

**ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICES OF
CONTRACEPTION USAGE AMONG POST ABORTAL WOMEN
IN FORT PORTAL REGIONAL REFERRAL
HOSPITAL**

BY

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**A RESEARCH REPORT SUBMITTED TO THE SCHOOL OF CLINICAL MEDICINE
AND DENTISTRY IN PARTIAL FULFILMENT OF THE REQUIREMENTS
FOR THE AWARD OF BACHELORS DEGREE IN MEDICINE
AND SURGERY AT KAMPALA INTERNATIONAL
UNIVERSITY.**

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DECLARATION

I **ENOCK LUKYAMUZI**, a fifth year medical student hereby declare to the best of my knowledge that this proposal is a true representation of my proposed research and an expression of my desire to be allowed to pursue research in this particular area. The proposal contains my original work and has never been presented to any other institution of higher learning for any approval.

.....

Signature

.....

Date

APPROVAL

This research report entitled, **Knowledge, Attitude and Practices of contraception usage among post- abortal women attending Fort Portal Regional Referral Hospital**, has been developed under m supervision and guidance

I have read through the manuscript of this research and I am satisfied that it is fit for presentation for the award of Bachelor of Medicine and Bachelor of Surgery.

I hereby submit it to the Faculty of Clinical Medicine and Dentistry, Kampala International University, Western Campus for consideration

.....

Signature

DR. LAWRANCE ABILIREKU

.....

Date

DEDICATION

I dedicate this work to my family, in particular my dear parents; Mr. Katongole Godfrey and Mrs. Katongole Edith for their selfless work and support towards my education and for all the love and encouragement.

I as well dedicate this work to my beloved grandmother, Violet Mugisa Abwooli who has made it possible for me to reach his far in the pursue of my studies through her tireless efforts to sponsor academics

ACKNOWLEDGEMENT

I would like to thank God for the wisdom, guidance and mental stability He gave me throughout all that time, from writing of the research proposal to accomplishment of this research report.

Secondly, I extend heartfelt gratitude to my supervisor, Dr. Lawrance Abilireku for the guidance, academic support and time he spent guiding and correcting me during the writing of the research proposal as well as completion of this research report.

I as well extend my sincere gratitude to all the people who are doing everything possible to make sure that I become a doctor, in particular my beloved parents and awesome grandmother; Mrs. Mugisa Violet Abwooli, for the support and encouragement they have conferred and invested in my education

I would love also to appreciate all my relatives, friends and colleagues for the different forms of support they accorded me during this period. God bless you.

LIST OF TABLES

Table 1 Showing whether age of mothers affect contraceptive use.....	22
Table 2 Showing whether perceived susceptibility and severity affect contraceptive use	22
Table 3 Showing whether gender , sexual violence and coercion affect contraceptive use	23
Table 4 Showing whether access to information affects contraceptive use.....	23
Table 5 Showing whether social-cultural and religious norms.....	24

LIST OF FIGURES

Figure 1 Showing age range of respondents	14
Figure 2 Showing gender of respondents.....	15
Figure 3 Showing marital status of respondents	15
Figure 4 Showing marital status of respondents	16
Figure 5 Showing religion of respondents	16
Figure 6 Showing residency of respondents	17
Figure 7 Showing employment status of the respondents	18
Figure 8 Showing education status of respondents.....	18
Figure 9 Showing whether respondents ever heard that mother can start contraception after abortion	19
Figure 10 Showing source of information of about post abortal contraception	20
Figure 11 Showing whether respondents have known of any modern contraception methods a woman can use after an abortion	20
Figure 12 whether respondents ever used any family planning method after an abortion	21

LIST OF ABBREVIATIONS

CBDA	Community Based Distributor Agents
CBO	Community Based Organization
CCHP	Comprehensive Council Health Plans
CPR	Contraceptive Prevalence Rate
CYP	Couple Year Protection
DAS	District Administrative Secretary
DHMT	District Health Management Team
DHS	Demographic Health Survey
FBO	Faith Based Organization
FP	Family Planning
HC	Health Center
HIV	Human Immuno deficiency Virus
HPI	Health Population Institute
ICF	Informed Consent form
IEC	Information Education and Communication
IMR	Infant Mortality Rates
LGA	Local Government Authority
MCH	Maternal and Child Health
MDG	Millennium Development Goals

DEFINITION OF TERMS

Family Planning : A program to regulate the number and spacing of children in a family through the practice of contraception or other methods of birth control.

Stable marital relationship: For the purpose of this study, stable marital relationship is marriage or cohabiting relations for more than 6 months.

Contraceptive Prevalence rate: Is the proportion of women of reproductive age who are using (or whose partner is using) a contraceptive method at a given point in time.

ABSTRACT

Despite the provision of safe and affordable family planning services, 120 million couples worldwide are not using any contraception to limit or space their family, and many who use one or the other method, conceive even post abortion. In Uganda many women are not aware that they can do family planning immediately after abortion. This study sought to assess the knowledge attitude and practices of contraception usage among post abotal women in Fort Portal Regional Referral Hospital. The study was guided by the following objectives; to establish the knowledge of post abotal mothers on contraception use, to assess the attitude and practices of post abotal mothers on contraception use and to identify the social economic factors affecting contraception use among post abotal mothers in fort portal regional referral hospital.

The study used a descriptive survey research design. The design allowed collection of data to be done under natural setting, and was quicker and cheaper to undertake and the results were easily inferred to the larger population.

The study concluded that a number of factors hinder some women in stable marital relations not to use contraceptive methods during the post abortal period. It also identified the socio-demographic factors like education level and occupation were found to influence the use of family planning by post abortal women. While lack of enough sensitization among the community limits most women from knowing that they can take up contraception immediate after abortion. However, large portion respondents 62% had never heard that a mother can start contraception after abortion.

The study recommended that District Health Management teams should develop interventions that will enable women in stable marital relations to understand the importance of using contraceptive methods. It further recommends that husband/partner support has to be among the interventions emphasized as key in acceptance of contraceptive use.

TABLE OF CONTENTS

DECLARATION	i
APPROVAL	ii
DEDICATION	iii
ACKNOWLEDGEMENT	iv
LIST OF TABLES	v
LIST OF FIGURES	vi
LIST OF ABBREVIATIONS	vii
DEFINITION OF TERMS	viii
ABSTRACT	ix
ABSTRACT	ix
CHAPTER ONE	1
INTRODUCTION	1
1.1 Background	1
1.2 Problem Statement	2
1.3 General objective of the Study	2
1.4 Specific Objectives of the study	3
1.5 Research questions	3
1.6 Conceptual framework	3
1.7 Significance	4
CHAPTER TWO	5
LITERATURE REVIEW	5
2.1 Introduction	5
2.1. OVERVIEW OF CONTRACEPTION	5
2.2 The knowledge of post abortal mothers on contraception use.	6
2.3The attitude and practices of post abortal mothers on contraception use	7
2.4 Social economic factors affect contraception use among post abortal mothers	7
CHAPTER THREE	10
METHODOLOGY	10
3.1. Study design and rationale	10
3.1.1 Study setting and rationale	10
3.1.2 Study population	10

3.3 Sample Size, determination and sampling procedure	10
3.2.1 Sampling technique	11
3.3 Inclusion Criteria	11
3.4 Exclusion criteria	11
3.5 Definition of Variables	11
3.5.1 Independent variables	11
3.5.2 Dependent variables	11
3.6 Research Instrument.....	11
3.7 Data Collection Procedure	12
3.7.1 Data management	12
3.7.2 Data Analysis.....	12
3.8 Ethical Consideration	12
3.9 Limitations of the Study.....	13
3.10 Dissemination of results.....	13
CHAPTER FOUR	14
PRESENTATION OF RESULTS	14
4.0 Introduction	14
4.1 Demographic characteristics of respondents	14
4.2 Knowledge of post abortal mothers on contraception use	19
4.3 Social economic factors that affect contraception use among post abortal mothers	22
CHAPTER FIVE	25
DISCUSSION CONCLUSION AND RECOMMENDATION.....	25
5.0. Introduction	25
5.1 Knowledge Of Post Abotal Mothers On Contraception Use In Fort Portal Regional referral hospital	25
5.2 Social economic factors that affect contraception use among post abortal mothers	26
5.3 Conclusion.....	26
5.4 Recommendations	27
REFERENCES	28
APPENDICES	30
APPENDIX I: CONSENT FORM.....	30
APPENDIX II: QUESTIONNAIRE	31

APPENDIX III: INTRODUCTION LETTER	35
APPENDIX IV	36
MAP OF UGANDA SHOWING KABARLE DISTRICT	36
APPENDIX V	37
MAP OF KABAROLE DISTRICT SHOWING FORT PORTAL REFERRAL HOSPITAL	37
APPENDIX VI: WORK PLAN	38
APPENDIX VI: BUDGET	39

CHAPTER ONE

INTRODUCTION

This chapter presents the introduction, background, and problem statement, purpose of the study, specific objective, research questions and justification for the study.

1.1 Background

According to Yadav, et al (2015) Family Planning (FP) in which the major component is use of contraceptive methods is a key constituent of health services and it benefits the health and wellbeing of women, men, children, families, and their communities.

The widespread adoption of family planning represents one of the most dramatic changes of the 20th century. The growing use of contraception around the world has given couples the ability to choose the number and spacing of their children and has tremendous lifesaving benefits. Yet despite the impressive gains, contraceptive use is still low and the need for contraception high in some of the world's poorest and most populous places (Shankaraiah, 2016).

Huber, (2016) states that Worldwide, there is 210 million women who become pregnant annually; 135 million will have a live birth, and 75 million, or one-third, will have a spontaneous or induced abortion and need postabortion care (PAC). Of the 75 million abortions, 31 million are spontaneous (miscarriages) and 44 million are induced; half of the induced abortions are unsafe, performed by persons lacking the necessary skills or in an environment not in conformity with minimal medical standards.

According to Lawler, et al. (2015), a woman's reproductive right is absolutely fundamental to her existence which includes when and how many times she should decide to have a baby. In the reproductive life of a woman, the postpartum and post-abortal periods are very crucial because, for many patients hailing from rural background, these may be the only opportunities she gets to come in contact with health personnel. Therefore contraceptive counseling done at this period is very crucial and effective too.

Lawler further adds laments that the post-abortal period is an ideal time to initiate contraception because these women are accessing the healthcare system and might have increased motivation and zeal to avoid another pregnancy in the near future. As is known, non-breastfeeding women might ovulate as early as 25 days post abortal or postpartum, therefore, it is imperative to initiate

contraception in this period as early as feasible. Contraception use among women in the extended post abortal period (one year period after the birth of the child) is very important, since delay of contraceptive use until the return of menstruation might subject the women to the risk of unwanted pregnancy and its sequelae (Vishwakarma,2014).

Therefore, the post abortal period becomes even more crucial for initiating contraception to space pregnancies and births so as to improve maternal and fetal health as a measure to reduce the adverse maternal, perinatal and infant outcomes. But in developing countries like Uganda, there is a serious unmet need for family planning among post abortal women as a result of inconvenient, unsatisfactory services, lack of proper information, fears about side effects of using contraceptive devices and opposition from husbands and other family members (Orach, 2015). Therefore this study intends to investigate the knowledge attitude and practices of contraception usage among post abortal women who attend Fort Portal regional referral hospital.

1.2 Problem Statement

Despite the provision of safe and affordable family planning services, 120 million couples worldwide are not using any contraception to limit or space their family, and many who use one or the other method, conceive even post abortion.

This is as a result of the unmet need for family planning in currently married women of reproductive age group especially in developing countries like Uganda. Among the common reasons for the above, are inconvenient, unsatisfactory services, lack of information, fears about contraception side effects and opposition from husbands, relatives or others. Therefore it's against that background that this research intends to assess the knowledge attitude and practices of contraception usage among post abortal women in Fort Portal regional referral hospital.

1.3 General objective of the Study

The purpose of this study was to assess Knowledge attitude and practices of contraception usage among post abortal women in Fort Portal Regional Referral Hospital so as to devise ways in which post abortal women can embrace the principle of Family Planning and adoption of birth control measures reduces unintended pregnancies.

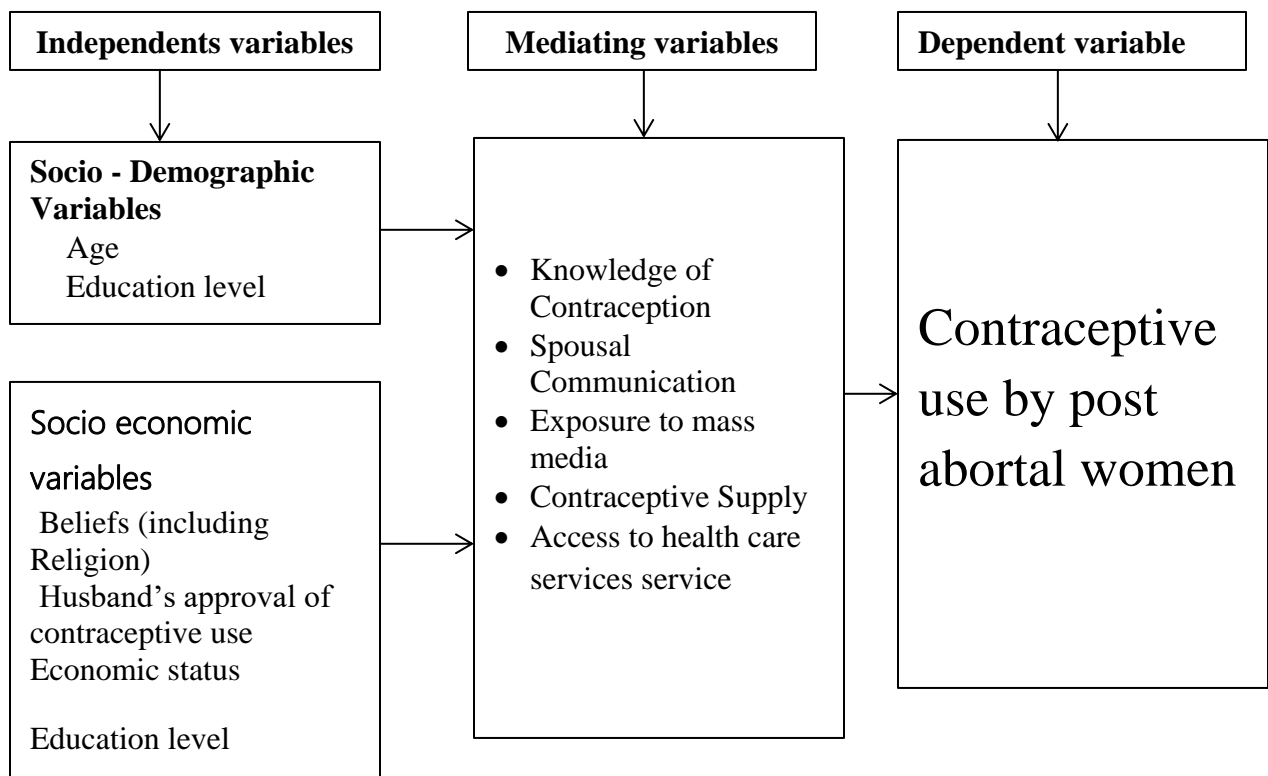
1.4 Specific Objectives of the study

- i. To establish the knowledge of post abortal mothers on contraception use in Fort Portal Regional Referral Hospital
- ii. To assess the attitude and practices of post abortal mothers on contraception use in Fort Portal Regional Referral Hospital
- iii. To ascertain the practices of contraception use among post abortal mothers in Fort Portal Regional Referral Hospital
- iv. To identify the socio-economic factors affecting contraception use among post abortal women mothers in Fort Portal Regional Referral Hospital

1.5 Research questions

- i. What knowledge do post abortal mothers have on contraception use in Fort Portal Regional Referral Hospital?
- ii. What are the attitudes of post abortal mothers on contraception use in Fort Portal Regional Referral Hospital?
- iii. What are the practices of post abortal mothers on contraception use in Fort Portal Regional Referral Hospital?
- iv. What social economic factors affect contraception use among post abortal mothers in Fort Portal Regional Referral Hospital?

1.6 Conceptual framework



Use of contraceptive methods among post abortal women may be influenced by a number of factors which include but not limited to socio- economic and demographic variables such as age, education level and occupation, ones economic status. Age can be associated with the use of contraceptive methods, different age groups have different contraception knowledge and needs for example women in mid- twenties who are in stable relationship are likely not to use contraceptive methods because it a period to bear the children. However, women with advanced age above forty five are likely to use contraceptives.

Furthermore, women with higher education level, are better informed than women with lower education; and therefore likely to use contraceptive methods. In addition, occupation is likely to influence the use of contraceptives, because sometimes job requirement may necessitate delay in conception. Further that, religious beliefs may discourage women and their spouses/partners from using contraceptive methods. Besides, mediating factors such as spousal communication, supply, and access to service are important in facilitating the above-described linkages between independent and dependent variables. For instance, ineffective spousal communication may hinder access and optimal adherence to contraceptive methods.

1.7 Significance

This study would help to identify socio - demographic and socio cultural issues that are barriers to use of contraceptive methods by post abortal women in Fort Portal Regional Referral Hospital.

The study findings may help the health facility in developing new approaches for increasing use of contraceptive methods among post abortal women.

The research would help to generate ideas for reducing post-abortal women's negative perceptions and attitudes towards use of contraceptives.

The recommendations made by this study would play a role towards improving effective use of contraceptives and family planning services by post abortal women, and thereby contribute towards reaching the millennium development goals by decreasing maternal and child motility.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents the literature related to the research topic under study which is reviewed from journals, articles, and textbooks among other, and it is presented under specific objectives of the study

2.1. OVERVIEW OF CONTRACEPTION

Reed, E., et al (2016) states that contraceptive methods use is part of a family planning package. A large and empirically verified demand for contraceptive methods to space or limit childbearing exists worldwide. Singh, S., Bankole, A. et al (2017) argued that currently, about 200 million women have an unmet need for modern contraception, that is, they are sexually active, want to delay or stop childbearing, and are not using a modern contraceptives method. More than 80 million unintended (mistimed or unwanted) pregnancies occur each year worldwide, contributing to high rates of induced abortion, maternal morbidity and mortality, and infant mortality.

Furthermore, family planning has been found to be an essential means by which countries can achieve the Millennium Development Goals (MDGs), particularly goals four and five for improved child and maternal health outcomes. The cost of averting unwanted births is miniscule compared with the costs of unwanted births at both the family and country level. Few public health interventions are as effective as family planning programs services and contraceptive methods) at reducing the mortality and morbidity of mothers and infants and have such a breadth of positive impacts.

Moreover, the need for contraceptive use among post abortal women is generally high in societies where poverty, illiteracy, and gender inequality are high. In such societies, unintended and repeated pregnancies make it difficult for women to participate in economic development and self-development (Shambare, A. et al 2016).

The study in Kenya revealed that, the use of the contraceptive methods varied in terms of demographic and socioeconomic factors of the woman and also the woman's perception in terms of the facility/provider factors such as quality, friendliness of staff and promotion. Various factors accounted for the low use of family planning services including use of contraceptive methods. This

included partner's approval, quality of the services, friendliness of the staff administering the services and the woman's knowledge about contraceptive methods. Other factors included the woman's income level, proximity to the provider and the religious background of the woman (Orach, C. et al 2015)

2.2 The knowledge of post abortal mothers on contraception use.

In the empirical examination of the factors affecting modern contraceptive use, female education emerges as an important determinant of prevalence at the individual, regional, and national levels. Urbanization and the proportion of Muslim are shown to affect schooling levels and thus contraceptive use. Polygyny, a proxy for aspects of the high fertility rationale, negatively affects contraceptive use at the regional level, providing support for the view that African socio organization continues to influence the demand for children (Akinyemi, J. et al 2017).

Yadav, et al, (2017) states that the principal predisposing and enabling factors affecting use of contraceptive methods by women were socioeconomic status, knowledge, and education of the mother. This leads to the conclusion that the main limiting factors to the use of contraceptive methods in the state are poverty, ignorance, and illiteracy. The study has clearly evidenced that knowledge of contraceptive use among Sudanese women is far from being universal. Although education was associated with increase in the use of modern family planning methods, a drop was noticed in women with University and higher education. This might partly be explained by the fact that these women start their family life after their education, i.e. at a later age, and try to have the number of children they wish before their menopause begins. The likelihood of use of contraceptive methods is higher for those with higher parity, literate

Levels of knowledge of the contraceptive methods as well as communication between spouses regarding family planning issues were significantly associated with contraceptive use. The long-standing forms of African social organization including the high value attached to the perpetuation of the lineage, the importance of children as a means of gaining access to resources (particularly land), the use of kinship networks to share the costs and benefits of children (primarily through child fostering) and the weak nature of conjugal bonds clearly inhibit contraceptive adoption and fertility decline. In the empirical examination of the factors affecting modern contraceptive use, female education emerges as an important determinant of prevalence at the individual, regional, and national levels (Fekadu, Z.2017).

2.3 The attitude and practices of post abortal mothers on contraception use

According to Uganda Demographic and health survey (UDHS), 2016 results show that only 24 percent of currently married women report current use of contraception and 41 percent have an unmet need for family planning. Of the countries with a Demographic and Health Survey (DHS) in the past five years, Uganda has the highest level of unmet need for family planning among currently married women (Macro International Inc., 2008a). Among the common reasons for unmet need for family planning are inconvenient, unsatisfactory services, lack of information, fears about contraceptive side effects and opposition from husbands, relatives or others Family planning and adoption of birth control. In 2000-01, the UDHS results showed that approximately two of every five births were unplanned in the five years preceding the survey (UBOS and ORC Macro, 2001). Using indirect estimation techniques, the authors of another study found that one in five pregnancies in 2003 ended in an abortion in Uganda (Singh et al., 2005).

2.4 Social economic factors affect contraception use among post abortal mothers

According to Wulifan, J. et al (2017), supply and demand factors have profound influence in utilization of family planning services which includes use of contraceptive methods. The overarching strategy of successful supply-side family planning programs is to ensure that contraceptive methods are as readily accessible to clients as possible. This includes ensuring that a wide range of affordable contraceptive methods are offered, making services widely accessible through multiple service-delivery channels, ensuring that potential clients know about services, following evidence-based technical guidelines that promote access and quality, and providing client-centered services.

These types of supply-side interventions ensure that women and couples are able to use contraceptive methods and family planning services effectively

A different study in Lesotho, Africa found that the type of facilities to which women had access (e.g. hospital, clinic, community- based and employment – based) was a significant predictor of current use of contraception. Accessibility, reliability and responsiveness to women needs of contraceptives were also a predictor in the use of contraceptive methods by Iranian women (Shankaraiah, R. 2016)

A study in Ethiopia showed that, problem of availability and accessibility influenced the use of contraceptive methods. The study in Bangladesh indicated that the main reasons for women not visiting MCH clinics were non availability of commodities, behavior of service providers and long waiting times. This was also evident in Iranian studies where women using contraceptive methods were dissatisfied with monthly provision of contraceptives and these led to seeking services from private outlets.

Distance from the nearest health facility and availability of an all-weather road have a greater effect on contraceptive knowledge than they do on use. By contrast, health or family-welfare visits to the village in the previous month have a greater effect on use.

The central goals of demand-side family planning interventions include changing women's knowledge, men's knowledge, couples' knowledge, attitudes about contraceptive methods and increasing their knowledge of contraceptive sources and use of family planning to meet their fertility desires. Communication through mass media (radio, television, or print) is an appealing strategy for the promotion of family planning because of its potential for expansive reach and its ability to address (in entertaining or informative way) issues that in many settings are culturally taboo. Other studies have shown that opposition from husbands, spousal communication had influence in the use of contraceptive methods.

Thus, it is evident from different studies that use of contraceptive methods and uptake of contraception is a multifactor. Socio-economic status, cultural beliefs and value attached to children, educational level of a mother plays an important role. Perceptions of risks and benefits attached to contraceptive use have influence in the use of methods. Furthermore, the studies have shown that spousal acceptance and communication contributes to acceptance of contraception. Accessibility and availability of contraception methods are the factors that have been mentioned.

Contraception is defined as a medication or device used to prevent pregnancy. It has alternatively been called post-coital contraception or the morning after pill'. These terms are confusing and imply that EC pills can only be taken immediately, which is incorrect. They can be used, while with decreasing efficacy, for up to five days post intercourse (Calabretto, 2009).

As the name implies, the EC should only be taken or inserted in cases of emergency and not be used as a regular contraceptive, it is intended as a backup method only and not as long term contraceptive (NAPPA, 2010). The method is simple, effective and safe, but does not protect from sexually transmitted diseases (STI) and Human Immunodeficiency Virus (HIV) (Cheng, 2008).

A lot of research has been done and suggests that emergency contraceptive pills reduce the risk of pregnancy of women who have had unprotected sexual intercourse by approximately 75 % to 89% if is taken within 72 hours after engaging in unprotected sexual intercourse (Goodwin, et al, 2010).

Emergency contraception prevents pregnancy in the same way as other hormonal contraceptives such as pills, injectable (Depo Provera) or even breast feeding by delaying or inhibition of ovulation, inhibiting fertilization or inhibiting implantation of the fertilized egg by altering endometrial receptivity, or possibly causing regression of the corpus luteum. This depends on when during the menstrual cycle of a woman initiates the method. (Chaudhuri, 2008). In this study correct time for EC is within 72 hours after unprotected sexual intercourse.

CHAPTER THREE

METHODOLOGY

3.1. Study design and rationale

The study used a descriptive survey research design. The design allowed collection of data to be done under natural setting, and was quicker and cheaper to undertake and the results were easily inferred to the larger population. Its application allowed collection of quantitative data from the Fort Portal Regional Referral Hospital.

3.1.1 Study setting and rationale

The study was conducted in Fort Portal Regional Referral Hospital. Fort Portal is located west of Kampala, Uganda's capital and largest city, on an all-tarmac two-lane highway. In August 2014, the national population census put the population of Fort Portal at 54,275, the hospital has a bed capacity of 307 the study area covers patients from districts of Kabarole, Kamwenge, Bundibugyo, Ntoroko, Kasese, Kyenjojo, Bwera who attend FRRH.

3.1.2 Study population

The study targeted post abortal mothers attending Fort Portal Regional Referral Hospital Maternal Child Health (MCH) clinic and health workers at the clinic.

3.3 Sample Size, determination and sampling procedure

Mugenda and Mugenda (2003), argue that it is impossible to study the whole targeted population and therefore the researcher will take a sample of the population. A sample is a subset of the population that comprises members selected from the population. Using Krejcie and Morgan's (1970) table for sample size determination approach, a sample size of 52 respondents was selected from the total population of 60.

According to (Amin, 2005) sampling involves selecting a sample of the population in such a way that samples of the same size have equal chances of being selected.

The respondents were selected using purposive sampling techniques. Berg (2006) purposive sampling is where the researcher chooses the sample based on what they think would be

appropriate for the study, According to Amin, (2003) A Purposive sampling technique was used because it's cheap.

3.2.1 Sampling technique

A consecutive sampling technique was used where all post abortal mothers who attend Fort portal regional referral hospital were allowed to participate in the study until the required sample size was reached.

3.3 Inclusion Criteria

Only post abortal mothers attending Fort Portal Regional Referral Hospital ANC clinic and gynecology ward and willing to participate were allowed to participate in this study.

3.4 Exclusion criteria

Mothers who carried all their past pregnancies beyond twenty eight (28) weeks of gestation were excluded from the study.

Mothers who ever had an abortion in any of their past pregnancies but declined to participate in the study were also be excluded.

3.5 Definition of Variables

3.5.1 Independent variables

Knowledge attitude and practices post abortal women.

3.5.2 Dependent variables

Contraceptive use by post abortal women.

3.6 Research Instrument

The researcher used semi structured questionnaires to collect data from the respondents which consisted of close ended questions and were written in English. Questionnaire were designed and first pretested on 5 people with in Fort Portal Regional Referral Hospital ANC clinic and

gynecology ward to prove its accuracy and reliability. The questions were based on the research questions in the study.

3.7 Data Collection Procedure

An introductory letter will be obtained from the university (KIU) which was taken to the hospital director as well as In- Charges Fort Portal Regional Referral Hospital ANC clinic and gynecology ward before approaching and collecting data from the respondents, thereafter which the researcher introduced himself to the respondents. This was to improve efficiency and confidentiality during data collection. The researcher sampled 4 respondents per day totaling to 52 respondents within 13 days.

3.7.1 Data management

Data collected was proof read, edited tabulated and entered into SPSS.

3.7.2 Data Analysis

Data analysis was done using quantities approach. Such data was first entered in the statistical package for social scientist (SPSS version 20). The result based on a single valuable was presented in tables, figures and text developed using Microsoft Excel.

3.8 Ethical Consideration

Study was conducted upon approval by the supervisor. A letter of introduction from the office of the Dean faculty of Clinical Medicine and Dentistry was obtained and then presented to the Hospital management upon arrival at the facility. The researcher sought permission from the hospital management to be allowed to proceed with the research before embarking on data collection.

The investigator took measures to obtain informed consent from the participants by giving them consent forms to fill before taking part in the study and ensured that; the freedom, dignity, confidentiality and autonomy of the participants as independent human beings was respected throughout the study allowing for willful joining and exit from the research.

3.9 Limitations of the Study

The researcher faced challenges from the respondents who were not co-operative and some found hardship in answering the questionnaire. In addition some respondents feared to share their views and in this case respondents were reassured of the confidentiality and the researcher explain to them the purpose and future benefits of the study which he believes convinced them to respond positively. There researcher also faced a challenge of limited time for him to do research and balance with other coursework's but the researcher made make a work plan which was followed strictly

3.10 Dissemination of results

After the completion of this research report, the results were disseminated to Fort Portal Regional Referral Hospital, Kampala International University and the researcher retained a copy for himself.

CHAPTER FOUR

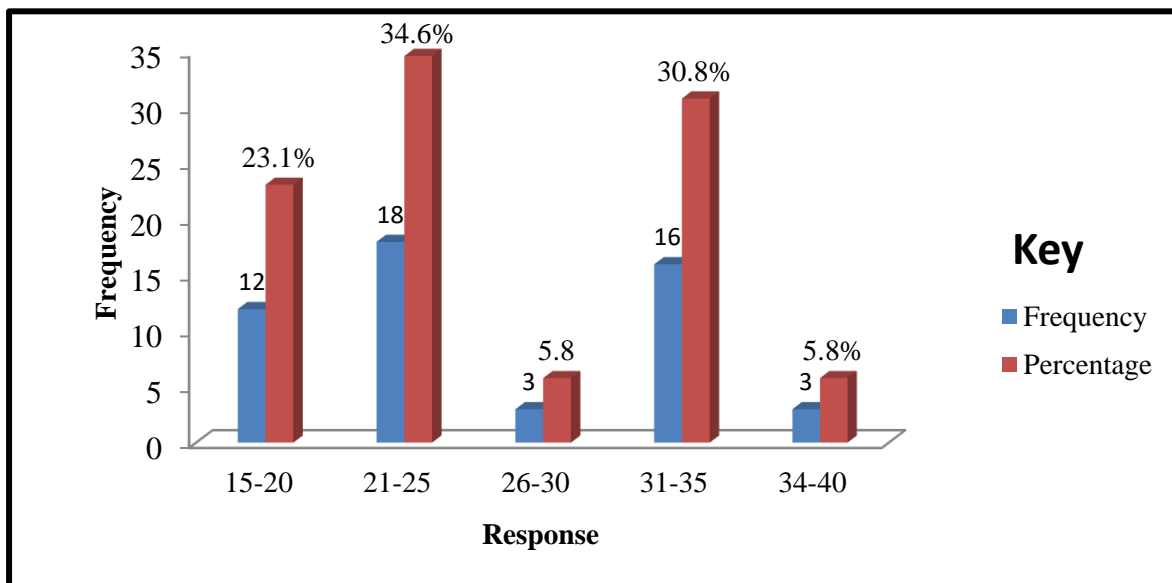
PRESENTATION OF RESULTS

4.0 Introduction

This chapter presents the results in reference to objectives in chapter one. Gender of respondents, Age of respondents, education level of respondents, Number of years of respondents, to establish the knowledge of post abortal mothers on contraception use, to assess the attitude and practices of post abortal mothers on contraception use and to identify the social economic factors affecting contraception use among post abortal mothers in fort portal regional referral hospital

4.1 Demographic characteristics of respondents

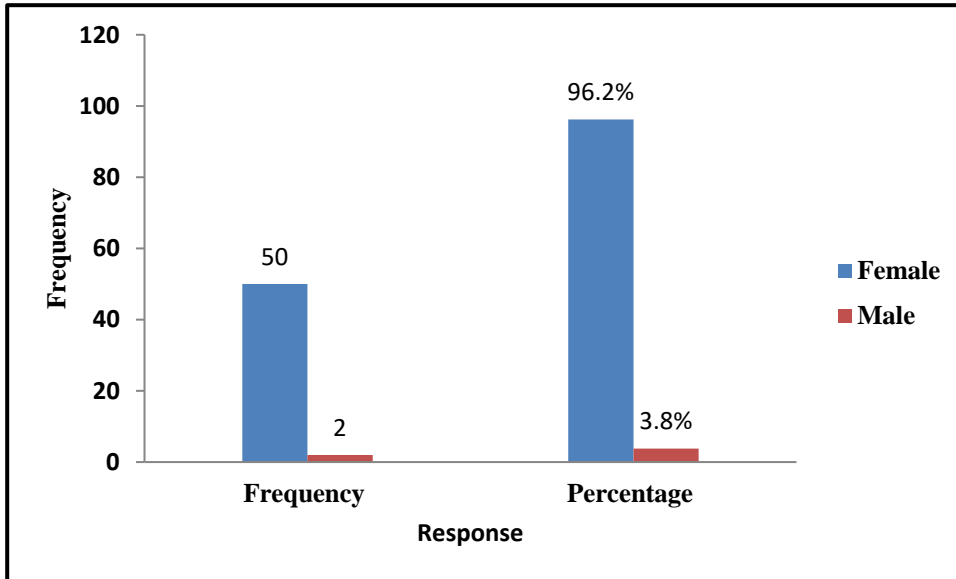
Figure 1 Showing age range of respondents



Source: primary data

The findings showed that the majority respondents were between 21-25 years with 34.6%, followed by those with 31-35 years had 30.8%, and 15-20% who had 23.1%. This implies that the study many old people.

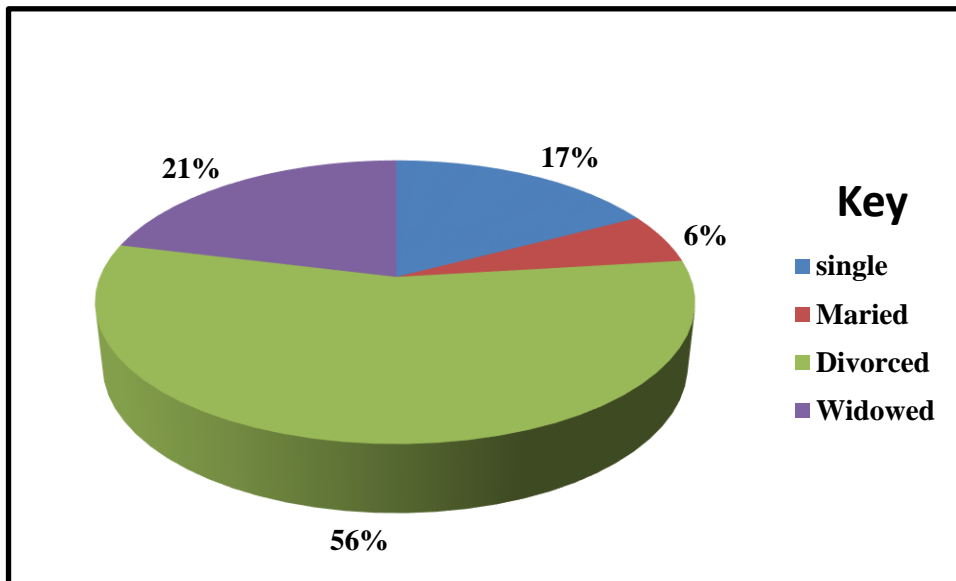
Figure 2 Showing gender of respondents



Source: primary data

The findings showed further that the majority gender were female with 96.2% against 3.8% who were male. This implies that the male dominated the s

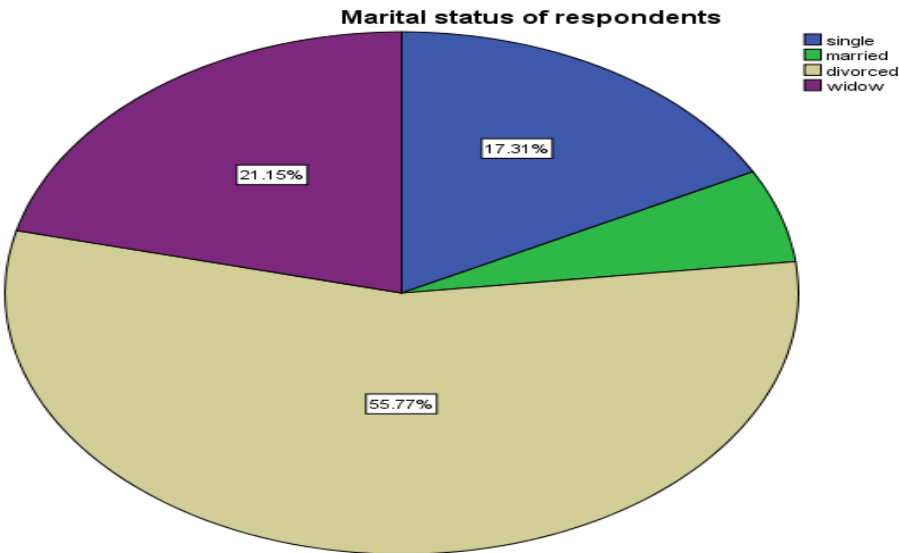
Figure 3 Showing marital status of respondents



Source: primary data

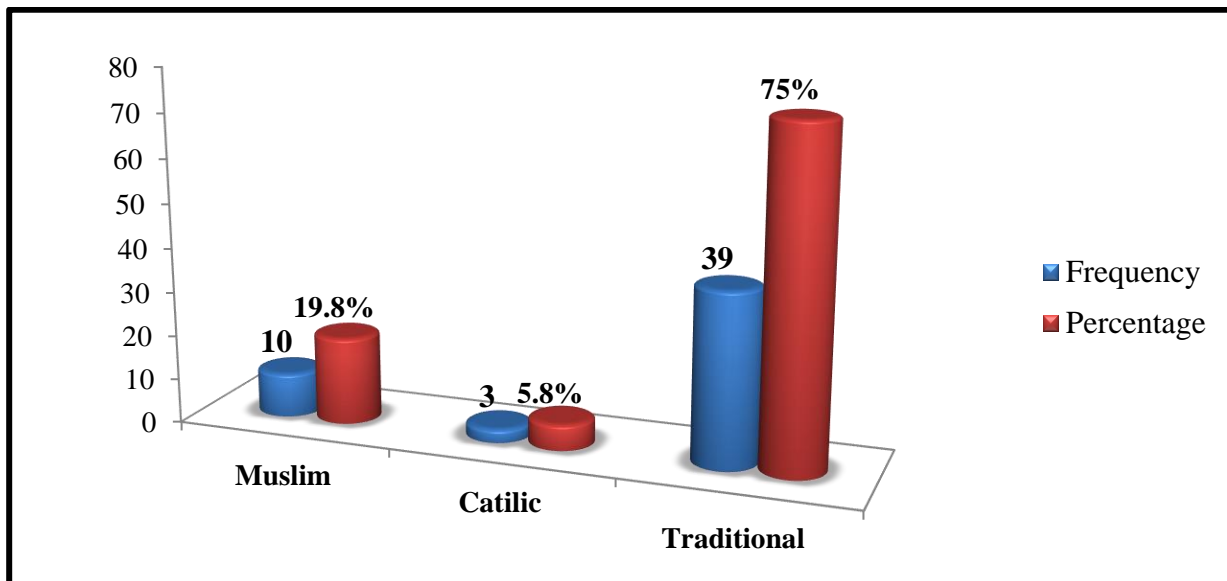
The findings showed further that most mothers were divorced with 55.8%, single 17.3%, widow had 21.2% and married were 5.8%. This implies that most people were divorced

Figure 4 Showing marital status of respondents



The findings showed further that most mothers were divorced with 55.8%, single 17.3%, widow had 21.2% and married were 5.8%. This implies that most people were divorced.

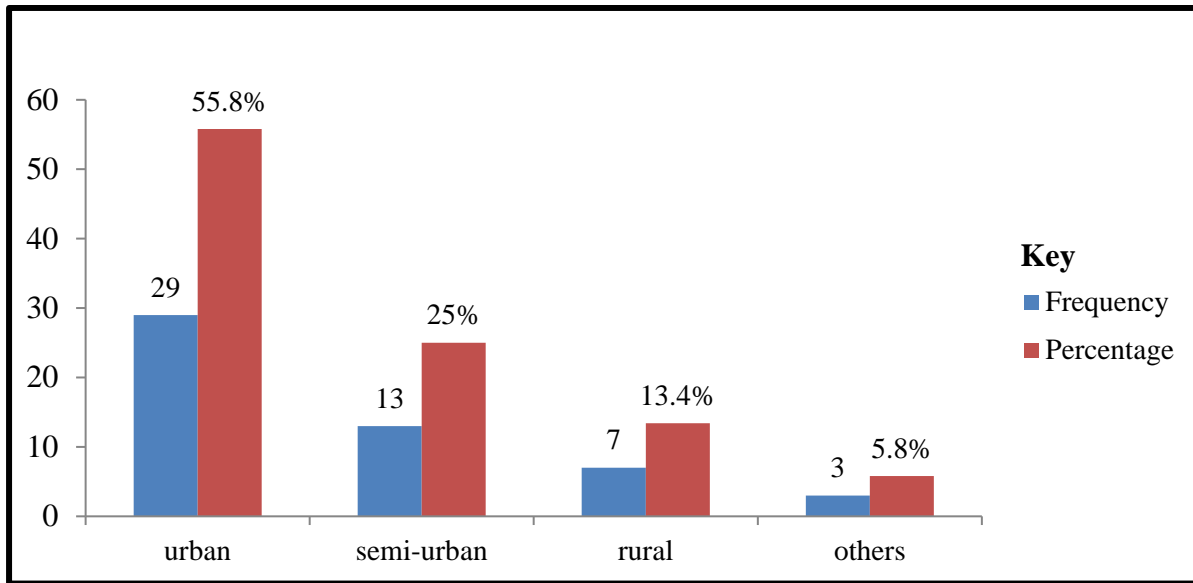
Figure 5 Showing religion of respondents



Source: primary data

The findings showed further that most respondents were traditional believers with 75%, followed by Muslims who were 19.2% and Christians 5.8%. This implies that most respondents were traditional believers.

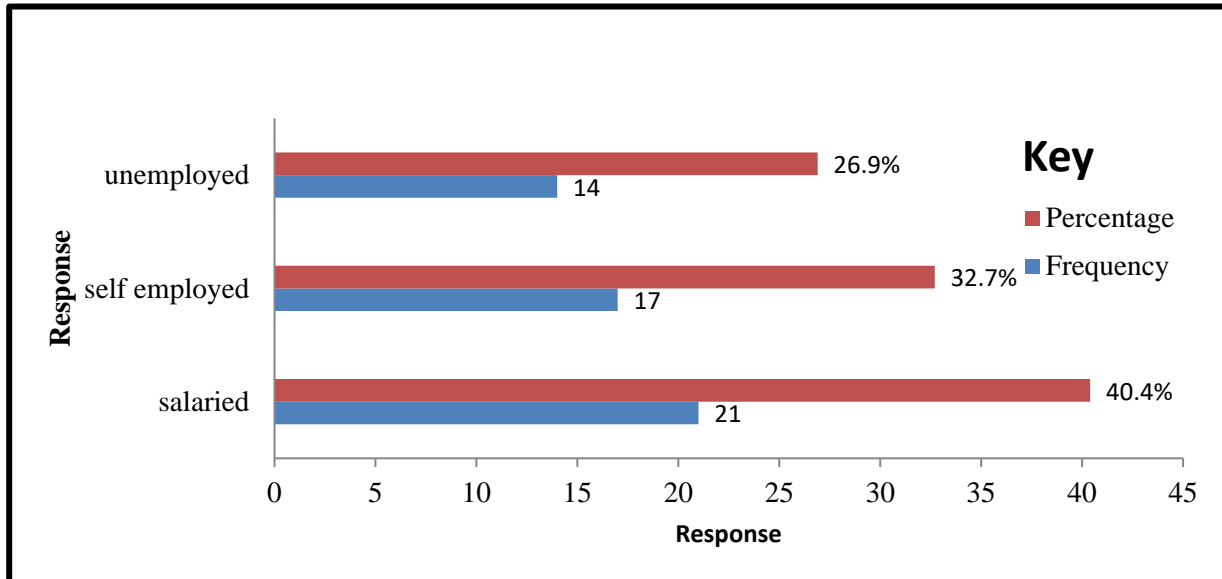
Figure 6 Showing residency of respondents



Source: primary data

The findings showed that most respondents were settled in urban area with 55.8%, semi-urban with 25.0%, rural with 13.5% and others with 5.8%. This implies that most respondents were living in urban areas.

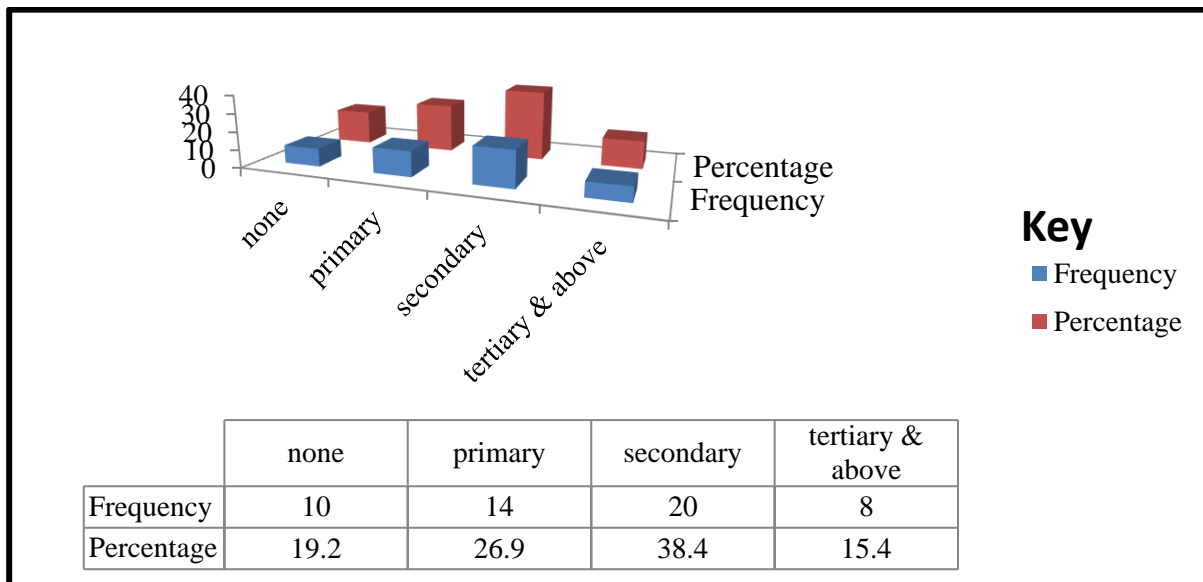
Figure 7 Showing employment status of the respondents



Source: primary data

The findings showed further that there is authority in place responsible for waste management with 86% against 14% who disagreed. This implies that there is authority that collects waste.

Figure 8 Showing education status of respondents

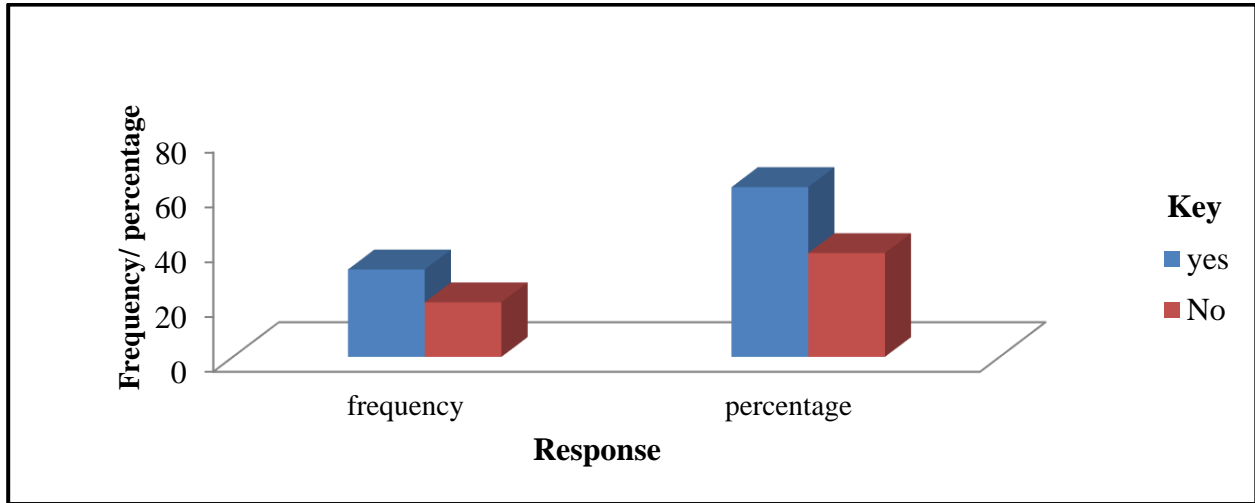


Source: primary data

The findings showed further that the majority were secondary leavers with 38.5% against 26.9% who were primary education leavers and 19.2% who had none. This implies that most respondents had some education.

4.2 Knowledge of post abortal mothers on contraception use

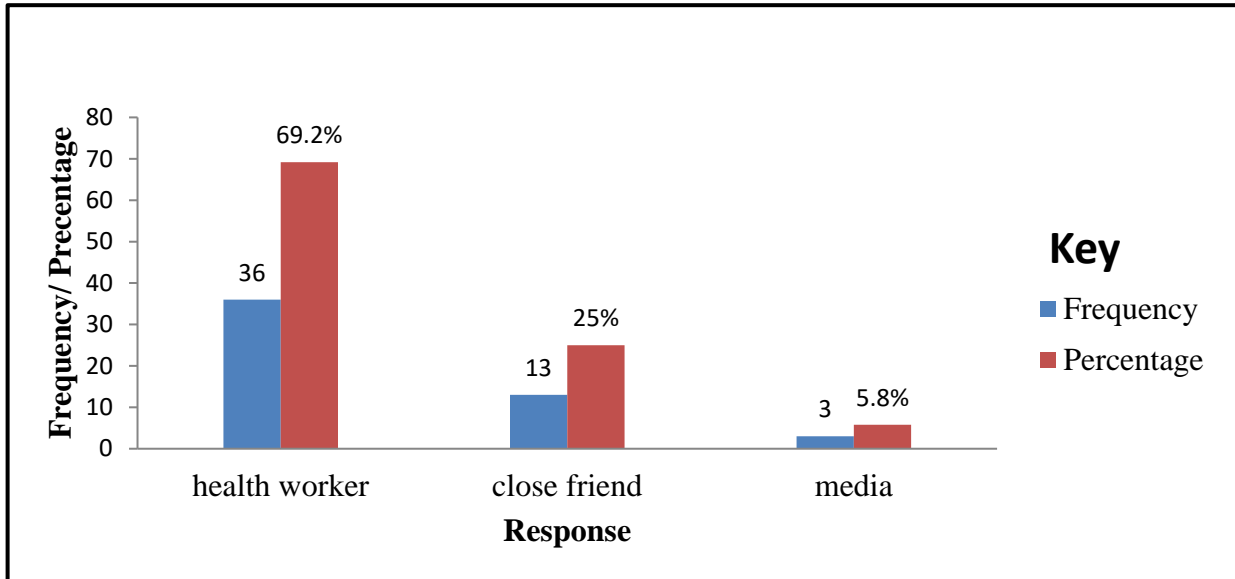
Figure 9 Showing whether respondents ever heard that mother can start contraception after abortion



Source: primary data

The findings showed that most respondents had never heard that mother can start contraception after abortion with 62% against 38% who agreed. This implies that most respondents had never heard that mother can start contraception after abortion.

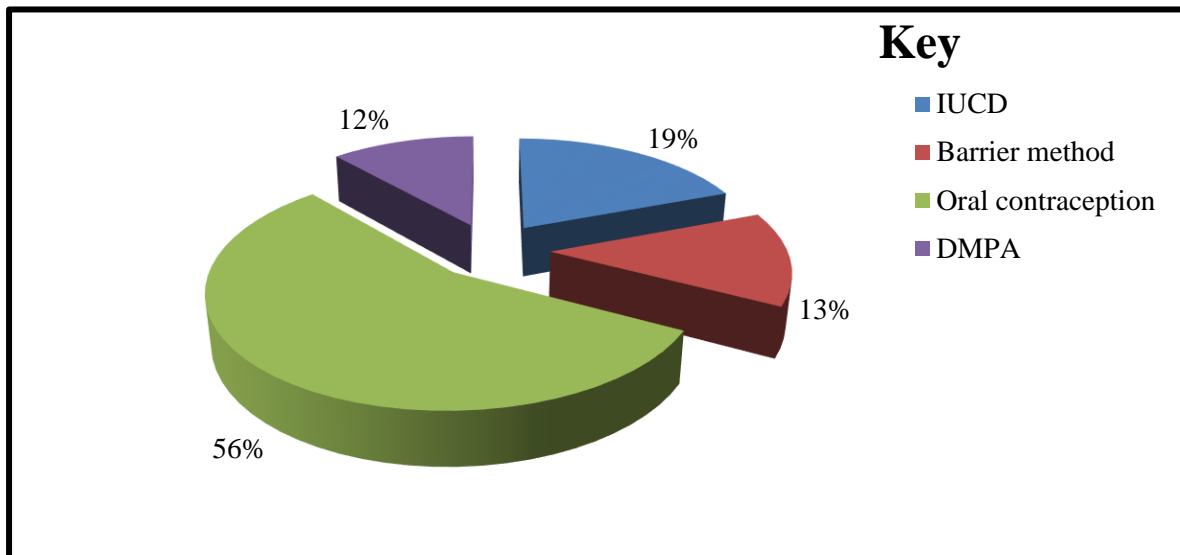
Figure 10 Showing source of information of about post abortal contraception



Source: primary data

The findings showed further that the source of information was health worker with 69.2%, close friend with 25.0% and media with 5.8%. This implies that most mothers knew about the information from health workers.

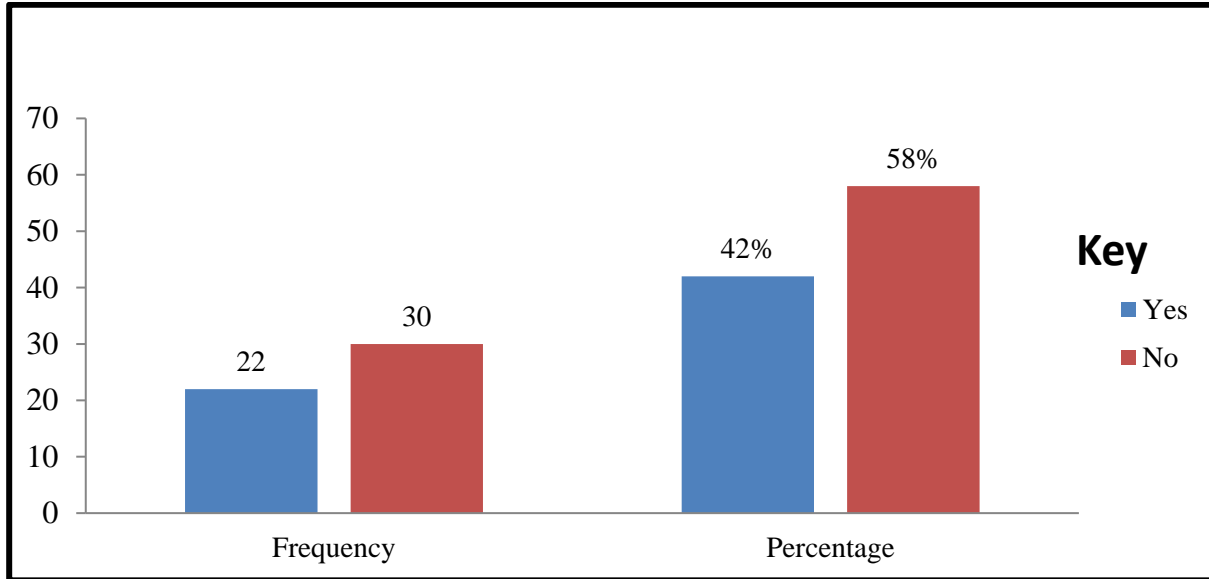
Figure 11 Showing whether respondents have known of any modern contraception methods a woman can use after an abortion



Source: primary data

The findings showed that most women know modern contraception methods to use after abortion was oral contraception with 55.8%, IUCD with 19.2%, barrier method with 13.5% and DMPA with 11.5%. This implies that oral contraception is the most used method after abortion.

Figure 12 whether respondents ever used any family planning method after an abortion



Source: primary data

The findings showed further that most respondents had used any family planning method after an abortion with 58% against 42% who disagreed. This implies that most people used family planning method after an abortion.

4.3 Social economic factors that affect contraception use among post abortal mothers

Table 1 Showing whether age of mothers affect contraceptive use

	Frequency	Percent
strongly disagreed	9	17.3
moderately disagree	6	11.5
not sure	2	3.8
moderately agree	2	3.8
strongly agree	33	63.5
Total	52	100.0

Source: primary data

The findings showed further that age of mother affects contraception use among post abortal mothers with 63.5% strongly agreeing against 17.3% who strongly disagreed. This implies that age of mothers affect contraception use.

Table 2 Showing whether perceived susceptibility and severity affect contraceptive use

	Frequency	Percent
strongly disagreed	7	13.5
moderately disagree	14	26.9
not sure	6	11.5
moderately agree	17	32.7
strongly agree	8	15.4
Total	52	100.0

Source: primary data

The findings showed further that perceived susceptibility and severity moderately disagreed with 26.9% against 15.4% who strongly disagreed. This implies that perceived susceptibility and severity does not affect contraception use among post abortal mothers.

Table 3 Showing whether gender , sexual violence and coercion affect contraceptive use

	Frequency	Percent
strongly disagreed	2	3.8
moderately disagree	7	13.5
not sure	18	34.6
moderately agree	18	34.6
strongly agree	7	13.5
Total	52	100.0

Source: primary data

The findings showed further that gender, sexual violence and coercion moderately agree with 34.6% against 34.6% who were not sure. This implies that gender, sexual violence and coercion do not affect contraception use among abortal mothers.

Table 4 Showing whether access to information affects contraceptive use

	Frequency	Percent
strongly disagreed	3	5.8
moderately disagree	6	11.5
not sure	9	17.3
moderately agree	14	26.9
strongly agree	20	38.5
Total	52	100.0

Source: primary data

The findings showed further that access to information strongly agreed with 38.5% and 26.9% moderately agreed. This implies that access to information affects contraception use among abortal mothers.

Table 5 Showing whether social-cultural and religious norms

	Frequency	Percent
strongly disagreed	11	21.2
moderately disagree	3	5.8
moderately agree	8	15.4
strongly agree	30	57.7
Total	52	100.0

Source: primary data

The findings showed further that social-cultural and religious norms strongly agreed with 57.7% against 21.2% who strongly disagreed. This implies that social-cultural and religious norms affect contraception use among abortal use.

CHAPTER FIVE

DISCUSSION CONCLUSION AND RECOMMENDATION

5.0. Introduction

This chapter presents the analyzed results, conclusions derived from the study in relation to the specific objectives and recommendations. The aim of this study was to assess Knowledge attitude and practices of contraception usage among post abortal women in Fort Portal Regional Referral Hospital

5.1 Knowledge Of Post Abotal Mothers On Contraception Use In Fort Portal

Regional referral hospital

Majority of the women involved in the study had never heard that mother can start contraception after abortion with 62% against 38% who disagreed. This finding corresponds with a study conducted by (Magesa, E. 2014) in Switzerland which revealed that most pregnant mothers who attend ANC were not aware of family planning post abortion. This was so because the only source of such information are from doctors and other health workers 69.2% who are not easily accessible if someone does not frequent going to the hospital.

The findings further showed that 69.2%, explained that their source information about contraceptive use was from a close friend with 25.0% and media with 5.8%. This implies that most mothers acquired their information from non-trained people this finding is in line with (Akinyemi, J. et al 2017) who states that in most of the African societies, the main limiting factors to the use of contraceptive methods in the state are poverty, ignorance, and illiteracy.

The findings also showed that most women know modern contraception methods to use after abortion was oral contraception with 55.8%, IUCD with 19.2%, barrier method with 13.5% and DMPA with 11.5%. This implies that oral contraception is the most used method after abortion. This finding corresponds with (Fekadu, Z.2017) who stated that Levels of knowledge of the contraceptive methods as well as communication between spouses regarding family planning issues were significantly associated with contraceptive use.

The findings showed further that most respondents never used any family planning method after an abortion with 58% against 42% who agreed. This implies that most people had never used family planning method after an abortion. This corresponds with the long-standing forms of African social organization including the high value attached to the perpetuation of the lineage, the importance of children as a means of gaining access to resources (particularly land), the use of kinship networks to share the costs and benefits of children (primarily through child fostering) and the weak nature of conjugal bonds clearly inhibit contraceptive adoption and fertility decline (Fekadu, Z.2017).

5.2 Social economic factors that affect contraception use among post abortal mothers

The findings showed further that age of mother affects contraception use among post abortal mothers with 63.5% strongly agreed, 26.9% moderately disagreed that susceptibility and severity affects contraception use, 34.6% moderately agree that gender, sexual violence and coercion also affects contraception use, 38.5% strongly agreed that access to information affects contraceptive use while 57.7% strongly agreed the social-cultural and religious norms affect contraception use by post abortal mothers.

The above findings correspond with that of (Calabretto, 2009) who argued that contraceptive methods and uptake of contraception is affected by socio-economic status, cultural beliefs and value attached to children and educational level of a mother. Likewise (Goodwin, et al, 2010) in his study in Accra Ghana also commended that access to information can totally affect contraceptive use among women.

However A different study by (Shankaraiah, R. 2016) in Lesotho, Africa found that the type of facilities to which women had access (e.g. hospital, clinic, community- based and employment – based) was a significant predictor of current use of contraception. Accessibility, reliability and responsiveness to women needs of contraceptives were also a predictor in the use of contraceptive methods by Iranian women.

5.3 Conclusion

This study has been useful in identifying some of the factors which hinder some women in stable marital relations not to use contraceptive methods during the post abortal period. It has also

identified that socio-demographic factors like education level and occupation were found to influence the use of contraceptive methods among women in. while lack of enough sensitization among the community limits most women from knowing the they can take up contraception immediate after abortion. However, large portion respondents 62% had never heard that a mother can start contraception after abortion.

5.4 Recommendations

1. District Health Management teams should develop interventions that will enable women in stable marital relations to understand the importance of using contraceptive methods.
2. The study recommends that husband/partner support has to be among the interventions emphasized as key in acceptance of contraceptive use. Using contraceptive methods after abortion should include the husband's effort /support. Sixty nine percent of non- users also indicated partner support is important in the use of contraceptive methods.
3. Since this study did not involve men, further studies are needed to determine the extent of use of contraceptive methods among men and associated factors.

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APPENDICES

APPENDIX I: CONSENT FORM

STATEMENT OF CONSENT

I Enock Lukyamuzi, an undergraduate student of Kampala International University Western Campus currently conducting my research entitled: *Knowledge, attitude and practices of contraception use among post abortal women at Fort Portal Regional Referral Hospital*.

I am kindly requesting you to be a focal person in answering this questionnaire which is extremely important for the success of his study. Please kindly consent to participate in this study and I guarantee utmost full confidentiality once you accept to participate in this study.

This study has been clearly explained to me and I have been assured that I am free to participate in the study or refuse it and can withdraw anytime. My decision will not affect my rights to any research studies. I am sound in mind, healthy and have not been coerced in any way to be a participant.

Signature.....

Date.....

Place.....

QUESTIONNAIRE

APPENDIX II: QUESTIONNAIRE

My name is ENOCK LUKYAMUZI, a student from Kampala international University pursuing degree in medicine and surgery. I am conducting a research entitled; *Knowledge, Attitude and Practices of contraception usage among post- abortal women attending Fort Portal Regional Referral Hospital.*

Please Tick (√) against the answer of the respondents choice or fill in the blank spaces where applicable.

SECTION A: BIO DATA

1. AGE (YEARS)

- A.15- 20 C.26- 30 E.36- 40
B.21- 25 D.31- 35 F. >41

2. GENDER

- A. Female B. Male

3. MARITAL STATUS

- A. Single C. Divorced E. Cohabiting
B. Married D. Widow

4. RELIGION

- A. Muslim C. Traditional
B. Christian D. Others (Please Specify).....

5. RESIDENCY

- A. Urban B. Semi-Urban

C. Rural D. Others (Please Specify).....

6. EMPLOYMENT STATUS

A. Salaried B. Self-employed

C. Unemployed

7. HIGHEST LEVEL OF EDUCATION ATTAINED

A. None B. Primary

C. Secondary D. Tertiary& above

8. TOTAL NUMBER OF PREGNANCIES EVER HAD

{ }

9. NUMBER OF PREGNANCIES THAT ENDED INTO ABORTIONS

{ }

10. GESTATIONAL AGE AT WHICH ABORTION(S) OCCURRED

{ }

11. DURATION TAKEN BEFORE CONCEIVING AGAIN.

{ }

**SECTION B: KNOWLEDGE OF POST ABORTAL MOTHERS ON CONTRACEPTION
USE IN FORT PORTAL REGIONAL REFERRAL HOSPITAL**

12. Have you heard that a mother can start contraception after abortion?

Yes { }

No { }

13. If yes what was the source of your information

- Health worker { }
- Relative { }
- Close friend { }
- Media { }
- Others (please specify) { }

14. Have you known of any modern contraception methods a woman can use after an abortion?

- IUCD { }
- Barrier method { }
- Oral contraception pills { }
- DMPA { }
- Others (Please specify) { }

SECTION C: ATTITUDE AND PRACTICES OF POST ABORTAL MOTHERS ON CONTRACEPTION USE

15. Have you ever used any family planning method after an abortion

- Yes { } No { }

If Yes which one:

16. Would you be willing to use family planning post abortion?

- Yes { } No { }

17. If Yes, why?

- Husband's advising { }
- Doctor's advice { }
- Spacing between child { }
- Financial difficulty { }
- Others (Please specify) { }

18. If No why?

- Husband abroad { }
- Worried about side effects { }
- Opposition from family { }
- Wanted to have child { }
- Other please specify { }

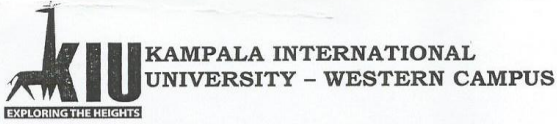
SECTION D: SOCIAL ECONOMIC FACTORS AFFECTING CONTRACEPTION USE AMONG POST ABORTAL MOTHERS

Please indicate by putting a tick how much you agree or disagree with each of the following statements:

The following social economic factors affect contraception use among post abortal mothers

	Attribute	Strongly agree	moderately agree	Not sure	moderately disagree	Strongly disagree
25	Age of the mother					
26	Perceived susceptibility and severity of pregnancy outcomes.					
27	Gender, Sexual Violence and Coercion					
28	Access to Information					
29	Social- Cultural and Religious norms					

APPENDIX III: INTRODUCTION LETTER



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OFFICE OF THE DEAN FACULTY OF CLINICAL MEDICINE & DENTISTRY

4/12/2017

THE DIRECTOR
FORT PORTAL REGIONAL REFERRAL HOSPITAL



RE: LUKYAMUZI ENOCK (BMS/0182/123/DU)

The above named person is a fifth year student at Kampala International University pursuing a Bachelor of Medicine, Bachelor of Surgery (MBChB) Programme.

He wishes to conduct his student Research in your community.

Topic: Knowledge, attitude and practice of contraceptive use among post -abortal in Portal Regional Referral

Supervisor: Dr. Abirileku Lawlence

Any assistance given will be appreciated.

Dr. Akib Surat O
Deputy Executive Director/Assoc Dean (FCM & D)

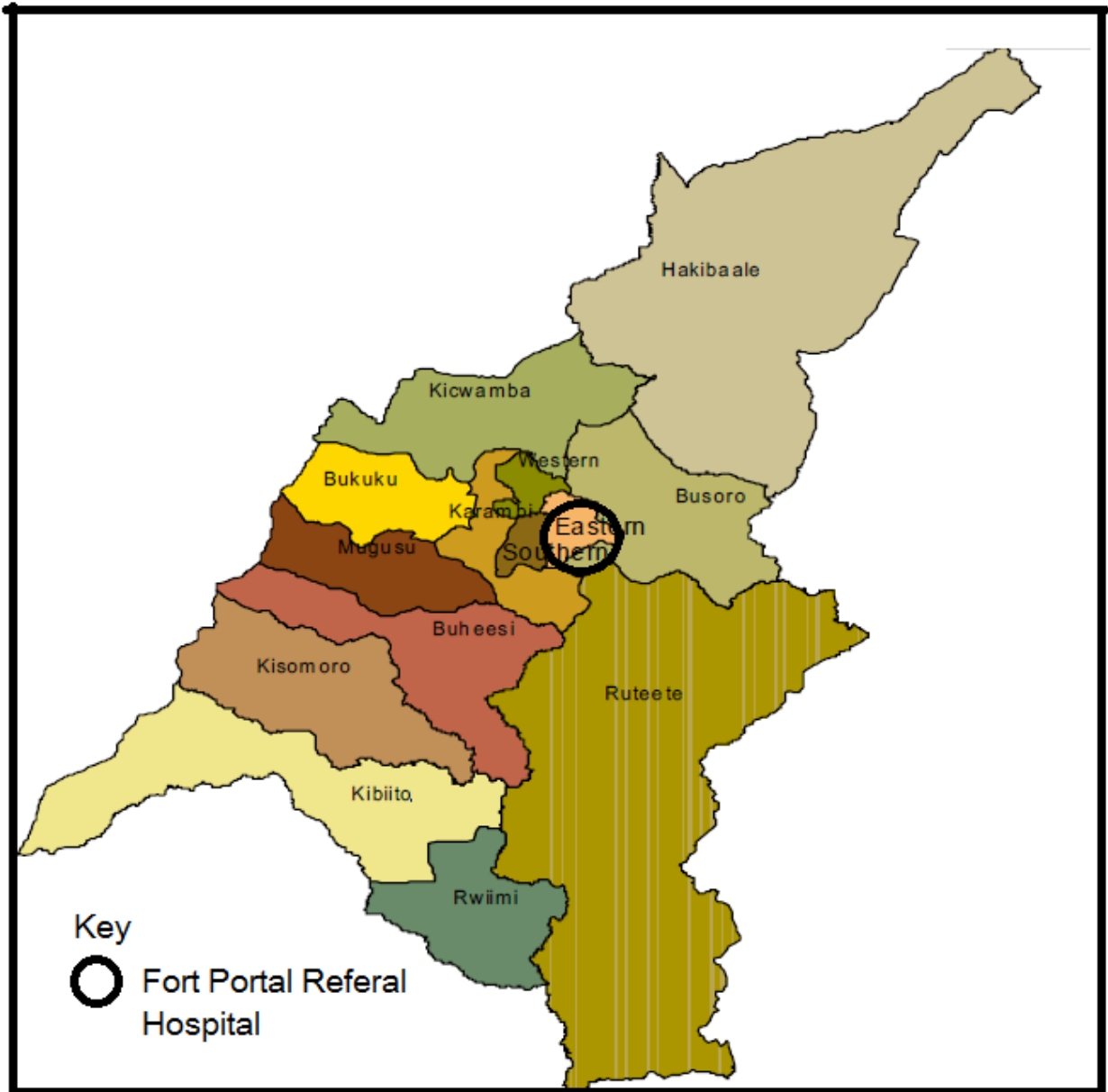


"Exploring the Heights"

Assoc. Prof Ssebuufu Robinson, Dean (FCM & D) 0772 507248 email: rssebuufu@gmail.com
Dr. Akib Surat Associate Dean FCM & D) email: doctorakib@yahoo.com

APPENDIX V

MAP OF KABAROLE DISTRICT SHOWING FORT PORTAL REFERRAL HOSPITAL



APPENDIX VI: WORK PLAN

c	Activity	Months in 2018									
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
1	Identifying topic and approval										
2	Proposal writing and approval										
3	Data Collection										
4	Report Writing										
5	Approval and submission of report										

APPENDIX VI: BUDGET

	ITEMS	Quantity	Unit price	Total cost
1	Stationary			
a	Photocopying Paper	2 Reams	15,000	30, 000
b	File Folders	3	500	1,500
c	Flash disk	1		30, 000
d	Pens	3	300	900
2	Typing Services			
a	Questionnaire	30	500	15,000
b	Proposal	3 Copies	20,000	60,000
c	Report	4 Copies	60,000	240,000
3	Data Collection			
a	Transport			50, 000
b	Lunch	6 Days	5,000	30, 000
4	Literature Search(Libraries, internet)		-	60,000
	Grand Total			482,400