ABSTRACT

Introduction: Family planning is one of four pillars of Safe Motherhood that aimed at preventing and reducing maternal mortality rates in developing countries including Uganda through controlling of the number of births at woman may have. Long term reversible contraceptive methods (IUDs and Implants) have been proven efficient methods of family planning as opposed to the traditional family planning methods like withdrawal and periodic abstinence.

Objective of the study: To determine the factors influencing uptake of long term reversible family planning methods among women of the reproductive age group (15-49 years) in Kyangwali refugee settlement camp.

Methodology: A cross sectional study design was conducted among 207 women of the reproductive age group in the period of June- September 2017. Qualitative and data was collected using a researcher administered questionnaire and key informant guide. Data was analyzed using SPSS where chi-square tests were conducted to determine the whether the level of knowledge, cultural factors and health service factors influenced uptake of long-term reversible FP methods and a binary logistic regression model was used to describe the strength of the influence.

Results: Uptake of long -term FP (LTRFP) methods was at 59.9%, respondents who knew the benefits of LTRFP methods were 4.4 times more likely to utilize them compared to respondents who were not sure (OR; 4.4: CI; 2.0-9.4: P-value; 0.000).

Respondents who reported that the society they lived in did not have an influence on the number of children to have were 5.1 times more likely to utilize LTRFP methods compared to respondents who noted that the society they lived in influenced the number of children to have (OR; 5.1: CI; 2.5-10.5: P-value; 0.000). Respondents who mentioned condoms and pills as the most commonly available FP methods at the health facilities were 0.1 times less likely to utilize LTRFP methods compared to respondents that mentioned control birth patches as the commonly available FP methods at the nearest health facilities. (OR; 0.1: CI; 0.0-0.4: Pvalue; 0.002 and OR; 0.1: CI; 0.0-0.8: P-value 0.024). Respondents that were residing less that 2km from a health facility that offered LTRFP methods were 2 times more likely to utilize LTRFP methods compared to respondents residing more than 5km from the health facilities (OR; 2.0: CI; 1.1-3.7: P-value; 0.023).

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Conclusion and Recommendations: Knowledge on Uptake of LTRFP methods was at 70.5% in Kyangwali refugee Settlement. Knowing the benefits of LTRFP methods (one of the knowledge factors) increased the uptake among women of the reproductive age group in Kyangwali refugee camp. The cultural factor that increased uptake of the LTRFP method is the lack of societal determination in the number of children to have. Last but not least, availability and access to LTRFP methods influenced the uptake. Therefore, health workers in Kyangwali refugee camp should endeavour to sensitize the women of the reproductive age group (WRA) on the benefits of LTRFP methods so as to enhance the uptake of the service. The WRA should endeavour to attend any outreach on LTRFP methods to be able to understand their benefits. The Ministry of Health in Uganda together with other health care partners should ensure availability of LTRFP methods so as to increase the uptake of the service. The camp management should lobby for funders to provide LTRFP methods so that they are readily available to the women of the reproductive age group when needed.