

**FACTORS ASSOCIATED WITH CONTRACEPTIVE USE AMONG WOMEN WHO
PRESENTED WITH INDUCED ABORTIONS IN FORT PORTAL REGIONAL
REFERRAL HOSPITAL UGANDA.**

BY:

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**A RESEARCH REPORT SUBMITTED TO THE FACULTY OF CLINICAL MEDICINE
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DECLARATION

I, AMINA AMIN NADHIR Registration Number BMS/0275/123/DF hereby declare that all the work in this research proposal is original unless otherwise acknowledged and has not been submitted for another award in this Institution or any other Institution of Higher Learning.

Signed.....

Date.....

Student

APPROVAL

This work has been done by AMINA AMIN NADHIR BMS/0275/123/DF under my close supervision and being submitted for examination with my approval

DR TAMALE ANDREW (PhD)

Supervisor

Signature

Date

DEDICATION

This book is dedicated to my diligent parents and guardians, and all those persons whose contribution help in the successful completion of my studies.

Also to all those women who lost their lives from pregnancy related complications.

ACKNOWLEDGEMENT

I am so indebted to the following for their immeasurable assistance, moral and invaluable support towards the actualization of this research work. To you all my utmost gratitude and most sincere thanks.

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LIST OF ABBREVIATIONS

EC	:	Emergency Contraceptives
FIGO	:	International Federation of Gynaecologist and Obstetrician
IUD	:	Intra Uterine Device
KIU	:	Kampala International University
PID	:	Pelvic Inflammatory Diseases
PAC	:	Post Abortal Care
UN	:	United Nations
UNPD	:	United Nations Population Division
VVF	:	Vesico Vaginal Fistulae
UVP	:	Utero Vaginal Prolapse
WHO	:	World Health Organisation

OPERATIONAL DEFINITIONS

Contraceptive use: history of use (including, previous use and discontinued and contraceptive failure) of modern methods of contraceptive to prevent pregnancy.

Contraception never-use: history of never use of a modern contraceptive method.

Induced Abortion: deliberately terminated pregnancy as self-reported or as findings from clinical assessment.

Modern contraceptives: condom, IUD, pills, implants, patches, injectable contraceptives

ABSTRACT

Background

Over 100,000 abortions are performed daily and 50% of these are unsafe (Lalonde A, Beaudoin F, Smith J, Plourde S, Perron L,2006) . According to WHO, about 30,000 women of reproductive age in Sub-Saharan Africa die from abortions related complications performed by untrained and unskilled healthcare providers using unacceptable procedures (WHO,2008) . In Uganda, 297,00 abortions are performed every year most of which are done by unskilled healthcare providers such as pharmacists, clinical officers and community based traditional attendants (Singh S, Moore A, Bankole A, Mirembe F, Wulf D, 2006).

Methods

A retrospective cross sectional study was done using both quantitative and qualitative data collected from a list of 249 women with history of induced abortion out of 582 women who presented with abortions during the study period at department of obstetrics and gynaecology Fort Portal Regional Referral Hospital Uganda. Secondary data was collected and examined using a Pre-Tested Questionnaire from patients' medical record files and available registers at different service points in the hospital. The data was then analysed and displayed using tables and charts.

Results

The research showed the prevalence of contraceptive use among women with induced abortion in Fort Portal Regional Referral hospital is 63.4%. However, factors found independently associated with contraceptive use among women with induced abortion were; age, not being a student and having a source of income.

Conclusion

The contraceptive use prevalence among women with induced abortions was high (63.4%) while older age was associated with contraceptive ever use, being a student was associated with non-use of contraceptives.

CHAPTER ONE

GENERAL INTRODUCTION

1.0 INTRODUCTION

1.1 Background

Over 100,000 abortions are performed daily and 50% of these are unsafe (Lalonde A, Beaudoin F, Smith J, Plourde S, Perron L,2006) . According to WHO, about 30,000 women of reproductive age in Sub-Saharan Africa die from abortions related complications performed by untrained and unskilled healthcare providers using unacceptable procedures (WHO,2008) . In Uganda, 297,00 abortions are performed every year most of which are done by unskilled healthcare providers such as pharmacists, clinical officers and community based traditional attendants (Singh S, Moore A, Bankole A, Mirembe F, Wulf D, 2006).World Health Organisation “defines unsafe abortion as a procedure for terminating pregnancy, carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both” (Singh S et al, 2006) . About half of the 4 thousand daily pregnancies occurring in Uganda are unplanned (Khan S, Bradley S, Fishel J, Mishra V, 2008). There is direct correlation between unintended pregnancies and unsafe abortions that constitute nearly thirty percent of maternal mortalities among young women in Uganda (Gorrette N, Nabukera S, Salihu HM, 2005).

The use of contraceptives was found to significantly reduce the number of unsafe abortions, thus lowering the prevalence of direct maternal morbidity and mortality due to unplanned pregnancies (Tsui AO, McDonald-Mosley R, Burke AE, 2010) . Between (2002 and 2007). 2 out of 10 married women in Africa exposed to unintended pregnancies were not using any form of contraceptive method (Sedgh G, Henshaw S, Singh S, Åhman E, Shah IH , 2007). Uganda records low in the use of modern contraceptive methods amongst its regional member countries such as Kenya, Rwanda, and Tanzania, with 39, 27, and 20 percent of married women in each country, respectively. (Bremner J, Frost A, Haub C, Mather M, Ringheim K, Zuehlke E, 2010). In Uganda, 3 out 10 married women, and 52% of sexually active unmarried women are using some method of contraception and the unmet need for contraception is 34% (UBOS, 2011).In order to reduce complications of unsafe abortions, FIGO recommended among others, “quaternary prevention of repeated abortion procedures through post abortion family planning

counseling and contraceptive services” (Faúndes A. Strategies for the prevention of unsafe abortion, 2012).

Every year in sub-Saharan Africa, approximately 14 million unintended pregnancies occur and a significant proportion is due to poor use of short-term contraceptive methods (Bearinger L H et al, 2007) .

1.2 Problem Statement

Despite a liberal family planning policy in Uganda that allows access to contraceptive services to every sexually active individual and couples irrespective of age (MOH, 2006), a large proportion of sexually active Ugandan women have never used contraceptives. However, contraceptives are given free of charge in public health facilities while private facilities charge low fees as a commercial marketing strategy. Public awareness of at least one contraceptive method is as high as 99% (UBOS, 2011) , though the current modern contraceptive prevalence rate is only 30%. The apparent awareness has not transformed into contraceptive use, and the reasons for this are unclear. Hence, non-contraceptive users remain at risk of unintended pregnancy and unsafe abortion.

1.3 Justification of the Study

The study will identify challenges and opportunities in current family planning service delivery methods addressing the family planning needs of the people. The information shall notify the Maternal and child unit in the Ugandan Ministry of Health and its partner organisations to improve contraceptive service provision for women of reproductive age group to help curb the menace of unintended pregnancies. The results will also provide baseline data for further research. Family planning represents an opportunity for women to pursue additional education and participate in public life, including paid employments in non-family organisations. More so, small family size allows parents to invest more in each child. Children with fewer siblings tend to stay in school longer than those with many siblings (WHO, Family Planning Fact Sheets Reviewed. 2018)

1.4 General Objective

To determine the factors associated with contraceptive use among women who present with induced abortions in Fort Portal Regional Referral Hospital.

1.5 Specific Objectives

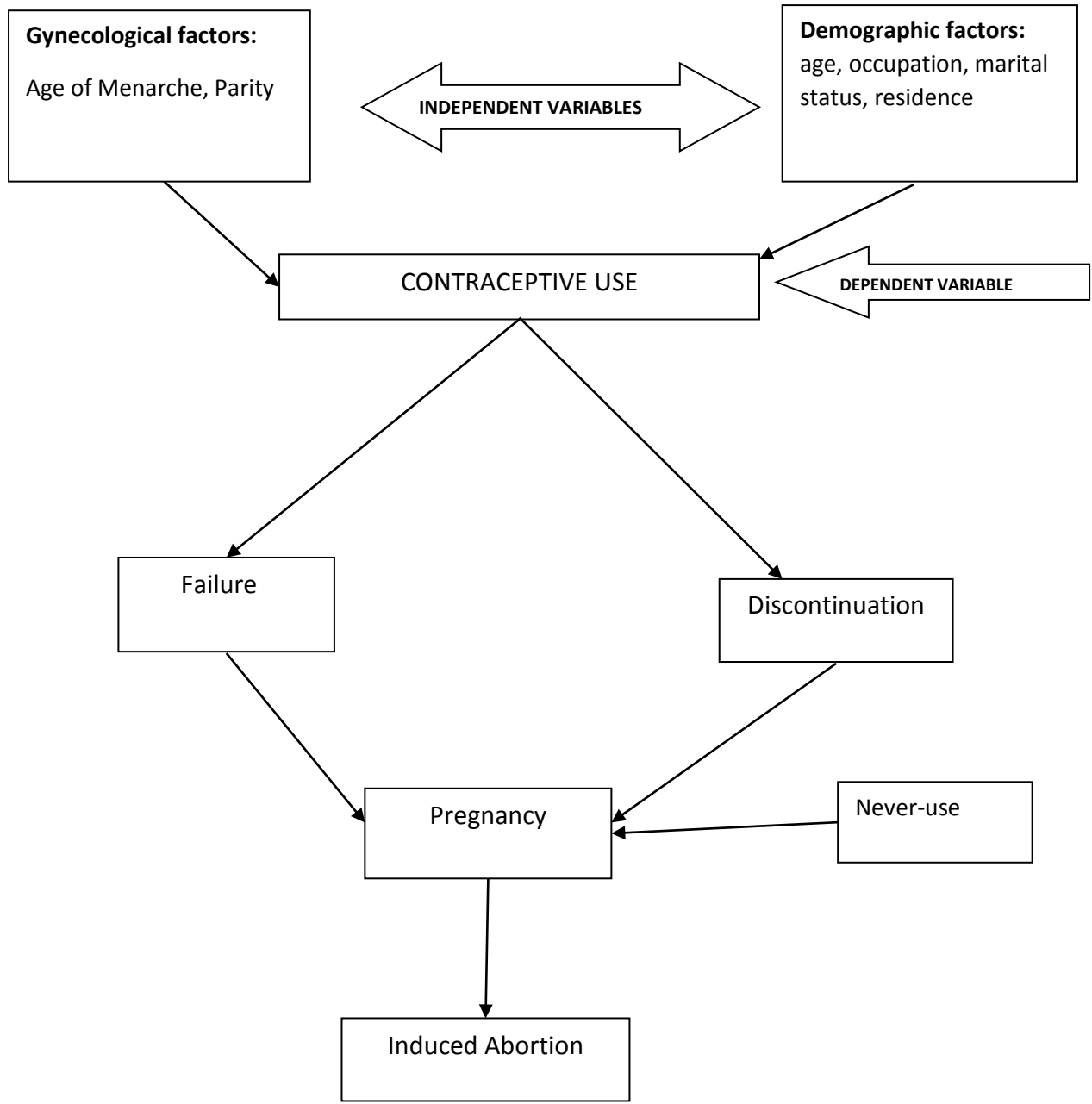
1. To determine the prevalence of contraceptive use among women who present with induced abortions in Fort Portal Regional Referral Hospital.
2. To determine socio-demographic characteristics and patient factors associated with contraceptive use among women who present with abortions in Fort Portal Regional Referral Hospital.
3. To determine health system factors associated with contraceptive use among women who present with induced abortions in Fort Portal Regional Referral Hospital.

1.6 Research Questions

1. What is the prevalence of contraceptive use among women who present with abortions in Fort Portal Regional Referral Hospital?
2. What are the factors associated with contraceptive use among women who present with abortions in Fort Portal Regional Referral Hospital?

1.7 Conceptual Framework

Figure 1: Conceptual Framework



CHAPTER TWO

LITERATURE REVIEW

2.0 LITERATURE REVIEW

2.1 Contraceptive Use

The UNPD estimates that in 2007, 6 out of 10 married women or cohabiting in developing countries use at least one contraceptive method with 11.2% identified as unmet need for family planning. Unmet need for contraceptive was estimated to be 22.2% in Africa, 9.2% in Asia and 10.5% in Latin America and the Caribbean. In addition 6%, or about 59 million women, depend on less-effective traditional methods (WHO, 2018). In the low and middle income countries, use of modern contraceptive methods is lower among adolescent girls than in adult women. In sub-Saharan Africa, very small percentage of unmarried, sexually active girls aged 15–19 years use modern contraceptive methods (for example, 4% in Benin, 10.7% in Kenya, 12.4% in Mali, 8% in Uganda, and 5.2% in Zimbabwe) (Bearinger LH, Sieving RE, Ferguson J, Sharma V, 2007). In a study done in Ethiopia among female students, 127 (15.8%) reported ever having had sex, of whom 109 (85.8%) had ever used contraceptives. 20 (16%) of the sexually active students reported having been pregnant, of whom 18 (90%) terminated their pregnancies with induced abortion (Bearinger LH, Sieving RE, Ferguson J, Sharma V, 2014).

In Uganda, married women's use of modern contraceptives has increased significantly in recent years, from 14% to 26% between 2000 and 2011, while overall contraceptive use has insignificant improvement in the past decade among sexually active unmarried women (UBOS 2011). A study conducted in Busia, 2013, found condom was the most used method at 71.7%, followed by Depo Provera at 31.8%. Sex and marital status were found to significantly influence condom use whereas, age and marital status had a statistical significance with use of Depo-Provera (Kayongo sb, 2013).

2.2 Consequences of Contraceptive Non-Use

In a study done to assess maternal mortality and maternity care from 1990 to 2005, found out, countries with maternal mortality ratios of more than 750 per 100,000 live births shared problems of high fertility and unplanned pregnancies, poor health infrastructure with limited resources and shortage of healthcare personnel (Shah IH, Say L, 2007).

There is high risk of having an abortion amongst pregnant women who do not use contraception and do not want to have more children. (Singh S et al, 2006).

2.3 Contraceptive use among Women With Abortions

In an analytical study conducted on the medical records of public facilities in Addis Ababa, Ethiopia from October 2008 to February 2009, repeat abortion clients were significantly more likely to have ever used short-term reversible contraceptive methods than first time abortion clients (Prata N, Holston M, Fraser A, Melkamu Y , 2013).

In a study done Tanzania on women with induced abortion, only 7.1 per cent had ever used a modern contraceptive, however. The main reasons reported for not using contraception were being too young to attend a family planning clinic and fear of side effects (Rasch V, Silberschmidt M, Mchumvu Y, Mmary V, 2000).

2.4 Contraceptive Non-Use, Discontinuation and Failure

.According to the UDHS 2011, lack of access to family planning services and information is often a barrier—rural women with unmet need, contraceptives misconceptions among men and tendencies to extramarital affairs were noted as significant barriers to contraceptive use. Other reasons given by married women include, partner opposition, breastfeeding or having recently given birth and fear of side effects. The most common reasons that unmarried, sexually active 15–24-year-old women cite for not using a method is that they are not married (UBOS, 2011). Results from a survey of adolescents and young adults in Mbale District Uganda, the respondents' contraceptive knowledge was quite good but many still engaged in unprotected sexual relations.

2.5 Factors Associated with Contraceptive Use

2.5.1 Personal Factors

In a study done among women with induced abortion in Finland, it was found out that young age, being parous, smoking, a history of prior abortion and type of contraception on the risk of another abortion (Heikinheimo O, Gissler M, Suhonen S, 2008).

The study conducted to examine unmet need in Uganda from 1995 to 2006, showed that unmet need is highest among married women, women in rural areas, and women in the Northern region. Unmet need is increasing among the all-women group, currently married women, all

sexually active women, and never-married sexually active women. Substantial proportions of women do not use, and do not intend to use, contraception in the future due to the fear of side effects and opposition from the husband or partner (Khan S et al, 2008).

Low socio-economic status, early onset of sexual relations, rural-urban migration, negative influence of the media and limited accessibility and availability of effective contraception have contributed to the increase in premarital sexual activity and early pregnancy. Information about sexuality, safe sexual practices and contraception is often lacking. This has resulted in many unintended pregnancies, a proportion of which have been terminated by unsafe abortion (J O, 2005).

2.5.2 Demographic Factors

In Ethiopia, 390 women interviewed about emergency contraceptives, factors such as age, living arrangement, education, marital status, religion were found to be significantly associated with the use of emergency contraceptives (Abate M, Assefa N, Alemayehu T, 2014).

In Uganda, current contraceptive use varies by age, with the lowest among young women below age 25 and among older women age 45 and above than among those at the intermediate age groups. For example, 14 percent of currently married women age 15-19 report current use of any contraceptive method. This proportion increases until it peaks at 38 percent among those aged 35-44, after which it decreases to 21 percent among women age 45-49 (UBOS 2011) . There is a wide gap in the use of any methods between urban and rural areas (46 percent versus 27 percent). Similar findings were noted in rural areas like Karamoja with low contraceptive use (UBOS, 2006).

2.5.3 Health System Factors

Discussion on the availability of contraceptives revealed that even where methods are available, youths reported missing out on the services sometimes because the providers are too busy to attend to them or not willing to dispense to youths or sometimes they're denied services if they do not have money (Kayongo S B et al,2013) . In a study conducted in Mityana and Mubende, in Uganda, Paternalistic, judgmental views by contraceptive service providers, coupled with lack of privacy and confidentiality, were said to inhibit young men and women from seeking contraceptive services and using contraceptives (Shah I, Åhman E, 2009). In a study done in

Mubende, reported that clinics were habitually out of stock of contraceptives and had limited choices of methods. High costs, particularly in rural areas, were reported as an obstacle.

2.6 Abortions

2.6.1 Burden

Each year 42 million abortions are estimated to take place; 22 million and 20 million as safe and unsafely respectively. Unsafe abortion accounts for 70,000 maternal deaths each year and causes a further 5 million women to suffer temporary or permanent disability. Maternal mortality ratios (number of maternal deaths per 100,000 live births) due to complications of unsafe abortion are higher in regions with restricted abortion laws than in regions with no or few restrictions on access to safe and legal abortion (Shah I, Ahman E, 2009).

Every year, about 20 million abortions are done by unskilled individuals, or in environments below minimum medical standards, or both. An estimated 68 000 women die as a result, and millions more have complications, many are permanent (Grimes DA, Benson J, Singh S, Romero M, Ganatra B, Okonofua FE, et al,2006). For developing regions, two-thirds of unsafe abortions occur among women aged 15–30 and 14% among women under age 20. Almost 60% of unsafe abortions in Africa are among women under age 25. Over 40% of unsafe abortions among adolescents in the developing world occur in Africa (Shah I et al,2004). In Uganda, abortions occur at a rate of 54 per 1,000 women aged 15–49 and account for one in five pregnancies. The abortion rate is higher than average in the Central region (62 per 1,000 women). It is also very high in the Northern region (70 per 1,000). Nationally, about half of pregnancies are unintended; 51% of married women aged 15–49 and 12% of their unmarried counterparts have an unmet need for effective contraceptives (Singh S et al, 2006). Data from a 2011-2012 survey of 1,338 women who received post abortion care at 27 Ugandan health facilities, most women reported that their unsafe abortion had had one or more adverse effects, including loss of productivity (73%), negative consequences for their children (60%) and deterioration in economic circumstances (34%).(Sundaram A et al, 2013).

2.6.2 Reasons for Inducing Abortion

A study done in Sweden, on 591 women with induced abortion during spring 2000. The most cited reasons contributing to their decision were financial concerns, worries about the relationship and bad timing of the pregnancy. Though 85% had used contraception during the

previous year, 36% of the women had not used any contraceptive method at the time of conception. The main reason given for not using contraception was the belief that they could not at that time become pregnant (35%)(Singh S et al, 2006) .Women's characteristics are associated with their reasons for having an abortion .with few exceptions ,older women and married women are most likely to identify limiting childbearing as their main reason of abortion (Singh S et al, 2006). Eighty women, who had undergone induced abortion, were interviewed in a qualitative study in Tanzania. Reasons given were related to education, job and finances. Others included, "a child should be wished for," "male partner does not favour having a child at the moment," "tired, worn out" and "have enough children"(Broen AN, Moum T, Bodtker AS, Ekeberg O , 2005).

2.6.3 Consequences of Abortion

Every year, according to the World Health Organization, some 67,000 women of childbearing age including 30,000 in Sub-Saharan Africa die from complications resulting from abortions performed by untrained and unskilled practitioners. In a study conducted in Nigeria, abortion-related mortality accounted for 11.8% of all maternal deaths. The cause of death was mainly sepsis and haemorrhage .Abortion-related mortality was hence, a major contributor to maternal mortality , with induced unsafe abortion constituting the bulk of the burden (Nwogu-Ikojo E, Ezegwui H, 2001).

The annual hospitalization rate due to abortion varies from a low of about 3 per 1000 women in Bangladesh to a high of about 15 per 1000 in Egypt and Uganda (Singh S et al, 2006).In Uganda-unsafe abortions account for almost 40% of admissions to emergency obstetric care units and they are responsible for significant morbidity and mortality among women (Mbonye AK, Asimwe J, Kabarangira J, Nanda G, Orinda V, 2007).

2.6.4 Diagnosis of Induced Abortion

Because unsafe abortion is often done mostly by untrained personnel or by the pregnant women themselves, much of it goes undiagnosed and hence, undocumented (Sedgh G, Hussain R, Bankole A, Singh S, 2007). The use of varying terms, such as induced miscarriage, menstrual regulation, mini-abortion, and regulation of a delayed or suspended menstruation further compounds the problem of producing reliable and comparable estimates of the prevalence of unsafe abortion (Moreau C, Bouyer J, Goulard H, Bajos N, 2005). In a study done in Dar es

salaam, to estimate via two different methods of fact finding, the proportion of allegedly spontaneous incomplete abortion, that are induced, found empathetic dialogue to improve quality of data collected among women with induced abortion (Rasch V, Muhammad H, Urassa E, Bergström S, 2000).Other methods described to increase data on induced abortion included, abortion incidence complication method and anonymous third party reporting (Singh S, Prada E, Juarez F, 2010).

CHAPTER THREE

METHODOLOGY

3.1 Study Design

This is a cross-sectional study design.

3.2 Study Setting

The study was conducted on the gynaecological ward of Fort Portal Regional Referral Hospital Uganda. This is a public hospital offering many services at affordable cost. The hospital provides both inpatient and outpatient services, organized under the departments of Medicine, Surgery, Obstetrics and Gynaecology, Paediatrics, and other departments. The department of obstetrics and gynaecology provides 24hour inpatient and outpatient services.

3.3 Study Population

Our target population was all women with abortions. The accessible population was all women with abortions who presented to Fort Portal Regional Referral Hospital between February 2016 and January 2017. The study population was all women with induced abortions who fulfilled the eligibility criteria.

3.4 Eligibility

We included women with induced abortions either as self-reported or as findings from clinical assessment.

3.5 Sampling

All records of women with induced abortions were recruited from the available books and registers from outpatient, gynaecology ward and theatre.

3.6 Sample Size

Kish Leslie's 1965 formula was used to calculate the sample size: $N = Z^2 P (1-P) / D^2$

- Z = standard normal Z-score corresponding to 95% confidence interval (1.96)
 - N = sample size required
 - P = estimated prevalence of contraceptive use (study done in Mulago, 2001 by Uhuru K.) (38) P=21.1%,
 - D = the required precision of the estimate (0.05)
- N= 249

3.7 Study Variables

Dependent variable: Contraceptive use among patients with induced abortion.

Independent variables: Sociodemographic characteristics, Gynaecological and obstetric history, Health system factors.

3.8 Quality Control

For the sake of ensuring internal and external validity, records from patient files and registers were used.

3.9 Data Management

3.9.1 Data Collection

A pretested questionnaire was used to collect data on sociodemographic characteristics, gynaecological and obstetric history and contraceptive history.

3.9.2 Data Processing

Pretested questionnaires were checked for accuracy and completeness at the end of data collection.

3.9.3 Data Analysis

Data was analysed using tables and charts.

3.9.4 Ethical Considerations

Ethical approval was obtained from Kampala International University Ethics and Research Committee. Efforts were made to ensure confidentiality throughout the study. Before commencement of the study, the research proposal was forwarded to KIU/KIU-TH Ethical and Research Committee (IREC). All study assistants were re-pronounced on the value of the study's fulfilment of subject's confidentiality and privacy values. The custodians of the patients' records were assured of confidentiality regarding the information obtained during the research. At the end of data collection, Hospital Management was thanked for approval of the research study.

CHAPTER FOUR

PRESENTATION OF RESULTS

4.0 Results

4.1 Socio Demographic and Reproductive Characteristics

We enrolled a total of 249 women with history of induced abortion out of 582 women who presented with abortions during the study period. The age of women in the study ranged from 13 to 39 years, fifty percent of them were married as shown in Table 1. However, Table 2 shows Catholics were 113/249 (45.4%), the Protestants 86/249 (34.5%) and the Moslems 50/249(20.1%). Half of the patients were employed (either formal or informal employment) and the other half were either students or unemployed. Only about a tenth (10.4%) of the study women were residing in a rural area with the rest 223/249 (89.6%) residing in an urban area as at the time of enrolment into the study as shown in Table 3. The majority of women 158 (63%) had ever used contraceptives in the past while 91 (37%) had never used contraceptives before as shown in Fig.3.

4.1.1 Respondents' Marital Status

Table 1: Showing the Marital status of the Participants

Marital Status	Frequency	Percentage
Married	126	50.6
Single	108	43.4
Separated/divorced	15	6
Total	249	100

Source: Primary data

Majority of the respondents were married (50.6%) followed by single (43.4%) and lastly separated/ divorced (6%).

4.1.2 Respondents' religious denomination

Table 2: Showing the percentage of Religious Denomination

Religion	Frequency	Percentage
Catholic	113	45.4
Protestant	86	34.5
Moslem	50	20.1
Total	249	100

Source: Primary data

Majority of the respondents were Catholic (45.4%) followed by Protestant (34.5 %) and lastly Moslem (20.1%).

4.1.3 Respondents' Geographical Distribution

Table 3: Showing the Geographical Distribution

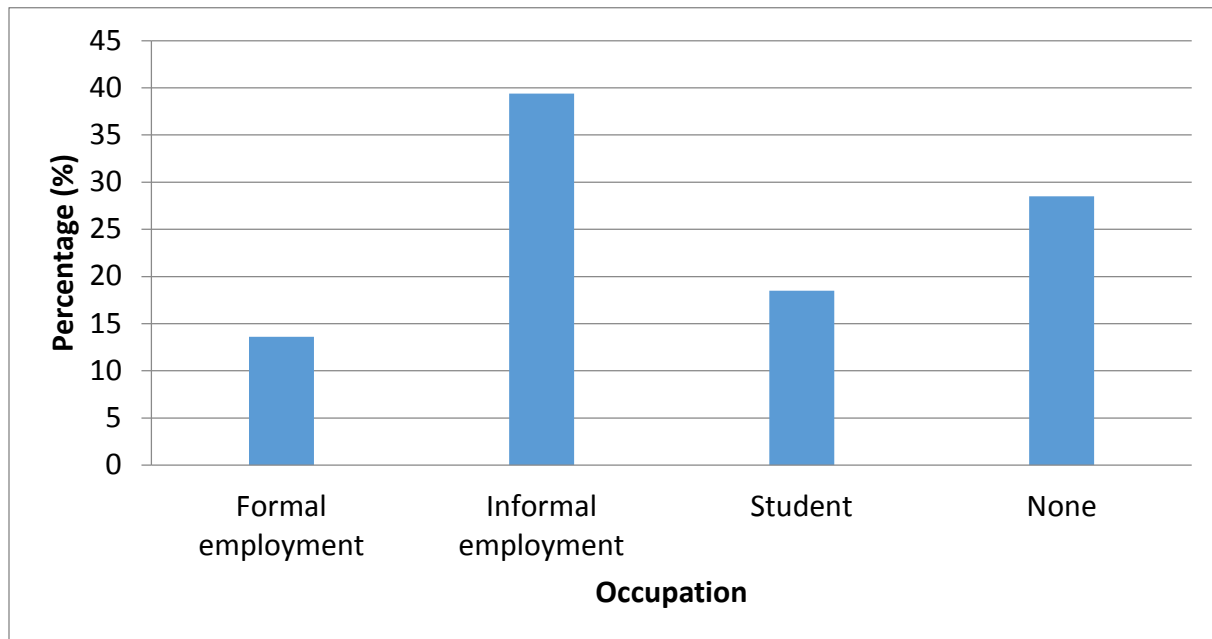
Residence	Frequency	Percentage
Rural	26	10.4
Urban	223	89.6
Total	249	100

Source: Primary data

Majority of the respondents were from urban area (89.6%) followed by those from rural area (10.4%).

4.1.4 Respondents' Occupation

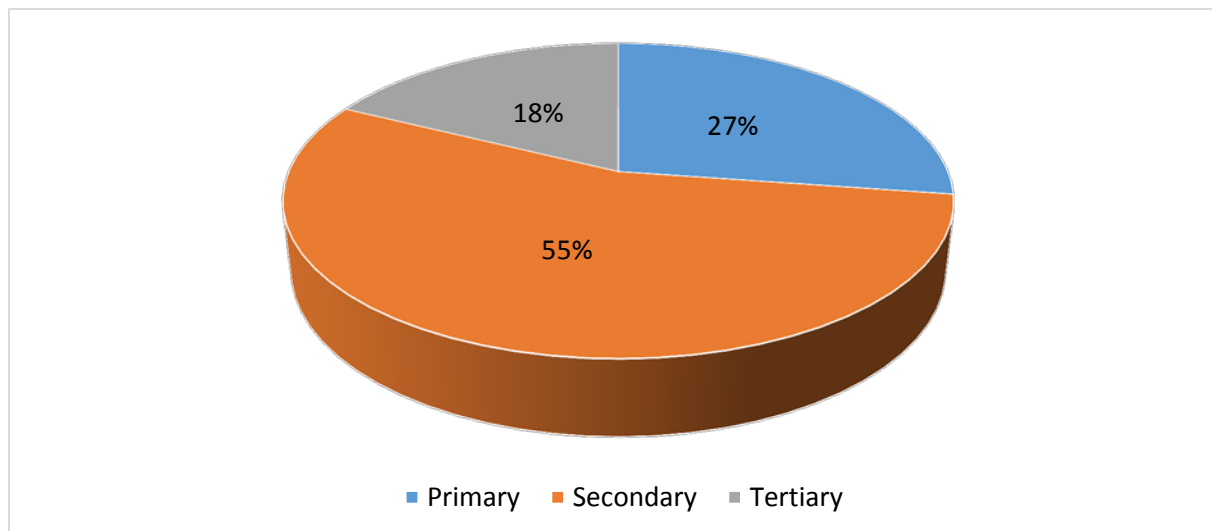
Figure 2: Showing Respondents' Employment Opportunities



Majority of the respondents had informal employment (39.45%) followed by the nonemployed (28.5%) and the least had formal employment (13.6%).

4.1.5 Respondents' Educational Level

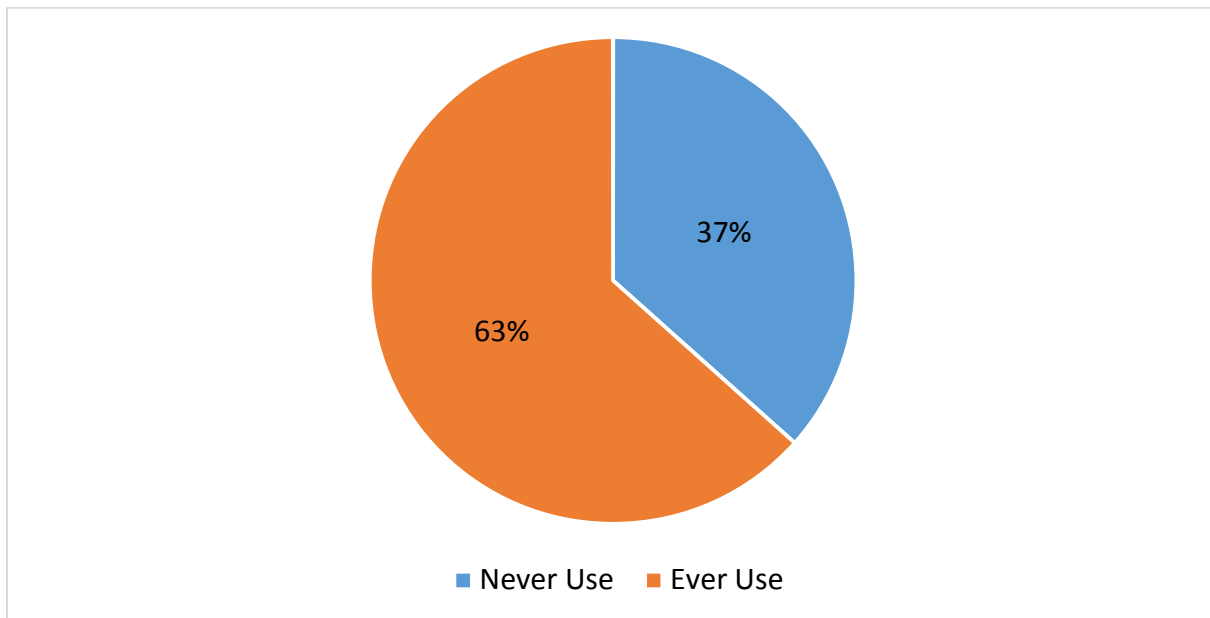
Figure 3: Showing Respondents' Educational Level



Majority of the respondents studied up to secondary level (55%) followed by tertiary level (27%) and lastly primary level (18%).

4.1.6 Respondents' Contraceptive Usage

Figure 4: Showing Respondents' Contraceptive Usage



The majority of women 158 (63%) had ever used contraceptives in the past while 91 (37%) had never used contraceptives before.

CHAPTER FIVE

DISCUSSION OF RESULTS, CONCLUSION AND RECOMMENDATIONS

5.0 Discussion

5.1 Prevalence of contraceptive use among women with induced abortions in Fort Portal Regional Referral Hospital

The prevalence of contraceptive use among women with induced abortion in Fort Portal Regional Referral hospital was 63.4% meaning that for every 10 women who present with induced abortions, 6 have ever used contraceptives. This is the number of women who used contraceptives and stopped due to some reasons or experienced contraceptive failure prior to getting an unwanted or unplanned pregnancy that resulted into induction of abortion. This number is higher than that found 14 years ago (21.1%) by Uhuru K in Mulago Hospital. This number is also higher than the contraceptive prevalence rate for modern contraceptives rate in Uganda which is 26% among the married women (UBOS,2011) . This prevalence is also higher than that found in Tanzanian girls (7%) in 2000 (Rasch V, et al 2000) . Our population was mainly urban (89.6%) which may explain why the prevalence in contraceptive use was higher in this study. Women in urban areas are more likely to use modern contraceptives compared to women in rural areas (UBOS,2011). The urban women may thus have more access to contraceptive services and information concerning contraceptives compared to those in rural areas. They are also more likely to be educated, one of the factors that improves contraceptive use. However, our study did not find an association between education and contraceptive use.

It was also found out that among the contraceptive ever-users, married women were the majority (75.4%). This is similar to findings from previous studies where contraceptive use was found to be high among the married women (UBOS, 2011). The method that was found to have higher prevalence of use was injectable contraceptive. Similar findings were also demonstrated in studies conducted previously (UBOS, 2011). However, this is different from the study done in Busia in 2013 ,where male condom was the commonly used method at about 70% (Kayongo sb.2013). Although the prevalence of ever-use was high, 50% had discontinued due to side effects within one year prior to the study. Similar information was noted in UDHS 2011 where 43% of family planning users in Uganda discontinued using the method within 12 months of starting its use.

About one in six episodes of discontinuation occurred because of fear of side effects or health concerns and the method failure was 6% (UBOS, 2011). The reasons behind the higher discontinuation rates in our study may be related to inadequate counselling because counselling at health unit increased contraceptive use four fold.

5.2 Factors Associated With Contraceptive Use

Factors found independently associated with contraceptive use among women with induced abortion who present to Fort Portal Regional Referral hospital for treatment were; age, not being a student and having a source of income.

5.2.1 Age

From the study, it was found out that the age of the contraceptive users was higher than that of the never users. Our study did not defer from other studies done that showed low contraceptive use among young women under 25 years (<25). For example, in UDHS 2011, it was found out that contraceptive use was low among sexually active women below 25 years (UBOS,2011). Similarly, in a study done in Tanzania among women with induced abortions, never-users reported they were too young to use contraceptives (Rasch V, et al 2000).

5.2.2 Source of Income or Occupation

The study also found out that among the never-users students were the majority compared to the users. The students are likely to have no access to family planning counselling by health workers , have no reliable source of income, be young, single and with no children or low parity, which are among the other factors that were found to be associated with contraceptive never-use or low contraceptive use in this study. Similar findings were noted in UDHS 2011, that majority of women do not begin to use contraception until they have had at least one child (UBOS,2011). Students also have limited time to access health units or to wait for longer in health units with long waiting time. This was also noted in a study done in Mityana, where young women including students missed out on the services due to costs and long waiting time at health units (Nalwadda G, et al 2010). Similar findings were also noted in Tanzania among young women who reported stopping using contraception because they thought they were too young, feared or had had experienced side effects and or found it too expensive. (Rasch V, et al 2000) .

5.3 Conclusion

The contraceptive use prevalence among women with induced abortions was high (63.4%) and of these half had stopped contraceptives due to side effects. Older age, were associated with ever use where as being a student was associated with non-use of contraceptives.

5.4 Recommendations

In view of the consequences of stopping contraceptives and having induced abortions, there is a need to scale up effective counselling by health workers in Fort Portal Regional Referral hospital especially among young women and students. All women (in their reproductive age groups) who present to Fort Portal Regional Referral hospital should be counselled on contraceptives irrespective of their presenting complaints in order to increase contraceptive awareness.

The ministry of health should increase awareness of contraceptives to students in secondary schools and higher institutions of learning and also provide these contraceptives free of charge to the students. The contraceptive awareness move should address the fear of side effects so to allay anxiety and increase uptake of contraceptive use.

5.5 Study Limitations

In this study we did not Interview the women's (study participants) Knowledge, Attitude and Practice of contraceptives and their willingness to start contraceptive use after induced abortion, because secondary data was used from registers, and patient's file. Furthermore, there is need for further research on this.

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APPENDICES

APPENDIX I: QUESTIONNAIRE

FACTORS ASSOCIATED WITH CONTRACEPTIVE USE AMONG WOMEN WHO PRESENTED WITH INDUCED ABORTIONS IN FORT PORTAL REGIONAL REFERRAL HOSPITAL.

Socio-demographic characteristics of women with induced abortion

1. Age in years _____
2. Place of residence _____
3. Religion _____
4. Occupation (source of income) _____
5. Marital status
 - a) Married/cohabiting
 - b) Single
 - c) Widowed
 - d) Divorced
6. Educational status
 - a) No education
 - b) Lower Primary (up to P4)
 - c) Upper primary (P5-P7)
 - d) O level
 - e) A level
 - f) Tertiary

Gynecological History

7. Parity _____

8. Number of living children _____

9. Age of menarche -----

10. Age at start of coitus _____

11. Number of sexual partners _____

12. Duration of amenorrhea (months) _____

Contraceptive use among the study population

13. History of contraceptive use

a) Yes

b) No

14. If yes in 13 above, which method was used?

a) Condom

b) Pills

c) Injection

d) Implant

e) IUD

f) Others _____

15. If No in 13 above possible reasons for discontinuation.

a) Side effects

b) Partner refused her

c) Others.....

16. When was the contraceptive method stopped/discontinued.....

17. Distance from the nearby health centre (km).....

18. Source of contraceptives

a) Govt. health facility

b) Private facility

c) Others _____

Presenting Complaints _____

APPENDIX II: CONSENT OR ASSENT FOR STUDY

Title: FACTORS ASSOCIATED WITH CONTRACEPTIVE EVER-USE AMONG WOMEN WITH INDUCED ABORTIONS IN FORT PORTAL REGIONAL REFERRAL HOSPITAL.

Introduction: I, Amina Amin Nadhir, am the principal investigator in the study “ of the factors associated with contraceptive use among women who present with induced abortions in Fort Portal Regional Referral hospital in Uganda. I am pursuing a bachelor’s degree in Medicine and Surgery at Kampala International University Uganda. I am here to request the hospital management allow us use patient’s clinical records in the study.

Purpose of the study: The study is aimed at establishing factors associated with use of family planning among women who seek gynecological services in Fort Portal Regional referral hospital. This will help us improve family planning services to our patients.

Study Procedure: Information would be extracted from patients’ medical records and available registers using questionnaire, regarding socio-demographic data, sexual history, contraceptive usage and details of the index pregnancy. We will use the information on the medical records to improve on patients’ management and quality of life.

Risks: Researcher confirming that abortion was induced (legal implications of induced abortion).

Rights: The Hospital management has the right to decline access to their patients’ medical records or withdraw its approval at any stage of data collection.

Confidentiality: All information from patients’ records will be kept confidential.

Benefits: The information from our research findings could be used to improve on patients’ management and serve as a source of data for further researches.

Cost and Compensation: There is no cost or payment to the hospital management during the study.

Signature Page

I the undersigned acknowledge that the principal investigator/the research assistant has fully explained to the management of Fort Portal Regional Referral Hospital the nature, purpose and procedures involved in this study. We appreciate that participation is completely voluntary, that our refusal or withdrawal from this study will not in any way affect any medical service or prior memorandum signed between Kampala International University and Fort Portal Regional Referral Hospital. I therefore sign here as proof of our approval in this study.

Name.....

Signature.....

Date.....

I have explained to the best of my knowledge the purpose of this study to the Hospital management and approval obtained without force or coercion. I have given the Hospital management enough time to understand what the study is about in a simple language and context. I also acknowledge that I have given them an opportunity to ask questions for clarity.

Name of person obtaining consent.....

Signature.....

Date.....

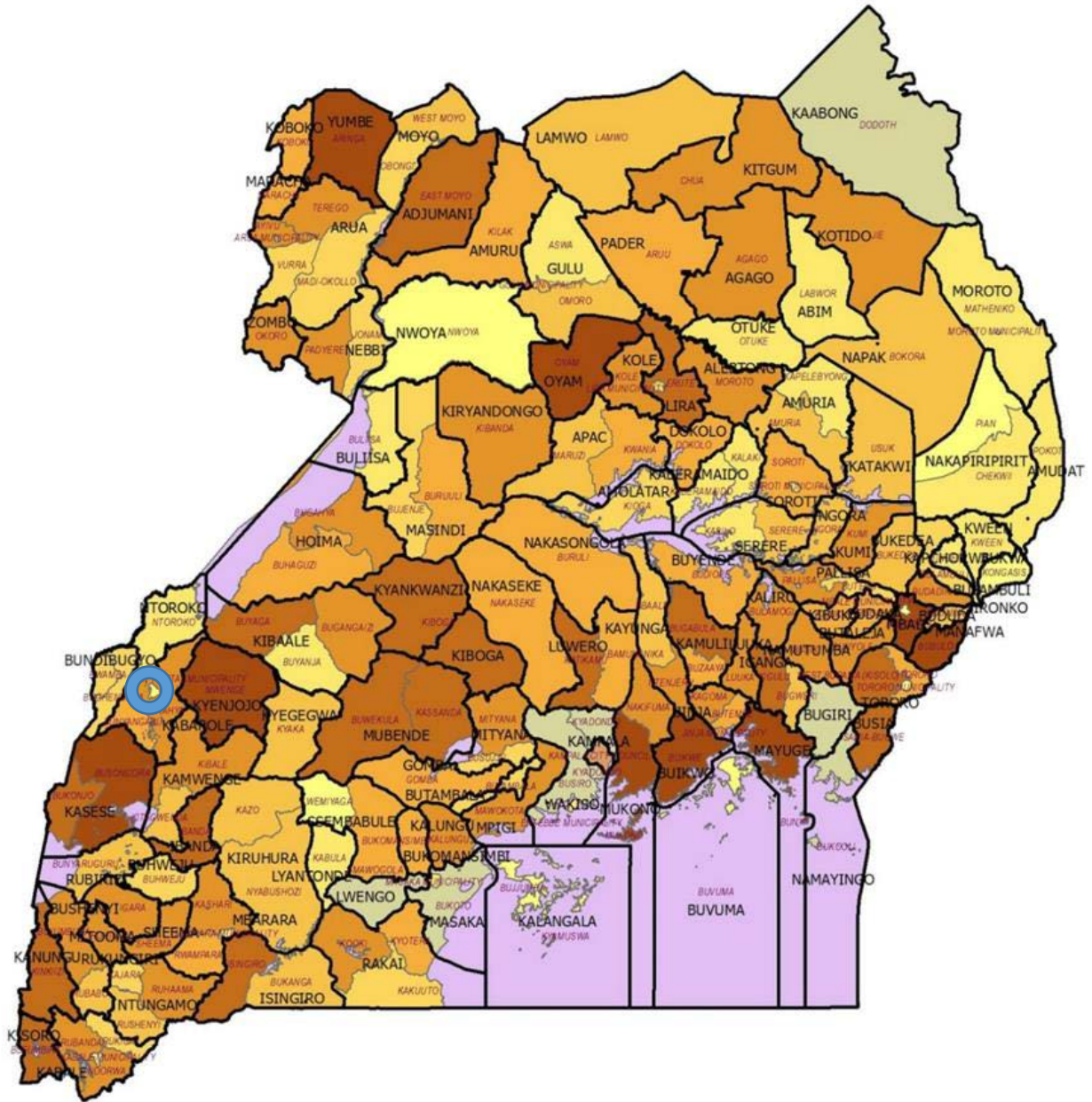
APPENDIX III: FRAMEWORK

Activity	May - June 2017	July – October 2017	November – December 2017	January - February 2018	March – April 2018
Proposal development					
Proposal approval					
Training of research assistants					
Data collection					
Data analysis					
Report writing					
Report submission					


APPENDIX IV: BUDGET

Activity	Item	Quantity	Unit cost	Total cost
Proposal development	Printing and photocopy			150,000/=
	Folders	5	5000	25000/=
	Binders	10	4,000	40,000/=
	Notebooks	2	5,000	10,000/=
Pretesting instruments	Stationery	1 rim	15,000	15,000/=
	Research assistants	3days x 3	15,000	135,00/=
Data Collection				
	Allowance for the research assistants	256questionnaires	1000 @	256,000/=
	Printing			100,000/=
	Photocopying			150,000/=
	Stationery			150,000/=
	File folders			30,000/=
Data analysis and reporting	Flash disks	1	50,000	50,000/=
	Transparent folders	5	5,000	25,000/=
	Printing and photocopying			100,000/=
	Binding	5 copies	15,000	75,000/=
	Statistician's fee	1		400,000/=
TOTAL				1,676,000/=

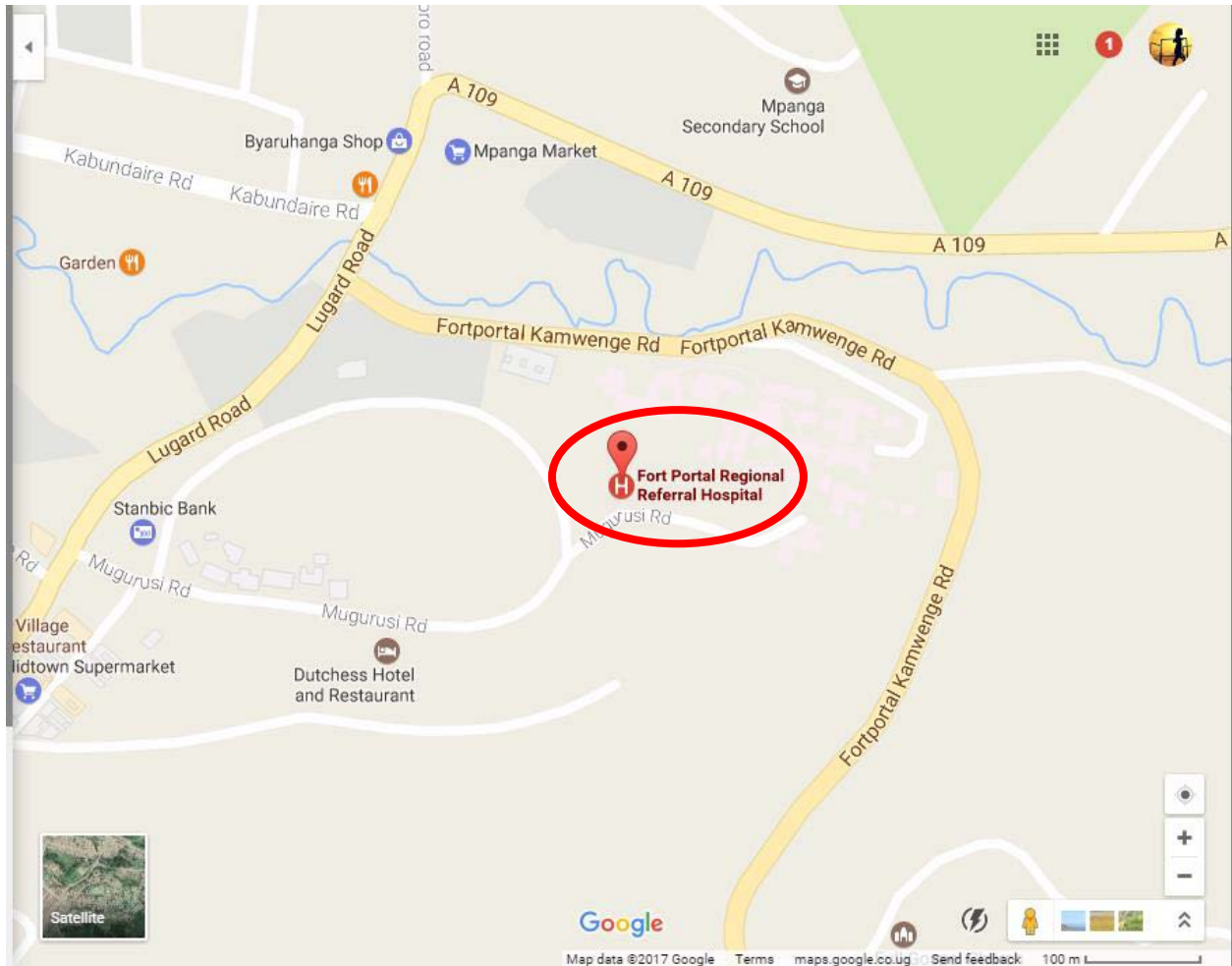
APPENDIX V: MAP OF UGANDA SHOWING THE LOCATION OF FORT PORTAL



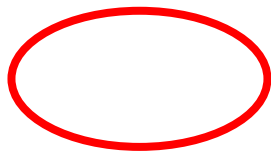
KEY

 Fort Portal, Kabarole District

APPENDIX VI: MAP OF UGANDA SHOWING THE LOCATION OF FPRRH



KEY



Area of study (Fort Portal Regional Referral Hospital)

APPENDIX VII: MAP OF STUDY AREA



APPENDIX VIII: LETTER OF INTRODUCTION FROM KIU



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**OFFICE OF THE DEAN
FACULTY OF CLINICAL MEDICINE & DENTISTRY**

4/12/2017

THE DIRECTOR
FORT PORTAL REGIONAL REFERRAL HOSPITAL

RE: AMINA AMIN NADHIR (BMS/0275/123/DF)

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

She wishes to conduct her student Research in your community.

Topic: Factors associated with contraceptive use among women who present with induced abortion in Portal Regional Referral hospital from February 2016- January 2017

Supervisor: Dr. Tamale Andrew (Phd)

Any assistance given will be appreciated.

S-O. Akib

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



"Exploring the Heights"

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