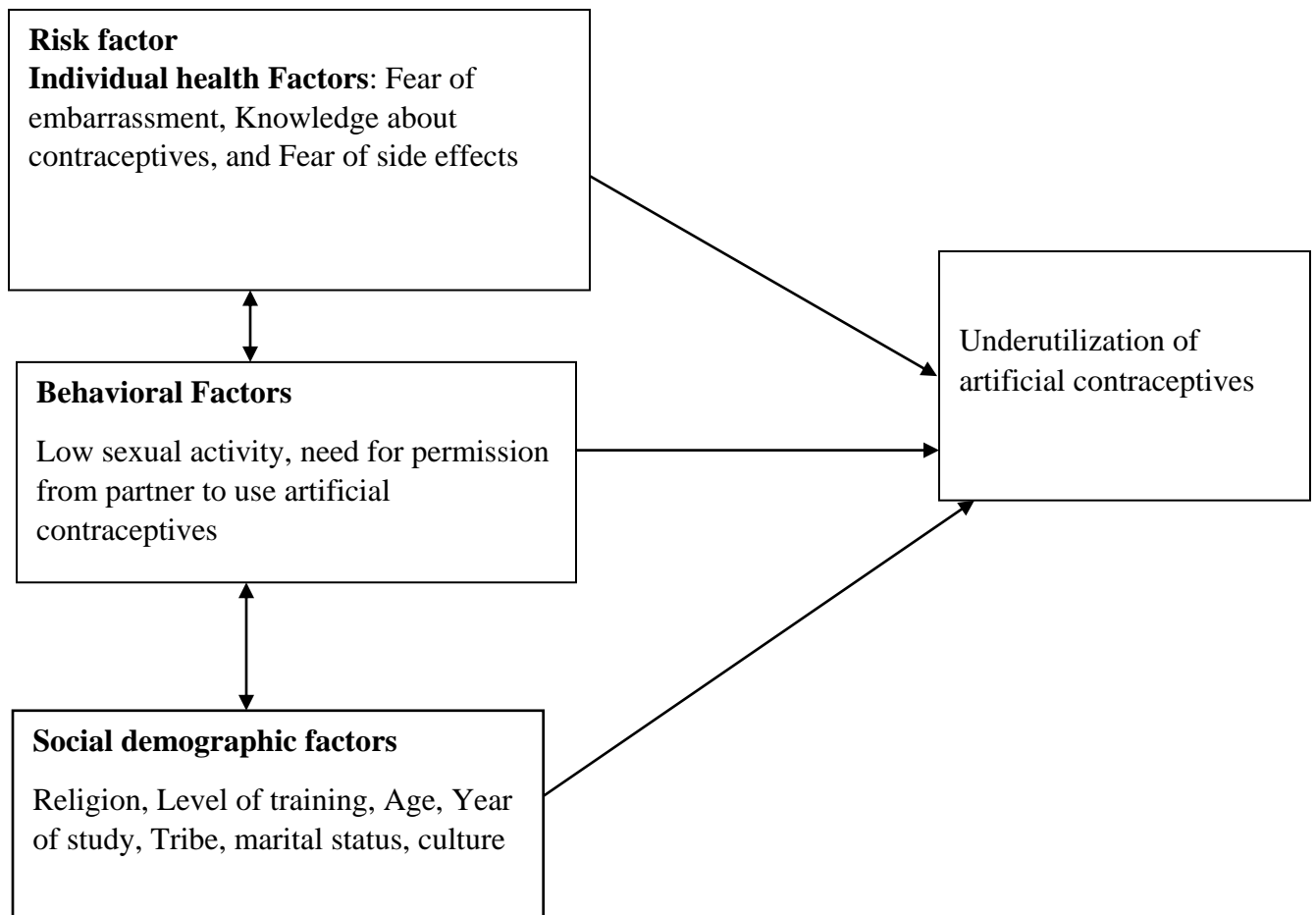
The study finds will act as a basis of knowledge for other researcher that is for reference.

Also identifying the gaps for further related studies thereby improving nursing research.

## **1.7 A Conceptual Frame Work Showing The Factors Contributing To Underutilization Of Artificial Family Planning,**

This conceptual frame work was adopted and modified from Nola Pender's health promotional model. The health promotional model notes that each person has unique personal characteristics and experiences that affect subsequent actions. The set of variables for specific behavioral knowledge and affect have important motivational significance. Health promoting behavior is the desired behavioral out come and is the end point in the health promotional model. Health promoting behaviors result in improved health, enhanced functional ability and better quality of life at all stages of development. The final behavioral demand can also be influenced by the immediate competing demand and preferences (external factors) derail/prevent an intended health promoting actions, (Nola, P.1996).

In this study, the Nola Pender's health promotion model was adopted. It assisted the researcher to conceptualize variables, and show how several variables negatively affect health promotion leading to demotion. The conceptual frame work design explicitly showed actions/factors of the independent variables' actions (social demographic factors like religion, level of training, age, tribe, year of study, risk factors like knowledge about contraceptives fear of side effects, fear of embarrassment) leading to the health demotion which is the under-utilization of contraceptives



## CHAPTER TWO

### 2.0 Introduction

This chapter includes information on the social demographic factors, risk factors and behavioral factors contributing to underutilization of artificial contraceptive methods.

### 2.1 Social Demographic Factors Contributing To Underutilization Of Artificial Contraceptive Methods

In a study conducted in the United States of America about contraceptive use and attitudes among female college students, results showed that ages between 20 and 24 had one of the highest rates of unplanned pregnancies, it was indicated that 53.3 % did not use contraception, (Bryant, 2012).

A Study done at Hawassa University south Ethiopia, results showed that condemning early engagement in sex, pregnancy and use of contraceptives among young unmarried girls presents a major obstacle to contraceptive use, (Tolossa E., Meshesha B.&AlemuBajobir, 2013).

A study done in Rwanda, results showed that about three quarter (78%) of the change in contraceptive use between 2005 and 2010 was due to changes in effects of women's characteristics particularly women's education and place of residence, (Muhoza, Rutayisire & Umubyeyi, 2013).

In Uganda as in many other countries, major factors associated with contraceptive use are women's age, education and socioeconomic statuses. Ugandan women who are more educated and wealthier are more likely to use contraception compared with illiterate and less wealthy women, (UBOS and Macro International, 2016).

According to a study done in Uganda, religious practices where they believed that children are given by God and use of artificial contraceptives is likened to the killing of unborn children, (Kabagenyi, A, et al, 2016).

According to the study done at Makerere University in Uganda, being evangelical / seventh day Adventist was associated with lower contraceptive use contraceptive use was 3% higher if a student was one year older than their counterpart, also contraceptive use was 75% among the married than the unmarried, (Nsubuga H. et al, 2015).

## **2.2 Risk Factors Contributing To Under Use of Artificial Contraceptive Methods.**

Countries in East Africa have observed greater risk in modern contraceptive use than that in West and Central Africa, (Emma, Chirwa & Kandala, 2014).

Studies done in Nepal and in South Africa, (Adhikari, 2012:2; Macphail, et al, 2014:5) reported that lack of awareness and knowledge of effective contraceptive use amongst higher educational female students, results in the non-utilization of contraceptives

A study done in Nigeria reported that a high proportion of students perceived contraceptive use as bad because they believed it caused infertility, (Cadmus E, Owoaje E., 2014).

According to a study done in Kenya about barriers to artificial contraceptive methods uptake among young women showed that myths and misconceptions, fear of side effects especially the fear that a particular method causes infertility and adverse reactions, (Ochako, R., et al, 2015).

A study done about social- cultural inhibitors of contraceptive techniques among young women in rural areas of Uganda reported that misconception like prolonged bleeding, the birth of abnormal children and tumors in the womb. They also added that existence of traditional family planning methods like safe days and tying of herbs around the waist contributed to the underutilization of the artificial contraceptives, (Kabagenyi, A, et al, 2016).

Additionally, a study done about barriers to contraceptive use, results showed that fear of embarrassment, cost, and lack of knowledge contributed to low contraceptive use, (Blanc, et al, 2013).

Other studies done among university students indicated that fear of side effects,(Ochako, R, et al, 2015)and lack of health worker talking about contraception were among the factors that contributed to contraceptive underutilization.

### **2.3 Behavioral Factors Contributing To Underutilization of Artificial Contraceptive Methods.**

A study done about barriers to artificial contraceptive uptake among young women in Kenya showed that their use encouraged young women to become sexually precocious. They added that use of artificial contraceptives indicated lack of trust by the partner especially the condom, (Ochako R, et al, 2015).

According to a study done among university students, not being pregnant and having more than one sexual partner contributed to low contraceptive use, (Macphail C, et al, 2015).

In many African traditional culture settings, pregnancy before marriage is often viewed as an abomination. As such many unmarried with pregnancies seek abortion services for fear of societal judgment. Abortion being illegal in Uganda increases the risk of maternal deaths because it is usually unsafe and at times conducted by traditional herbalists, (Nsubuga H, et al, 2015).

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

This chapter consists of the study area, study population, scope of the study, study design, sample size determination, sampling method, sampling procedure, study variables, inclusion and exclusion criteria, data collection instruments, data collection procedure, data management and quality control, data analysis, ethical considerations, study limitations and dissemination of results.

#### **3.1 Study Area.**

The study was conducted at school of nursing at KIU Western campus located in Ishaka-Bushenyi Municipality in Bushenyi district, Bushenyi district is found in the south western of Uganda, it is located approximately 6 kilometers by road from Mbarara town, the largest town in the region and 360kms from Kampala the capital city of Uganda. The main language spoken in Bushenyi district is Runyankole. KIU western campus is situated on about 70 acres of land along Mbarara- Kasese road.

The students at the university come from Uganda and other African countries. The university is licensed to teach undergraduate and postgraduate courses in Human medicine, dentistry, pharmacy and Nursing. The university maintains the following faculties: Faculty of Clinical Medicine and Dentistry, Pharmacy, Nursing, and Education, business and management, and information technology.



The faculty of nursing also called school of nursing oversees training of various levels of nurses (bachelor degree in nursing science, diploma in nursing science and certificate in nursing science).

### **3.2 Study Population**

The study involved students at the school of nursing pursuing bachelors, diploma and certificate in nursing.

### **3.3 Scope Of Study**

The study was carried out at KIU specifically at the school of nursing.

### **3.4 Study Design**

A descriptive, cross sectional design was used. A descriptive study involves systematic collection and presentation of data to give a clear picture of a situation under study. Cross sectional design aims at quantifying the distribution of certain variables in a study population at a special point of time.

### **3.5 Sample Size Determination.**

The sample size for student nurses was calculated using Yamane's formula (Yamane, 1967), in which the sample size is given by the expression:

$$n_o = \frac{Z^2 P(1 - P)N}{Z^2 P + (1 - P)Ne^2}$$

Where Z=the standard Normal Deviation set at 1.96 and it corresponds to 95% confidence level

P= proportion of the population with particular characteristics estimated at 50% =0.5

N= the population sample=500 students

e= expected error estimated at 0.05

n<sub>o</sub>=desired sample size

$$n_o = \frac{1.96^2 * 0.5(1 - 0.5)500}{1.96^2 * 0.5 + (1 - 0.5)500 * 0.05^2}$$

$$n_o = \frac{1.9208(0.5)500}{1.9208 + (0.5)1.25}$$

$$n_o = \frac{480.2}{2.5458}$$

$$n_o = 188.62$$

Therefore, the number of respondents will be 189 students.

### **3.6 Sampling Method.**

Simple random sampling was used and participants who subsequently consented to participate in the study were selected randomly until the required sample size was attained.

This method was used because it enables the researcher to collect first-hand information and it was simple to use by the respondents.

### **3.7 Sampling Procedure.**

A simple random sampling method was used where pieces of papers written on yes and no were given to participants and every person with a yes piece of paper was chosen to participate. This was applicable for all the 189 participants in the study. This procedure was used because it is cheap and time saving.

### **3.8 Study Variables.**

#### **3.8.1 Dependent Variables.**

Artificial contraceptive underutilization

### **3.8.2 Independent Variables.**

Age, year of study, religion, level of training, culture, residence, inadequate health facilities, knowledge about artificial contraceptives.

### **3.9 Inclusion and Exclusion Criteria.**

#### **3.9.1 Inclusion Criteria.**

Only female students at KIU western campus offering nursing course(certificate, diploma and bachelors)were recruited for the study.

Only non-married female nursing students who were between 18 and 35 years of age were recruited for the study.

Only female nurses who consented were recruited for the study.

#### **3.9.2 Exclusion Criteria.**

Non KIU students were excluded from the study.

KIU students who were not females were excluded from the study.

KIU female students who were not nurses were excluded from the study.

KIU Female nursing students below 18 years of age were excluded from the study.

KIU female nursing students above 35 years of age were excluded from the study.

KIU female students who were married were excluded from the study.

KIU female nurses who did not consent were excluded from the study.

### **3.10 Data Collection Instruments.**

A questionnaire comprising of both closed and open ended questions was used as a tool for gathering information. It was divided into 3 sections; section A involved assessment of the social demographic factors, section B involved assessment of the risk factors and section C involved

assessment of the behavioral factors contributing to underutilization of artificial contraceptive methods.

### **3.10.1 Data Collection Procedure.**

Data was collected using pre-tested questionnaires which were written in English and writing material like pens were provided to the respondents.

Completed questionnaires were checked for accuracy, any missing information and completeness on a daily basis after data collection at the end of each day.

### **3.10.2 Data Management and Quality Control.**

For reliability, the questionnaire was pre-tested with 10 volunteer nursing students of Ishaka Adventist nursing school. This enabled the researcher to assess the clarity of the questionnaire items so that those found inadequate were modified to improve the quality of the research instrument.

The pre-testing helped to improve the validity of the instrument. The validity of the study was guaranteed because the research tool that was used in the study was designed to capture all the relevant information to fulfill the objectives of the study.

Completed questionnaires were checked for accuracy, missing data and completeness.

### **3.11 Data Analysis.**

This was coded and entered into SPSS version 20.0 software for analysis and presented in tables, pie charts and bar graphs.

The proportions of social-demographic, behavioral and risk factors were calculated as a percentage.

### **3.12 Ethical Consideration.**

- Clearance was obtained from Kampala International University ethics and research committee.
- Permission to conduct the study was sought from the School of Nursing sciences and a letter signed by the dean school of nursing was given.
- All study participants were informed about the purpose, method and anticipated benefits of the study during the process of data collection as well as their voluntary choice of participation.
- An informed consent form was given to each participant for signing prior to data collection.
- All data was handled with strict confidentiality.

### **3.13 Study Limitations.**

Limited time due to large sample size yet it was required for validity.

The study only included students from the nursing faculty while excluding those from other faculties hence the population at KIU was less represented.

Poor recall of information, as respondents could not remember all the details of their contraceptive use which may lead to bias.

As the data collection instrument addressed a number of questions that students may feel, they are personal or sensitive in nature; this made them not to respond accurately regarding the factors contributing to underutilization of contraceptive method

### **3.14 Dissemination of results.**

A copy of results was disseminated to the School of nursing, Kampala International University for marking and storage, Kampala International University-western campus library and published on medical journal.

## CHAPTER FOUR

### 4.0 Introduction.

This chapter presents the results obtained from a sample size of 189 respondents who actively participated in the study which are in form tables, graphs and pie charts. The study results are presented under the sub headings of socio-demographic, risk factors and behavioral factors contributing to underutilization of artificial contraceptive methods.

**Table 1.1 shows respondents' utilization of artificial contraceptives. (*n=189*)**

Ever used artificial contraceptives	Frequency(n)	Percentage(%)
Yes	66	35.0
No	123	65.0
<b>Total</b>	<b>189</b>	<b>100.0</b>

Majority 123 (65.0%) of the respondents reported not having used while the minority 66(35.0%) reported having used artificial contraceptives.

**Table 1.2 shows the number and percentages of how the respondents' social demographic factors affect contraceptive utilization. (*n=189*)**

Variable	Ever utilized artificial contraceptives			Total
		Yes	No	
Tribe	Munyankole	16 (29.0%)	39 (71.0%)	55 (29.1%)
	Muganda	11(34.4%)	21 (65.6%)	32 (16.9%)
	Musoga	14 (41.2%)	20 (58.8%)	34 (18.0%)
	Munyoro	10 (52.6%)	9 (47.4%)	19 (10.1%)
	Mukiga	5 (41.7%)	7 (58.3%)	12 (6.3%)
	Itesot	2 (12.5%)	14 (87.5%)	16 (8.5%)
	Langi	5 (35.7%)	9 (64.3%)	14 (7.4%)
	Others	3 (42.9%)	4 (57.1%)	7 (3.7%)
	<b>Total</b>	<b>66 (35.0%)</b>	<b>123 (65.0%)</b>	<b>189 (100.0%)</b>
Level of education	Certificate	43 (35.8%)	77 (64.2%)	120 (63.5%)
	Diploma	12 (28.6%)	30 (71.4%)	42 (22.2%)
	Bachelor	11 (40.7%)	16 (59.3%)	27 (14.3%)
	<b>Total</b>	<b>66 (35.0%)</b>	<b>123 (65.5%)</b>	<b>189 (100.0%)</b>
Year of study	First Year	26 (33.3%)	52(66.7%)	78 (41.2%)
	Second Year	26 (34.2)	50 (65.8%)	76 (40.2%)
	Third Year	13 (40.6%)	20 (60.4%)	32 (16.9%)
	Forth Year	1 (33.3%)	2 (65.7%)	3 (1.6%)
	<b>Total</b>	<b>66 (35.0%)</b>	<b>123 (65.0%)</b>	<b>189 (100.0%)</b>
Religion of respondents	Catholic	24 (35.8%)	43 (64.2%)	67 (35.4%)
	Protestant	22 (31.0%)	49 (69.0%)	71 (37.6%)
	Muslim	4 (28.6%)	10 (61.4%)	14 (7.4%)
	SDA	5 (38.5%)	8 (61.5%)	13 (6.9%)
	Born Again	11 (45.8%)	13 (54.2%)	24 (12.7%)
	<b>Total</b>	<b>66 (35.0%)</b>	<b>123 (65.0%)</b>	<b>189 (100.0%)</b>
Age of respondents	18-22	38 (32.8%)	78 (67.2%)	116 (61.4%)
	23-27	27 (39.1%)	42 (60.9%)	69 (36.5%)
	28-32	1 (25.0%)	3 (75.0%)	4 (2.1%)
	<b>Total</b>	<b>66 (35.0%)</b>	<b>123 (65.0%)</b>	<b>189 (100.0%)</b>
Status of the respondents	Single	44 (37.9%)	72 (62.1%)	116 (61.4%)
	In a relationship	20 (29.9%)	47 (70.1%)	67 (35.4%)
	Cohabiting	2 (33.3%)	4 (66.7%)	6(3.2%)
	<b>Total</b>	<b>66 (35.0%)</b>	<b>123 (65.0%)</b>	<b>189 (100.0%)</b>



Majority 14 (87.5%) of the respondents who reported not having used artificial contraceptives were Itesots while the minority 9 (47.4%) were Banyoro.

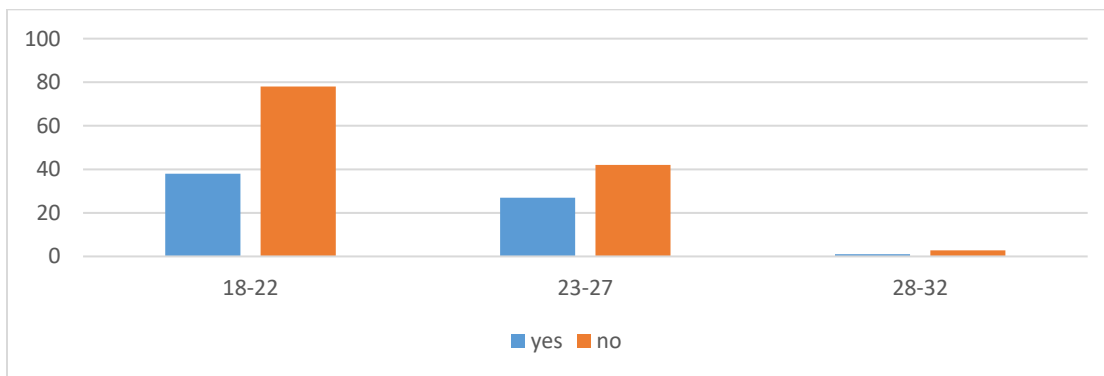
Majority 30 (71.4%) of the respondents who reported not having used artificial contraceptives were diploma whereas the least 16 (59.4%) were bachelor students.

Majority 52 (66.7%) of the respondents who reported not having used artificial contraceptives were in first year while the minority 20 (59.4%) were in third year.

Majority 49 (69.0%) of the respondents who reported not having used artificial contraceptives were Protestants while the minority 13 (54.2%) were born again.

Majority 3 (75.0%) of the respondents who never used artificial contraceptives were between the age of 28 and 32 years whereas the minority 42 (60.9%) were between the ages of 23 and 27 years.

Majority 47 (70.1%) of the respondents who reported not having used artificial contraceptives were in relationship whereas the minority 72 (62.1%) were single.



**Figure 1.1 shows how the respondents' age affect utilization of artificial contraceptives.**

Majority 78 (61.4%) of the respondents who never utilized artificial contraceptives were between the age of 18-22 years compared to the least 4 (2.5%) who were between 28-32 years.

**Table 1.3 shows the respondents’ culture, religious and peer view about artificial contraceptives. (*n=189*)**

Social character		Frequency(n)	Percentage (%)
Culture’s view	Good	81	42.9
	Bad	82	43.4
	I don’t know	26	13.8
	<b>Total</b>	<b>189</b>	<b>100.0</b>
Religious view	Yes	66	35
	No	123	65
	<b>Total</b>	<b>189</b>	<b>100.0</b>
Peer’s view	Good	91	48.1
	Bad	84	44.4
	Nothing	14	7.4
	<b>Total</b>	<b>189</b>	<b>100.0</b>

Majority 82(43.4%) of the respondents’ culture did not allow use of the artificial contraceptives, whereas 26(13.8%) of the respondents did not know whether their culture accepted the use or not.

More than a half 123 (65%) of the respondents’ religion did not allow the use of artificial contraceptives while 66 (35%) of the respondent’s religion accepted artificial contraceptive use.

Majority 91 (48.1%) of the respondents’ peers reported that the use of artificial contraceptive methods were good, whereas the minority 14 (7.4%) of the respondents reported nothing.

**Table 1.4 shows the risk factors contributing to underutilization of artificial contraceptives.  
(n=189)**

Risk Factors	Responses	Frequency (n)	Percentage (%)
Have side effects	Yes	187	98.9
	No	2	1.1
	<b>Total</b>	<b>189</b>	<b>100.0</b>
Side effects reported	Nausea and vomiting	28	14.8
	Heavy bleeding	58	30.7
	Absence of periods	27	14.3
	Back pain	34	18.0
	infertility	42	22.2
	<b>Total</b>	<b>189</b>	<b>100.0</b>
Side effects hinder me from using artificial contraceptive methods	yes	122	64.6
	No	67	35.4
	<b>Total</b>	<b>189</b>	<b>100.0</b>
Ever heard about artificial contraceptives.	No	0	0.0
	Yes	189	100.0
Ever heard of artificial contraceptive from,	Radio	25	13.2
	Television	7.0	4.7
	Hospital	66	34.9
	Friend	55	19.0
	School	36	19.0
	<b>Total</b>	<b>189</b>	<b>100.0</b>

Almost all the respondents 187 (98.9%) reported that artificial contraceptives had side effects whereas only 2 (1.1%) of the respondents reported absence of side effects about artificial contraceptives.

Majority 58 (30.7%) of the respondents reported that artificial contraceptives caused heavy bleeding, whereas the minority 27 (14.3%) of the respondents reported absence of periods. Majority 122 (64.6%) of the respondents reported that side effects hinder them from using artificial contraceptives while the minority 67 (35.4%) of the respondents reported that side effects do not hinder them from using artificial contraceptives.

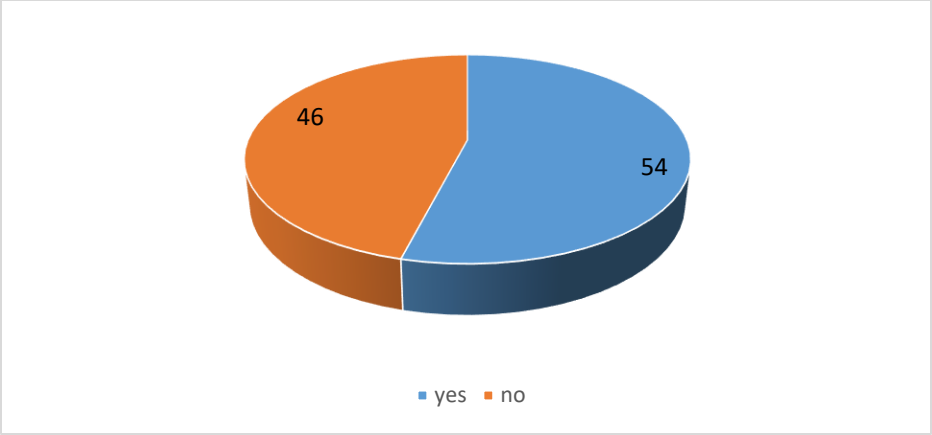
All the respondents 189 (100%) had ever heard of artificial contraceptive methods.

Majority 66 (34.9%) of the respondents reported having heard of artificial contraceptives from hospital, while the minority 7 (3.7%) of the respondents heard of artificial contraceptives from television.

**Table 1.5 shows how number of sexual partners affects utilization of artificial contraceptives.**

Number Of Sexual Partner		Ever Used Artificial Contraceptives				Total
		Yes	Percentage (%)	No	Percentage (%)	
	None	13	6.9	46	24.3	59
	One	25	13.2	82	43.4	107
	Two	7	3.7	9	4.8	16
	more than two	6	3.2	1	0.5	7
<b>Total</b>		<b>66</b>	<b>35.0</b>	<b>123</b>	<b>65.0</b>	<b>189</b>

Majority 82 (43.4%) of the respondents who never utilized artificial contraceptives had one sexual partner in the past 12 months. While the minority 1 (0.5%) of the respondents who never utilized artificial contraceptives had more than two sexual partners in the past 12 months.



**Figure 2.2 shows the respondents' need for permission from sexual partner to use artificial contraceptives in the past 12 months**

## CHAPTER FIVE

### **5.0 Introduction.**

This chapter presents detailed discussion of the findings, conclusion and recommendations about factors contributing to underutilization of artificial contraceptives among female student nurses at Kampala International University in relation to research objectives and answering research questions. The results are discussed in line with the research findings as presented in chapter four and in comparison with other scholars' findings from literature review.

According to the study results, majority 123 (65.0%) of the respondents reported not having used artificial contraceptives while only 66 (34.0%) reported having used artificial contraceptives. This result is higher than that of a study done in Lesotho about the contraceptive utilization, which results showed that only (50%) had ever used contraceptives, (Akintade, 2010).

Also the study result is higher than that of a study done among university students in 22 countries about contraceptive utilization, which results showed that only (42.6%) never used contraceptives in the past 12 months, (Karl, Peltezer & Super Pengpid, 2015).

### **5.2 Social demographic factors contributing to underutilization of artificial contraceptive methods.**

Majority 14 (87.5%) of the respondents who reported not having used artificial contraceptives were Itesots this could be due to strong cultural beliefs.

Majority 30 (71.4%) of the respondents who reported not having used artificial contraceptives were diploma.

Majority 52 (66.7%) of the respondents who reported not having used artificial contraceptives were in first year this could be due to the little knowledge they have acquired about artificial contraceptives.

Majority 3 (75.0%) of the respondents who did not use artificial contraceptives were between 28 and 32 years of age this might be associated to a belief that they are still young, this result contradicts with that of a study conducted in the United States of America about contraceptive use and attitudes among female college students whose results showed that ages between 20 and 24 had one of the highest rates of unplanned pregnancies, it was indicated that 53.3 % did not use contraception, (Bryant, 2012).

Majority 49 (69.0%) of the respondents who did not use artificial contraceptives were Protestants this could be due to strong beliefs that God created human to fill the world, this result contradicts with a study done at Makerere University in Uganda, which results showed that being evangelical / seventh day Adventist was associated with lower contraceptive use,(Nsubuga H. et al, 2015).

Majority 52 (66.7%) of the respondents who reported not having used artificial contraceptives were in first year this could be due to the little knowledge they have acquired about artificial contraceptives. This result is in agreement with a study done at Makerere University in Uganda which result showed that Contraceptive use was 3%higher if a student was one year older than their counterpart, (Nsubuga H. et al, 2015).

Majority 47 (70.1%) of the respondents who reported not having used artificial contraceptives were in relationship this could be due to a feeling that use of artificial contraceptives caused mistrust by the partner this result contradicts with a study done at Makerere University in

Uganda which showed that contraceptive use was (75%) among the married than the unmarried, (Nsubuga H. et al, 2015).

Majority 82 (43.4%) of the respondents' culture did not allow use of the artificial contraceptives, this could be due to strong cultural beliefs

Majority of the respondent's religion 61% did not allow the use of artificial contraceptives this is attributed to a belief that artificial contraceptives will kill children, this research finding is in correspondence with those of a study done in Uganda, which findings showed that religious practices where they believed that children are given by God and use of artificial contraceptives is likened to the killing of unborn children, (Kabagenyi, A, et al, 2016). 48.1% of the respondent's peers said the use of artificial contraceptive methods was good, while 42.3% said it was bad.

### **5.3 Risk factors contributing to underutilization of artificial contraceptive methods.**

According to research findings, majority of the respondents 64.6% reported that side effects make them not to use artificial contraceptives, this could be due to fear of becoming barren in future, this finding agrees with that of the study conducted in Kenya about barriers to artificial contraceptive methods uptake among young women which showed that myths and misconceptions fear of side effects especially the fear that a particular method causes infertility and adverse reactions, (Ochako, R., et al, 2015). A study done in Nigeria reported that a high proportion of students perceived contraceptive use as bad because they believed it causes infertility, (Cadmus E, Owoaje E., 2014). In addition, all the respondents (100%) had ever heard of artificial contraceptive methods, this contradicts with the findings of Studies done in Nepal and in South Africa, (Adhikari, 2012, Macphail, et al, 2014) which reported that lack of



awareness and knowledge of effective contraceptive use amongst higher educational female students, results in the non-utilization of contraceptives.

Also a study done about social- cultural inhibitors of contraceptive techniques among young women in rural areas of Uganda reported that misconception like prolonged bleeding, the birth of abnormal children and tumors in the womb. They also added that existence of traditional family planning methods like safe days and tying of herbs around the waist contributed to the underutilization of the artificial contraceptives, (Kabagenyi, A, et al, 2016).

#### **5.4 Behavioral factors contributing to underutilization of artificial contraceptive methods.**

Majority of the respondents 43.4% who never utilized artificial contraceptives had one sexual partner in the past 12 months. This could be due to a belief that use of contraceptives caused mistrust by the sexual partner. This research finding contradicts with that of a study done among university students, which reported that not being pregnant and having more than one sexual partner contributed to low contraceptive use, (Macphail C, et al, 2015). Additionally, more than a half 54.0% of the respondents needed permission from their partners to use artificial contraceptives and since it was based on someone's status contributing to the underutilization.

#### **5.5 Conclusion.**

All the respondents 100% had ever heard about artificial contraceptives. Majority of the respondents reported having not used artificial contraceptive methods and someone's age, level of education, religion and culture were among the major contributing factors to underutilization of artificial contraceptive methods also fear of side effects and having one sexual partner contributed to underutilization of artificial contraceptives.

## **5.6 Recommendations.**

Sensitization about the myths and misconceptions of side effects about artificial contraceptive methods in order to solve the problem of fear of side effects. There is also need for religious students' sensitization about artificial contraceptives.

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### Appendix I: Work Plan

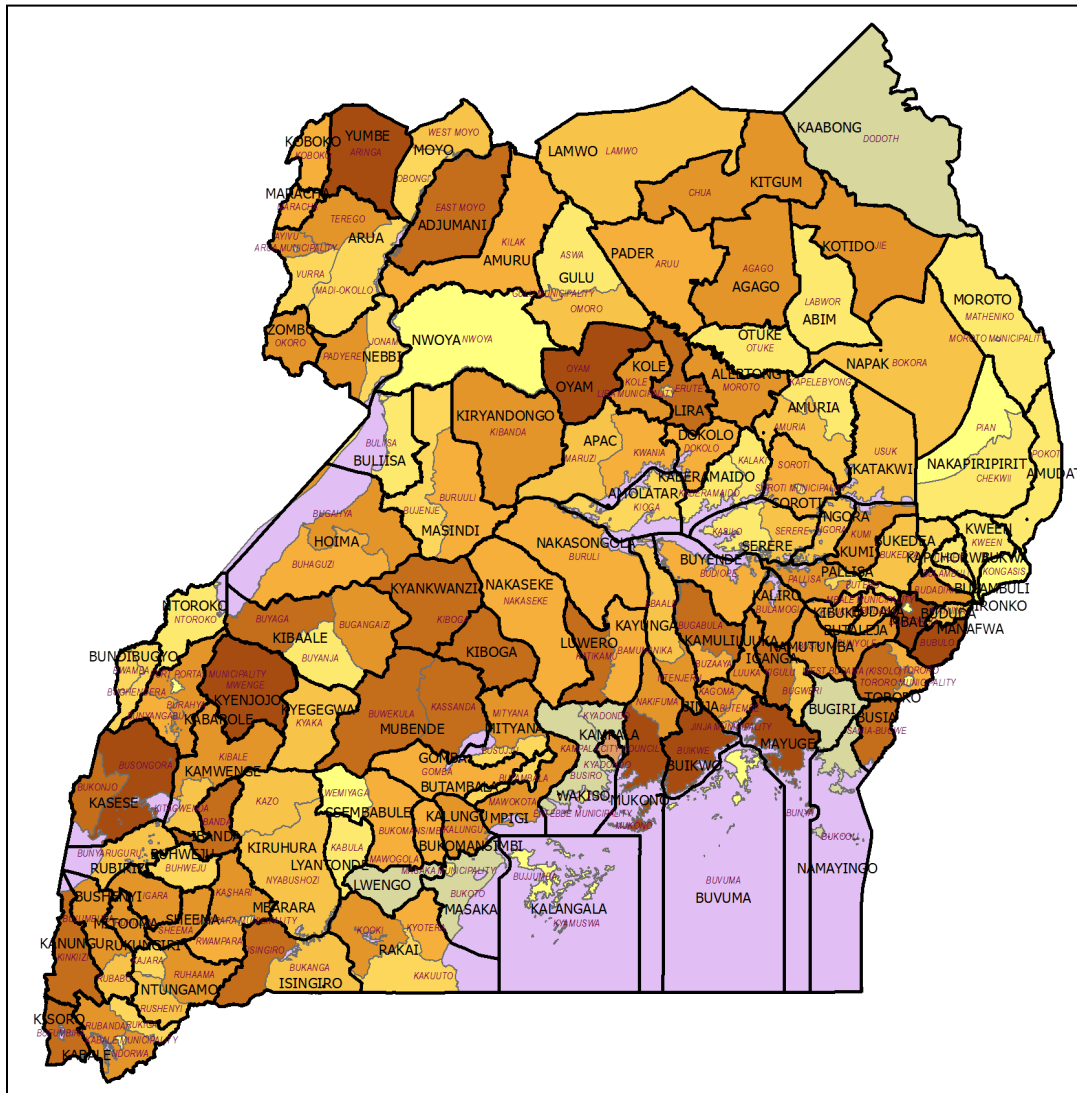
	NOV	DEC	JAN	FEB	MAR	APR	MAY	DEC	NOV	responsible person
Topic formulation/ approval										Students/ supervisor
proposal drafting										Student
approval/ submission of proposal										Student/ supervisor
data collection / analysis										Students
correction of the 1 <sup>st</sup> draft										Supervisor
production of final copy										Student
Approval										Supervisor

## Appendix II: Budget

Item	Cost (Shs)
Stationary	20,000
Internet services	50,000
Printing	200,000
Binding	50,000
Miscellaneous and labor	100,000
Meals	100,000
Total	520,000



### Appendix III: A Map of Uganda Showing the Location of Bushenyi District

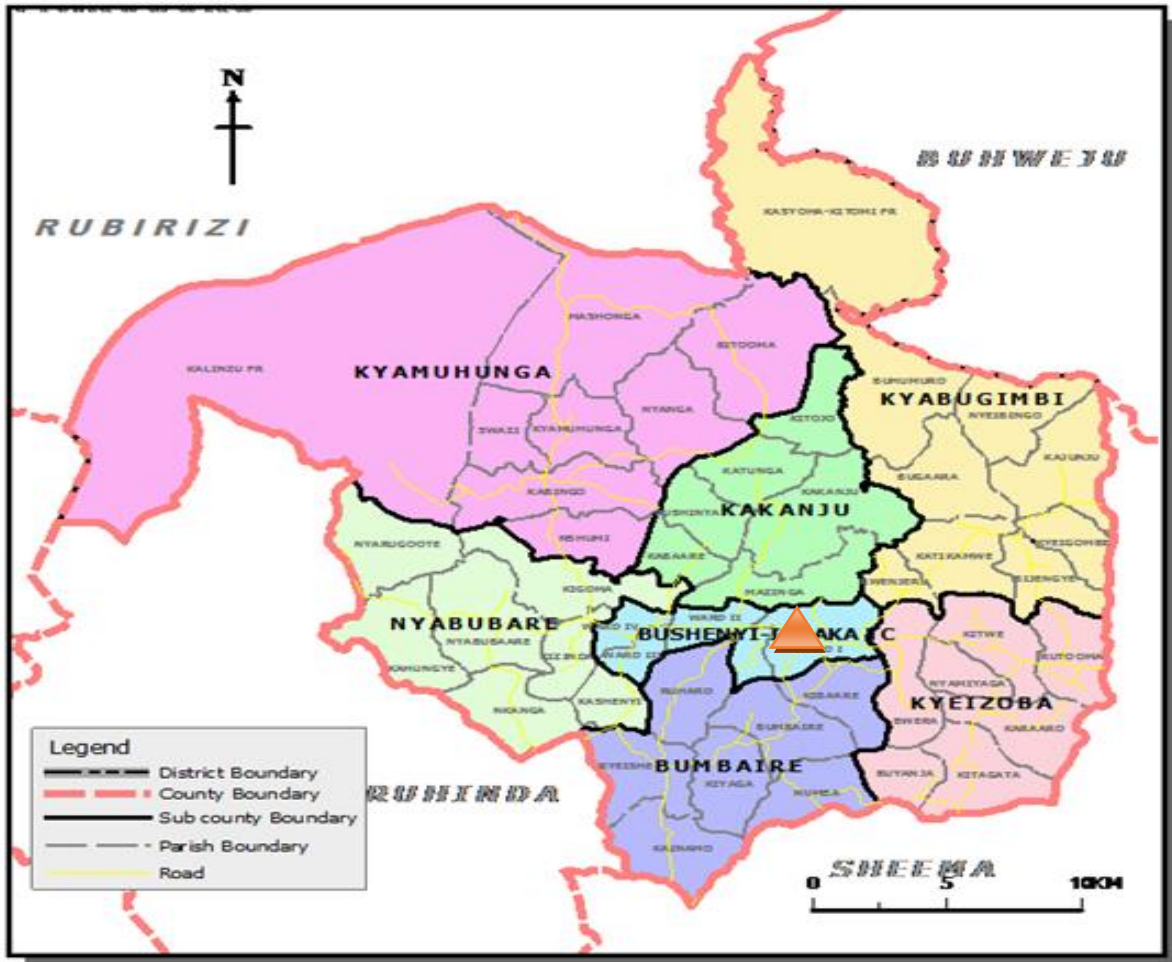


KEY

Location of Bushenyi district



### Appendix IV: A Map of Bushenyi District Showing the Location of KIU



**KEY**



Location of KIU

**Appendix V: Consent Form.**

Title of the study “factors contributing to underutilization of artificial contraceptive methods among female nursing students of Kampala International University”

I am **NAWANA MIRIA**, a nursing student pursuing a Bachelor’s Degree in Nursing Sciences at Kampala International University- Western Campus. I am carrying out this study for the partial fulfillment of award of Bachelor’s Degree in Nursing Sciences. I therefore urge you to participate freely by giving appropriate response to the brief questions that you will be asked. The information obtained will be kept confidential and used only for educational purposes.

**BENEFIT OF THE STUDY:**

This study will provide information on family planning which will help to improve the health of students.

NB: participation in this study is voluntary and your decision is highly respected. I therefore ask you to be free and openly respond to these questions below for the betterment of our health.

I acknowledge the above explanation and I agree to participate in the above study voluntarily.

Date..... sign.....

## Appendix VI: Data Collection Form

I am **NAWANA MIRIA** a student of Kampala International University Western Campus pursuing a bachelor's degree of nursing sciences carrying out a research on "factors contributing to underutilization of artificial contraceptive methods among female nursing students of Kampala International University".

Your cooperation in answering these questions will be highly appreciated.

All information obtained will be treated confidential.

### Instructions

You are kindly requested to answer the following questions whose answers are purely required for research purposes.

You are free to answer **Yes** or **No** to the questions as applied to you.

There are no restrictions to whatever about specific answers to be given.

Confidentiality will be observed.

Circle on the appropriate option.

Fill in the answers where applicable

### Section Ademographic data

1. Age

A(18-22) years B (23-27)years C (28-32) years D (33-35) years

2. Tribe

AMunyankole BMuganda CMusoga D itesot E langi F munyoro G mukiga Others  
(specify).....

3. Religion

A. catholic Bprotestant C. Muslim D SDA E born again

4. Marital status

- A. Divorced    B In Relationship    C Cohabiting    D Single

5. In which level of study are you?

- A Certificate    B Diploma    C Bachelor

6. In which year of study are you?

- A First Year    B Second Year    CThird Year    D Forth Yea

**Social factors**

8. How does your culture view the use of artificial contraceptive?

.....  
.....  
.....

9. Does your religion allow the use of artificial contraceptives?

- A Yes    B No

10. What do your peers say about artificial contraceptives?

.....  
.....  
.....

**Section B risk factors.**

11. Have you ever heard of artificial contraceptive methods?.....

- AYes    B No

12. If yes from where?

- A Radio    B Television    C HospitalD FriendE Others (Specify).....

13. Do you think artificial contraceptives have side effects?

A Yes B No

14. If yes list down the side affects you know

.....  
.....  
.....

15. Do these side effects make you not to use artificial contraceptives?

A Yes B No

16. Have you ever gone for any artificial contraceptive method?

A Yes B No

17. If No why?

.....  
.....  
.....

**Section C behavioral factors**

18. Howmany sexual partners have you had in the past 12 months?

A None B One C Two D More than two

19. Do you need permission from your pattern to use artificial contraceptive methods?

A Yes B No

Thanks for your cooperation