FACTORS INFLUENCING UTILIZATION OF MODERN CONTRACEPTIVES AMONG POSTPARTUM MOTHERS AT NAMATALA WARD IN MBALE DISTRICT

KAYINZA MOREEN
2016-BSCPH-PT-002

AN UNDERGRADUATE RESEARCH REPORT SUBMITTED TO THE INSTITUTE OF PUBLIC HEALTH AND MANAGEMENT IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF BACHELOR OF SCIENCE IN PUBLIC HEALTH OF CLARKE INTERNATIONAL UNIVERSITY

FEBRUARY 2022

DECLARATION

I **Kayinza Moreen**, hereby declare that this study is my original work and has not been presented to any university for any other award. All sources that have been used are acknowledged by complete references.

Signature_____

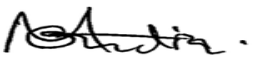
KAYINZA MOREEN

RESEARCHER

Date_____

APPROVAL

This is to certify that this research report on ***"Factors influencing utilization of modern contraceptives among postpartum mothers at Namatala ward in Mbale District"*** has been conducted under my supervision and guidance and is being submitted with my approval to the University.

Signature: 

MRS. MIRIAM ONDIA

SUPERVISOR

Date: **16th/02/2022**

DEDICATION

This work is dedicated to all my Parents and Auntie Beatrice who worked tirelessly to ensure that this becomes successful. God bless you all.

“The price of success is hard work, dedication to the job at hand and the determination that whether we win or lose, we have applied the best of our selves to the task at hand”.

Quote by

Vince Lombardi

American football player 1913-1970

ACKNOWLEDGEMENT

A journey of success is attained with the support of many people in one's life. I take this opportunity to thank God for the gift of life, granting me the grace, wisdom, and knowledge and enabling me to go through this course successfully.

I would also like to appreciate my supervisor Mrs. Miriam Ondia whose insight and knowledge in the subject matter steered me through this research.

Special thanks also go to Opio Emmanuel for constantly reviewing my work,Mr. Jonathan Izudi, and Ndugste Reuben. You have been amazing.

And my biggest thanks to my family for their support all throughout my study period. I am thankful to the key informants of this study that included the in-charge of Namatala health center IV, Ms. Rebecca Namutosi, the medical officer, Mr. Moses Wabonga, the family planning unit nurse, Ms. Esther Gloria Nabuzale who through their busy schedules sacrificed time to be interviewed and finally not forgetting the postpartum mothers who were my respondents. May God bless you all.

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

LIST OF ABBREVIATIONS

CDC	Centre for Disease Control and prevention
CINAHL	Cumulative Index of Nursing and Allied Health Literature
F/P	Family Planning
GMHS	Ghana Maternal Health Survey
IUD	Intrauterine device
KDHS	Kenya Demographic Health Survey
MCH/FP	Maternal Child Health and Family Planning
PPFP	Postpartum family planning
RDHS	Rwanda Demographic Health Survey
SDG's	Sustainable Development Goals
SPSS	Statistical Package for Social Sciences
TDHS	Tanzania Demographic Health Survey
TFR	Total Fatality Rate
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic Health Survey
UNFPA	United Nations Population Fund
WHO	World Health Organization

OPERATIONAL DEFINITIONS

This study will adopt the following definitions:

Family planning: This refers to a voluntary decision and action taken by individuals to prevent or delay pregnancy through the use of contraception and to decide when and how often to achieve it.

Modern contraceptives: These are technological advanced safe and effective fertility regulation methods designed to enable couples to determine the number of children they want to have in their life time and when to have them.

Postpartum: This refers to the period after the delivery of the placenta up to 6 weeks post-delivery.

Postpartum contraception: Defined as the initiation and use of a contraception method within six weeks after childbirth before ovulation returns in order to prevent closely spaced and unintended pregnancies.

Total fertility rate: This refers to the total number of children born or likely to be born to a woman in her lifetime if she were subject to the prevailing rate of age-specific fertility in the population.

Unmet need for family planning: This refers to the lack of access to modern contraceptives by women who would wish to use them. This also refers to lack of access to a contraception of choice.

ABSTRACT

Background: A report from WHO, (2013) indicates that unintended pregnancies remain a major global public health problem despite considerable advances in contraceptive technologies. It's estimated that 222 million postpartum women have an unmet need for modern contraception. Contraceptive use reduces pregnancy rate, the number of unintended pregnancies, associated induced abortions and the proportion of high-risk pregnancies, therefore causing a reduction in maternal mortality and improvement in maternal and child health.

Objective of the study: The main objective of the study was to establish the factors influencing utilization of modern contraceptives amongst postpartum mothers at Namatala ward in Mbale district.

Methodology: An analytical cross-sectional study was conducted among 368 postpartum mothers during the period of study March to April, 2021. Researcher administered questionnaire and key informant interview guide were used to collect quantitative and qualitative data respectively. Data was entered and analyzed using SPSS v20 software. Chi square and logistic regression was used to determine the association and relationship between factors and modern contraceptive use.

Results:58% of mothers used modern contraceptives compared to 42% of their counterparts who used other methods. The factors influencing modern contraceptive use were knowledge of f/p methods(OR: 2.3, 95% CI: 0.01-1.85, P=0.02), spousal approval (OR: 2.0, 95% CI: 0.2-9.6, P=0.04), places of receiving f/p services (OR: 4.2, 95% CI: 0.3-9.0, P=0.000).

Conclusion and Recommendations: Half of the postpartum mothers (58%) use modern contraceptives. The study recommended health education of mothers on choice of contraception, CME and training of health workers on effectively managing side effects of contraceptives.

CHAPTER ONE: INTRODUCTION

1.0 Introduction

Family planning stands out as one of the main pillars of safe motherhood to enable spacing and limiting of pregnancies. This sought to establish factors influencing utilization of modern contraceptives among postpartum mothers at Namatala ward in Mbale district. This chapter provides a brief background to the study, statement of the problem, research objectives, research questions, significance of the study and the conceptual framework.

1.1 Background to the Study

According to the WHO, (2013) fact sheet, family planning is achieved mainly through use of various contraceptive methods and treatment of involuntary infertility. Contraceptive use reduces the pregnancy rate, the number of unintended pregnancies and associated induced abortions and the proportion of high-risk pregnancies, therefore causing a reduction in maternal mortality and improvement in maternal and child health. It's estimated that 30 to 40% of maternal deaths and 90% of induced abortion-related maternal deaths could be averted if all women who desired to use modern contraceptives had access to them (Ahmed et al, 2012). Similarly, it's estimated that as many as 1.8 million child deaths could be averted if all pregnancies were spaced by at least three years (Singh et al, 2012). Family planning is one of the key aspects in the SDGs targets (3.7 and 5.6) surrounding issues of universal access to sexual and reproductive health

Unintended pregnancies remain a major global public health problem despite considerable advances in contraceptive technologies. Globally, modern contraceptive utilization has increased in the recent past from 54% in 1990 to 57% in 2012 to 63% in 2017, where it ranges from 58% in Oceania to around 75% in North America, Latin America and the Caribbean (UNFPA, 2012).

However, contraceptive utilization remains much lower in Africa at 24% in 2012 to 36% in 2017 compared to other regions in the world. A report from WHO, (2013) indicates that an estimated 222 million postpartum women have an unmet need for modern contraception. The proportion of married women with an unmet need in developing countries who want to space or prevent child bearing but lack access to modern contraceptives is 18% in the developing world but is much higher than average in (30-37%) in Western Africa, Middle Africa, Eastern Africa and Western Asia and somewhat higher than average (22-24%) in South Asia and the Caribbean (Singh and Darroch, 2012).

In Uganda, despite the goal of doubling the contraceptive usage by the targeted year 2000, low contraceptive use has been highlighted as one of the key contributing factors to the high maternal mortality rate in the country. Uganda is a FP2020 focus country/commitment maker with pointers on universal access to sexual and reproductive health care services including family planning information and education and the integration of reproductive health into national strategies and programs and a right to have access to these services by 2030 (UN, 2020). UDHS, (2016) report indicated that the country's contraceptive uptake (any method) at the time stood as 39%. Of this, 35% were using modern methods and 4% traditional methods. Comparatively, Uganda's contraceptive uptake is low in East Africa after Rwanda and Tanzania at 30.4% and 36% respectively (RDHS, 2014; TDHS, 2016). Kenya is recorded with the highest contraceptive usage of 59% (KDHS, 2018).

The 35% utilization rate of modern contraceptives in Uganda is still relatively low. Namatala ward being a slum area with a majority of people of low socio-economic status, the utilization rate may even be much lower. Thus, the research sought to establish factors influencing utilization of modern contraceptives among postpartum mothers at Namatala ward in Mbale district.

1.2 Statement of the Problem

According to UNFPA, 2019, 61% of mothers in Mbale district do not often pay attention to postpartum contraception despite the considerable risk of untimed pregnancy within less than two years of delivery (Teal et al, 2014). Postpartum women are at a high risk of unplanned pregnancies more especially because most of them do not realize when they resumed menstruation, yet with resumption of sexual intercourse with their partners they may conceive.

Whereas in the recent past years, reproductive health programs such as safe motherhood, and other interventions have reduced the unmet need for contraception across the country and also promoted the utilization of modern contraceptives amongst postpartum mothers with the major aim of helping all women of reproductive age achieve at least two-year birth interval, evidence from the family planning program report shows that postpartum contraceptive use in Mbale district is low and estimated at 39% (UNFPA, 2019).

The utilization of postpartum contraceptives not only leads to a reduction in unplanned pregnancies but also to the improvement of maternal and child wellbeing. Short birth

intervals of less than year can lead to adverse pregnancy complications or even to induced abortion, miscarriage, preterm births, still births, neonatal and child mortalities (Moore et al, 2015). Therefore, in view of these adverse consequences associated with short interval pregnancy, the researcher set out to establish factors influencing the utilization of modern contraceptives amongst postpartum mothers in Namatala ward in Mbale district.

1.3 Research Objectives

1.3.1 General Objective

To establish the factors influencing utilization of modern contraceptives amongst postpartum mothers in Namatala ward in Mbale district.

1.3.2 Specific Objectives

1. To determine the individual factors influencing utilization of modern contraceptives amongst postpartum mothers at Namatala in Mbale district.
2. To assess the socio-economic factors influencing utilization of modern contraceptives amongst postpartum mothers at Namatala in Mbale district.
3. To examine the health facility-related factors influencing utilization of modern contraceptives amongst postpartum mothers at Namatala in Mbale district.

1.4 Research Questions

1) What individual factors are influencing utilization of modern contraceptives amongst postpartum mothers at Namatala in Mbale district?
2) What socio-economic factors are influencing utilization of modern contraceptives amongst postpartum mothers at Namatala in Mbale district?
3) What health facility-related factors are influence factors utilization of modern contraceptives amongst postpartum mothers at Namatala in Mbale district?

1.5 Significance of the study

The findings will benefit mothers using modern contraceptives since a copy will be disseminated to Namatala Health Center IV so as to improve family planning services, carryout health education and sensitization of all mothers on the choice and benefits of using contraceptives appropriately hence reducing on an unplanned pregnancies and maternal and child mortality rates.

The findings will also enable the health educators across all health-related programs such as nurses, doctors and other public health care workers to offer ultimate choice of the appropriate family planning method to all women of reproductive age so that they can plan for the size of their families and eventually improving their socio-economic wellbeing.

The research findings will be used by policy makers to plan and design appropriate mechanisms aimed at improving access and utilization of different family planning services.

The research findings will inform interventions targeted at postpartum mothers with the ultimate goal of reducing morbidity and mortality related short-interval pregnancies.

Additionally, the findings of this study will add to the body of knowledge, acting as a reference case study to inform future researchers and scholars undertaking related studies in other study settings nationwide and beyond.

1.6 Conceptual framework

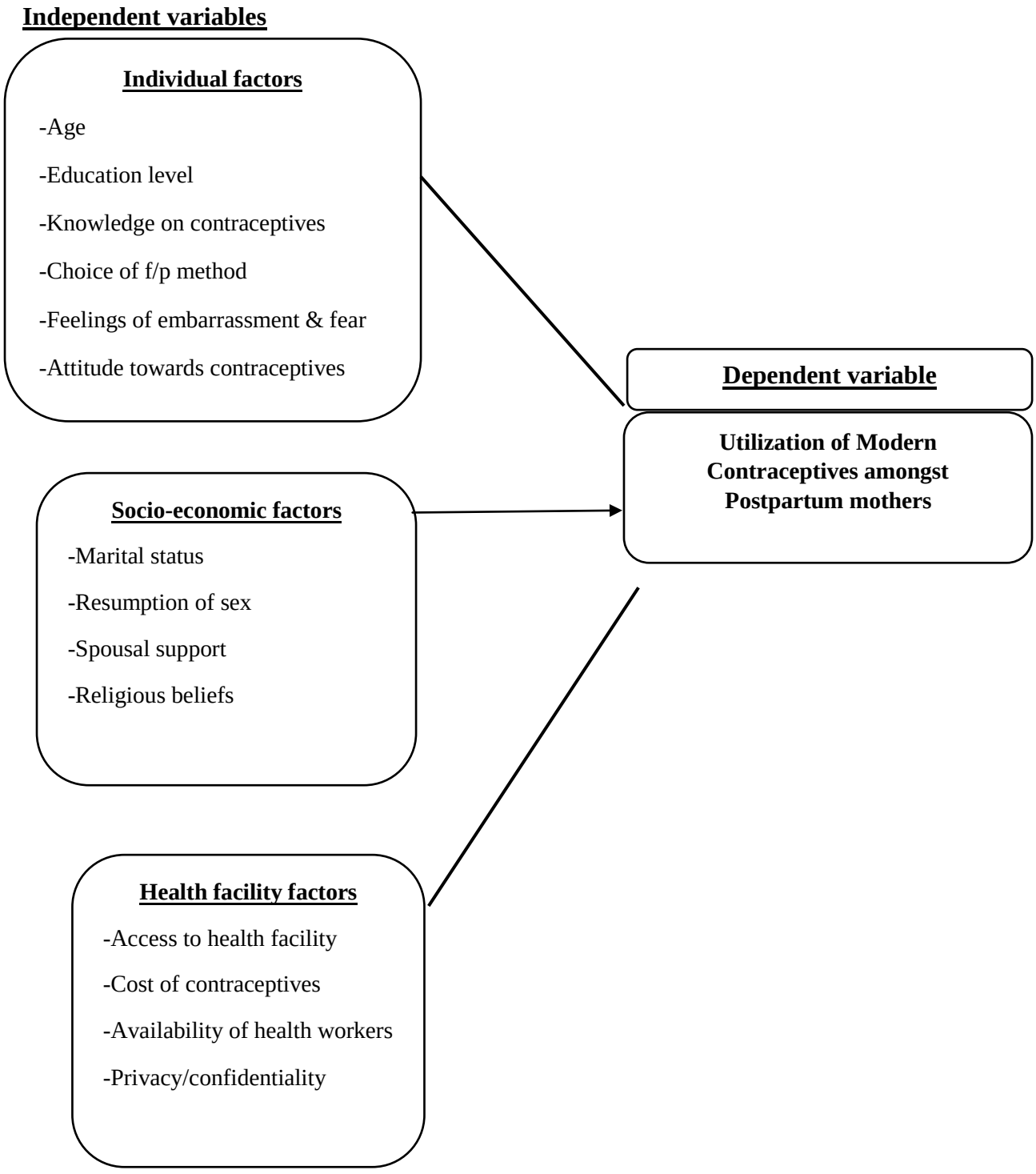


Figure 1: Conceptual framework

***Source:* Developed by the Researcher, 2021**

Description Narrative of the conceptual framework

The conceptual framework above shows three independent variables as being the individual factors, socio-economic factors, health facility related factors, and the dependent variable as being utilizing modern contraceptives.

The conceptual framework further shows that each of the three independent variables influences the dependent variable which in this case is; the utilization of modern contraceptives amongst postpartum mothers.

The actual components of the independent variables influencing the dependent variable will be determined at the level of statistical analysis whereby p-values will be determined to show levels of significance and with the odds ratios showing the likelihood of modern contraceptives utilisation once the components of the independent variables have effect on the dependent.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

This chapter presents a review of findings and facts from previously written literature relevant to the specific problems to be investigated. The literature has been obtained from research published journals and dissertations, online publication articles in Google, CINAHL, Google Scholar, CDC, WHO, and PubMed. The reviewing of literature is being conducted in accordance to the objectives of the study by critically analysing the explanations of the study variables. Thus, this primarily focuses on the following themes: Individual factors influencing utilization of modern contraceptives among postpartum mothers; Socio-economic factors influencing utilization of modern contraceptives among postpartum mothers; Health facility factors influencing utilization of modern contraceptives among postpartum mothers.

2.1 Individual factors influencing utilization of modern contraceptives amongst postpartum mothers

2.1.1 Age

Studies in sub-Saharan Africa show that young women are less likely to use contraceptives during the postpartum period compared to older women in the reproductive age group. They attribute this to the fact that modern contraceptives may jeopardize their chances of having more children. The 2016 UDHS indicated that only 20.7% and 31.1% of women aged between 15-19 and 20-24 years respectively use modern contraceptives compared to 39.5% and 40.4% of women aged 35-39 and 40-44 years respectively. This indicates that young women prefer using barrier methods and short acting contraceptives such as pills, emergency contraception and injectable as compared to older women who prefer long acting reversible and permanent methods. However, studies conducted by Mahmood et al, (2012) among middle socioeconomic class in a rural area in India reported a contrasting finding that contraceptive uptake was high among women below 30 years. The difference in the findings is due to the differences in the educational status of women who had access to varied sources of information on modern contraception hence a higher likelihood of its use.

According to a study done among women of reproductive age in Aboriginal community by Griffiths K et al, (2016) revealed that women who utilized modern contraceptives and aged below 15 years were 15% compared to those aged above 15 years constituted 75%. This may be due to fear of reproductive health related complications combined with other socio-economic factors. Therefore, it was considered that age was a major demographic factor influencing utilization of modern contraceptives in such a way that women who reached their

late thirties tend to use contraceptives after having a bigger number of children in order to prevent contraception until when menopause approaches.

In a study conducted by Erickson Ann K et al, (2017) in USA amongst active US Army service women revealed that women aged 18-22 years were positive active predictors of using modern contraceptives constituting 32% compared to their counterparts aged between 23-40 years constituting 62.6%. This is attributed to increased sexual appetite and strength amongst the young aged women compared to their counterparts while on duty coupled with their positions which may be held by the young service women which impacts minimal stress and offers them more time to relax compared to the more stressful positions held by their adult counterparts on duty.

In a study conducted by Ricketts S et al, (2014) in Colorado on the wide spread use of modern contraception and rapid decline of birth among young low-income women revealed that contraceptive use among women aged 20-24 years rose from 5-19% and more affordable by 14% by women aged 20-24 years, abortion rates declined from 34-18% amongst women aged 15-19 and 20-24 years. This was attributed to continuous awareness and availability of modern contraceptives use among the young, low-income women all over the state of Colorado.

A study conducted among Afghan refugee women in Pakistan by Raheel et al, (2012) showed that that the use of modern contraceptive methods among women was higher in subsidized healthcare with increasing age as compared to the women in the non-health subsidy group. This attributed to the fact that women aged 25 years in healthcare subsidy group were 0.3 times less likely to use contraceptives compared to their counterparts aged 35 years in the same subsidy group which were 1.06 times more likely to use the contraceptive.

A study done among women of reproductive age in Rubaga Division in Uganda by Anguzu R et al, (2014) on the knowledge and attitude towards the use of modern contraceptives showed that the average age of using the contraceptive was 26 years amongst women who had ever given birth to 2-3 children with (OR: 2.89, 95% CI: 2.29-3.81) as compared to those below 26 years. This was attributed to the need for child spacing, having enough time to rest before another pregnancy.

2.1.2 Marital status

In a study done in sub-Saharan Africa on the use of contraceptives amongst adolescents by McCurdy RJ et al, (2018) indicated that majority of the adolescents using modern

contraception were not married but they have ever had an unintended pregnancy before. This was attributed to past experience faced by the girls while having an unintended pregnancy and the readiness of being a mother and carrying another baby before getting mentally prepared and settling with one sexual partner.

According to a study done in Kenya on the factors associated with uptake of sub dermal implants among Kenyan women by Hubacher D et al, (2016) indicated that almost three quarters of married women with greater than four years of using contraception had ever been married and were three times more likely to choose an implant compared to their unmarried counterparts. This can be attributed to a longer time taken of using that particular contraceptive method hence delaying conception.

A study conducted in Scotland on the attitude of women towards contraceptive use by Glasier A et al, (2015) showed that married women are more likely to enroll for modern contraception as compared to their unmarried counterparts who were cited to be utilizing traditional methods. This may be due to the desire for proper child spacing and planning for long term resting from conception.

2.1.3 Choice of contraceptive

In a study conducted in Nigeria to establish the factors affecting modern contraceptive usage amongst women of reproductive age (15-49) showed that 14.8% of women reported using modern contraceptives compared to their counterparts. This was attributed to low household choice of contraceptives whereby some poor women could not access modern contraceptives due to the higher prices imposed on reproductive health services (Olagunju et al, 2019).

Similarly results from studies conducted in Nepal by Rajan et al, (2018) and South Africa by Sussheela et al, (2010) to establish factors affecting utilization of modern contraceptives revealed that contraceptive usage was limited amongst married women of reproductive age due to their poor family background which has resulted into inadequate affordability of the reproductive health service.

A study done by Einstenberg, McNicholas & Peipert, (2013) identified cost on the choice of contraceptives as a major barrier to access of modern contraceptives for women since the service require cost sharing with the insurance providers. The study further hypothesized that universal insurance coverage without recourse for out of pocket payment could not increase the utilization of modern contraceptives amongst postpartum women.

According to studies conducted in Kenya to ascertain the factors associated with choice on the usage of modern contraceptives amongst postpartum women of reproductive age showed

that more than half of the respondents agreed that the cost of the family planning service was the main reason for preference of traditional methods especially short acting reversible contraceptives to modern contraceptives especially long acting reversible contraceptives since the latter were cheaper compared to the former (Robert et al, 2017).

A prospective cohort study exploring factors affecting choice of an IUD as a contraception found that financial barriers still remain a challenge in the United States when a woman decides to use an IUD Women who cannot afford this method will have to depend on less effective methods, thereby exposing themselves to the risk of unwanted pregnancy (Secura et al, 2010). Similarly, the results from the choice study in Austria which focused on effective counselling and factors affecting women's contraceptive choices concluded that women based their decision on 'easy to use' of the pill, weekly patch and the monthly vaginal ring (Egarter et al, 2012).

2.1.4 Feeling of embarrassment and fear in seeking the service

A report of the working group on access to contraception (2019) revealed that almost one in four of those who reported difficulty accessing contraception cited embarrassment as a factor. The findings further highlighted those young women reported being afraid to reveal that they are sexually active, embarrassed to be seen at a family planning clinic or worried about confidentiality breaches. Additionally, in another study among adolescents in Nepalese society particularly unmarried ones showed that most adolescents don't feel open to discuss matters of contraceptive use with their family, friends or even health workers due to fear and embarrassment (Regmi PR et al, 2010).

According to a study by Ayaga et al, (2019), it showed that some women fear accessing the contraceptive service due to the fact that their husbands disapprove use of the service and can lead to withholding affection or sex or their preference for another wife. The threat of such disapproval is serious especially in polygynous society with weak conjugal bonds and a high degree of separateness among spouses. This therefore implies that contraceptive use is perceived as a rival that interferes with harmonious spousal relationship and it may even be considered as grounds for divorce.

2.1.5 Attitude towards contraceptives

Studies conducted in different countries have found that most women know the methods of family planning but have a lack of practice. This is attributed to the fact that individuals are in a negative and prejudice attitude towards modern contraceptives. Its known that positive

attitude affects the use of family planning methods therefore, it's important to examine the attitudes and determinants of contraceptive use in order to spread the choice of effective family planning method (Nazli S et al, 2018).

According to a qualitative study by Rhoune Ochako et al, (2015) on barriers to modern contraceptive method uptake among young women in Kenya, many of their concerns about contraceptive use was based on myths and misconceptions that a particular method would render them infertile or reduce ones childbearing capacity thus limiting the number of children one would be able to conceive in their lifetime, as a result, injectable method was strongly expressed as the greatest barrier to contraceptive use. As a result, many young women believed that injectable were only recommended for women who already had children. In addition, a number of respondents expressed concern about contraceptive as a foreign object that would disrupt the natural processes of the body and create harm. Failure to menstruate regularly, a common side effect from using certain contraceptive methods was interpreted as causing the body to retain 'dirty blood' leading to stomach aches.

2.2 Socio-economic factors influencing the utilization of modern contraceptives amongst postpartum mothers

2.2.1 Knowledge on contraceptive use

A community based comparative study by Bogale, Wondafrash et al, (2011) on contraceptive knowledge found that women in urban areas with gender equitable attitude were more than four times more likely to decide on modern contraceptive use compared to those who showed inequitable attitude. The study findings further indicated that among the rural women, those who were knowledgeable about modern contraceptive use and took active part in decisions about their children were more likely to use modern contraception.

A study conducted in Ghana to examine the role of health knowledge and its association between mother's education and use of reproductive and child health services by Greenaway, Leon & Baker, (2012) indicated a strong relationship between health information and greater use of maternal and child health care services. The study findings further showed that women with broader and comprehensive knowledge of health issues are more likely to seek care for themselves and for their children.

According to a qualitative study exploring the limits to contraceptive use among young women found that a lack of knowledge on the various methods of contraception, obstacles to access and concerns over side effects with the fear of infertility accounted for the low uptake of contraception. Because of this problems, young women of reproductive age in this study

relied on traditional methods as their preferred family planning methods (Williamson Parkes et al, 2010).

According to a survey conducted among women of reproductive age in the Ga East of Accra, Ghana revealed that almost half of the respondents believed that modern contraception is ineffective in preventing pregnancies, one third of the respondents considered modern contraceptives as unsafe, 65% reported at least one side effect from contraceptive use. These findings above demonstrate why women despite having knowledge on contraceptive use, do not use them (Aryeetey, Kotoh & Hindu, 2010).

2.2.2 Resumption of sexual activity

A study conducted in Onitsha in South Eastern Nigeria on the time of resumption of sexual activity and modern contraceptive use among postpartum mothers found that although 93.6% of the respondents had resumed sexual activity by 6 months postpartum, only 46% used any method of modern contraception thus exposing themselves to the risk of an unintended pregnancy. The study findings further showed that lactation amenorrhea remained the most commonly used method of modern contraception for child birth spacing among these women during the first 6 months despite an early return to sexual activity (Egbuonu et al, 2015).

A recent study among postpartum women in Nairobi urban slums revealed that women resume sexual activity well before their menstruation. The report further indicated that the 50% to 70% of the women had resumed their sexual relations by 3 and 5 months after giving birth respectively. This suggests that more than half of the women initiate relations before they resume their menses. The study also revealed that the percentage of sexually active months after the month of resumption of sex among married/cohabiting and single mothers was 83% and 33% respectively. With a majority of the women being married, it is likely that there is considerable sex regularity with the observed continuity. Therefore, since a majority of all women who resume sex remain sexually active thereafter, the gap between the first resumption of menses and first use of contraception is a good representation of women who are exposed to pregnancy but not under any protection (Robert P. Ndugwa et al, 2010)

A study on predictors of time-to-contraceptive use from resumption of sexual intercourse after birth amongst postpartum women in Uganda indicates that only women who had resumed menstruation used family planning, this demonstrates that these women are at a higher risk of unplanned or unwanted pregnancies compared with their counterparts who use contraception before resumption of menstruation (Robert Wamala et al, 2017).

Similarly, a qualitative research study conducted in 17 developing countries indicates that among women practicing postpartum abstinence, irregular sexual activity may happen early, progressing to regular activity later (Maria R Borda et al, 2010).

2.2.3 Spouse support and communication

Spousal communication is usually used as a focal point in community based family planning interventions. This provides a platform for couples to boldly share their ideas about reproductive desires and fertility preferences. Studies of spousal communication have demonstrated that concurrence, which develops from open discussion on fertility desires and preferences between spouses often, increases the likelihood of modern contraceptive utilization. In addition, in many developing countries a woman's decision on postpartum contraceptive use may need spousal affirmation because of cultural norms and male dominance in decision making process thus accounting for a lower uptake of contraception (Liasu, 2010).

A study by Yue, O'Donnell & Sparks, (2010) showed that male approval of a method of contraception cannot be undermined in most patriarchal societies in the developing world, the decision making process in contraception uptake is usually complex thus some women may use contraception secretly despite disapproval from the male partner. This demonstrates that a woman's desire and motivations may surpass that of the male spouse's influence though spouse communication is vital in contraceptive use.

Involving males and obtaining their support and commitment to family planning is crucial for contraceptive utilization. An investigation on the use of family planning methods in rural Nepal and Myanmar showed a positive impact of spousal communication on contraceptive use (Link C.F, 2011; Mon & Liabsuetrakul, 2010). Similarly, results of a study in Cambodia showed that women who believed that their husbands had a positive attitude towards contraception showed more significantly successful family planning practice (OR: 3.4, $p<0.001$), while women who were nervous about discussing contraception with their husbands were less likely to use the contraceptive method (OR: 0.6, $p<0.05$) (Samandari et al, 2010).

2.2.4 Female Autonomy

Female autonomy in the context of fertility is the ability of a woman to take important, informed decisions about her reproductive health choices such as deciding on how many

children she would have and when to have them without requiring permission from her male partner.

A study was undertaken in Nigeria to identify individual attitude towards the empowerment of women in making an independent decision on the right to accept, choose and use contraception without recourse to their male partners. The results of the study showed that 34% of the respondents thought that all women irrespective of their marital status should be given the independent right to choose and use contraception without input from the male partner. However, majority of both genders (67%) supported the idea that male partner input is needed in contraception choice and use (Bukar, Audu, Usman, El-Nafaty & Melah, 2013).

A descriptive study on decision making patterns and contraceptive use amongst Ugandan women by DeRose LF et al, (2010) showed an association between women's autonomy and family planning. The study asserted that when women have more power and autonomy in decision making, they use the contraception methods more whereas in mutual and manhood decision making pattern, use of such methods is limited.

Abbasi Shavazi et al, (2011) in their study on fertility transition amongst women in Iran, results showed that in provinces where women have higher autonomy in decision making, fertility and use of contraceptives is lower. This results show that women's higher power in autonomy increases their role in decision making concerning their marriage and conception thus leads to increase in contraception use and ultimately lower conception.

2.2.5 Education level

A study done in Ethiopia on the impact of women's education and modern contraceptive use showed a strong association between the level of education of women and contraceptive use. The findings showed that educated women are more likely to have knowledge about the contraceptive methods available, common side effects and are at higher odds of seeking care from family planning health care providers (Gordon et al, 2011).

According to findings from the Ghana Maternal Health Survey on association between education and contraceptive use among women of reproductive age indicated that 34% of women who attained a secondary level of education used at least one modern contraception method compared to 19% of their counterparts who never used the modern contraception at the time of the survey. This is attributed to the fact that educated women can learn and use contraception more effectively than uneducated women and therefore shows a positive association between education and contraceptive use (GMHS & ICF Macro, 2015).

2.2.6 Religious beliefs

Religion is a major determinant of uptake of modern contraception due to among other factors strong beliefs portrayed and practiced by staunch religious belonging individuals hence it greatly determines an individual's uptake of contraceptives. This is revealed in reference to a qualitative study conducted in Ethiopia on the determinants of utilization of contraceptives among women of reproductive age indicated that religion was one key factor that affected utilization of contraceptives. This was attributed to negative religious attitude by some sects hence dictating that women had to produce to fill the world as instructed by God and that they don't have control over contraception use because it's a sinful act (Stephanie B Teal et al, 2015).

According to a study conducted among residents on an obstetrics and gynecology training program showed that residents who were religiously attached to any religious affiliations were less likely to use modern contraceptives compared to their counterparts who are non-religious with (RR adjusted 0.76, 95% CI: 0.64-0.92). This is attributed to some religions preferring traditional methods to modern contraception (Zigler R et al, 2017).

In a contemporary survey conducted in Australia on understanding fertility management of revealed that 77.5% of the respondents did not regard religion as an important factor influencing their fertility choices. This was attributed to respondents own decision making about their own reproductive health issues without any external factor influencing enrolment and uptake of modern contraceptives (Holton S et al, 2015).

2.3 Health facility-related factors influencing utilization of modern contraceptives amongst postpartum mothers

2.3.1 Access to health facility

An institutional based un-matched case control study carried out in Ethiopia to assess the factors affecting use of modern contraceptives among married women of reproductive age group in Debre Markos town revealed that women who were near the health facility were 3.69 times more likely to access and use modern contraceptives compared to far away from the health facility counterparts hence distance to health facility is attributed to detrimental to the health and wellbeing of postpartum mothers as this limits earlier interaction with their health care providers in regards to early child spacing (Beyen et al, 2014).

A study on socio economic determinants of access to and utilization of contraception among rural women in Uganda, revealed that majority of respondents (47.69%) reported inaccessibility to health centre as a major hindrance to contraceptive utilization. This is

because most villages are over populated and there is only one government aided hospital to handle the growing number of people in the area, so most women trek long distances in search of this reproductive health services. In addition, the study revealed a qualitative response from a doctor during an interview and this is what he had to say in substance *"most private clinics in this area offer services related to contraceptive use at a much higher price compared to the government hospitals. There's also shortage of drugs and contraceptives in these hospitals, since health workers get them at a cost. In most cases we buy these contraceptives at an expensive price, so there's no way we can give them out to all women in the village. We fix the price of the contraceptive according to the price bought and also follow the Ministry of health regulations"* (Nakirijja DS, Kayiso MI 2018).

2.3.2 Availability of health workers

Quality family planning services avails a platform to provide evidence based and field tested knowledge about contraception and acceptance of effective methods by offering client centered individualized services. Therefore, knowledge, skills and practices of contraceptive providers play a major role in providing easy access to contraceptive services, however, some health care providers have had negative influence, poor communication and counselling, overbearing or 'pushy' attitude, coercive tendencies have made postpartum women not to be apprehensive thereby affecting their choice and decision to use modern contraceptives (Yee & Simon, 2011).

In a study conducted in Kisii County, Kenya amongst women who came for family planning services revealed that negative attitude of some health care workers contributed to discontinuation of family planning services by the women. The health care workers examined women in the presence of other women due to lack of adequate rooms and it was also observed that there was a deep hostility and antagonism between the staff and the clients thus this could be the reason why women would not come to the family planning clinic in the near future because poor rapport exhibited between the health care worker and client (Raikes et al, 2019).

A qualitative study of women's perspective of antenatal care in a rural area of Zimbabwe revealed that negative attitude of health care workers and poor quality of care services were the major barriers to utilization of contraceptives. The study further highlighted that poor relationships between doctor to patient and unfriendly environment were the major reasons some women preferred not to go to hospitals and therefore most women adopt to traditional methods of birth control (Mathole T et al, 2014).

Studies in reproductive health have more than 80% of doctors across six cities in India refused women's access to modern contraceptives particularly tubal-ligation if they were unmarried, had low parity, young or lacking consent of the spouse (Nanda et al, 2011). Similarly, a cross sectional study among Turkish health providers indicated that a few of them included modern contraceptives in routine consultations, half of the health providers thought disseminating information about modern contraception would encourage young people to have unprotected sexual intercourse. Majority worried that increasing awareness of this method would lead to rising sexual transmitted infections (Sevil U et al, 2016).

2.2.3 Privacy/confidentiality

In the study conducted among Kisii, women in Kenya who came for family planning revealed that women had to be examined in the presence of other women because of lack of adequate room. This created a lack of privacy and negative attitudes of the health workers which resulted into discontinuation of family planning services by the women. This probably could be one of the reasons why women would not come to the family planning clinic in the near future, because of lack of privacy. In the same study, it was also observed that there was deep hostility and antagonism between the staff and the clients (Raikes, 2019).

In another study conducted by Daylight and Johnstone (2016) in Australia among Aboriginal women seeking to understand their practices of family planning, it was revealed that the women were not examined by the doctor because the women were poor and sometimes, they were dirty. The doctors did not respect the women and did not consider that the women could or did want to learn. Those who examined the women did not explain things to them or speak to them about what was to happen in the medical visit. Therefore, there was loss of self-esteem and privacy.

CHAPTER THREE: METHODODLOGY

3.0 Introduction

This chapter presents the methods the researcher used to collect data. It focused on the research design, study area, source of data, study population, inclusion criteria, exclusion criteria, sample size calculation, sampling techniques, study variables, data collection techniques and tools, quality control issues, data management and analysis plan, ethical considerations, limitations of the study, and plan for dissemination.

3.1 Study Design

The study employed an analytical cross-sectional design which employed both quantitative and qualitative methods of data collection. This enabled triangulation of results which improved

on internal validity of the study. The cross-sectional study design was chosen because of its was economical to conduct in terms of time and also cost. This design helped the researcher to capture adequate information in one period at a one-time point in time.

3.2 Study Area

The study was conducted at Namatala ward, Industrial division, Mbale city, Eastern Uganda. This area is approximately 2km from the heart of Mbale city along Pallisa road. It is the biggest slum in Mbale city. The slum hosts people from various tribes such as Bagisu, Iteso, Baganda, Karimojongs, Sabinys. The biggest percentages of these populations are low-income earners who seek health care service from Namatala Health Center IV. The health centre provides service like; general outpatient health care, antenatal care, childhood illness care, immunization, laboratory services, TB screening and treatment, HIV/AIDs counselling and treatment, family planning, STD treatment, maternity services, adolescent health services, in patient services and safe male circumcision services.

3.3 Sources of Data

3.3.1Primary data

The primary source of data was obtained from postpartum mothers with babies of (0-6 months) who consented to participate in the study through face-to-face interviews. Additional data was collected from key informants who constituted of the in-charge of the Family Planning Unit and the Postnatal Clinic of Namatala Health Center IV, district medical officer and the area local council leader

3.3.2 Secondary data

The secondary sources of data constituted scholarly books and articles, journals, e-books, health facility reports, immunization cards that ascertained the actual age of the child.

3.4 Study Population

The study population constituted all women who had babies between 0-6 months and attending the Immunisation Unit at Namatala Health Center IV during data collection.

3.4.1 Inclusion criteria

The study included postpartum mothers who had babies 0-6 months and attended the Immunisation Unit at Namatala Health Center IV during data collection that consented to participate in the study.

3.4.2 Exclusion criteria

The study excluded postpartum mothers who declined to consent and all those who for one reason or the other could not participate.

3.6 Sample size determination

The sample size was determined using the formula for single population proportion developed by Cochran (1963) that is;

$$\mathbf{n = \frac{Z^2 p\,(1-P)}{e^2}}$$

Whereby;

n = Sample size

Z^2 = Z value corresponding to a 95% level of significance (1.96)

P = Proportion of modern contraceptive use amongst postpartum mothers in the district from the family planning program report was 39% (UNFPA, 2019).

e = Margin of error=0.05

q = 1 – p which is 1 – 0.39 = 0.61

Substituting the above into the formula

$n = 1.96^2 * (0.39*0.61)/0.05^2$

n = 3.8416*0.2379/0.0025 = **365**

Therefore, the desired sample size was**365 mothers.**

3.7 Sampling Procedure

The mothers that met the inclusion criteria were selected using simple random sampling in order to ensure equal chance for all participants and to eliminate bias. Mothers were accessed from all those who came to the Immunisation Unit at Namatala Health Center IV in Mbale.

The key informants were purposively selected among the midwives, nurses, and the in-charges of the Family Planning Unit and the Postnatal Clinic of Namatala Health Center IV, dictrict medical officer, area local council leader.

3.8 Study Variables

This study was guided by the following variables;

3.8.1 Dependent variable

The dependent variable was utilization of modern contraceptives amongst postpartum mothers.

3.8.2 Independent variables

The Independent variables constituted; Individual factors, Socio-economic factors, and Health facility-related factors

a) The Individual factors comprised of: age, education level, knowledge on contraceptives, choice of family planning, feelings of embarrassment and fear in seeking the service, attitude towards contraceptives.
b) The Socio-economic factors entailed: marital status, resumption of sex, spousal approval, parity, religious beliefs.
c) The Health facility-related factors constituted; distance to the health facility, cost of contraceptives, health provider attitude, privacy/confidentiality, adequate information on family planning.

3.9 Data Collection Tools and Techniques

The Questionnaire was the major tool that was used to gather data and the other tool was the key informant interview guide.

Researcher administered technique was used to collect data from mothers and face-to-face interviews were held with the key informants.

3.10 Data Processing and Analysis

A compilation of all the responses from the data collection tools were entered in SPSS software version 20 for analysis and measurements of current contraceptive usage.

Univariate analysis: Data on respondents' descriptive statistics was summarized by means of frequencies, percentages and presented in tables, pie charts and bar graphs.

Bivariate analysis: Cross tabulations of the two categorical variables under measure was ran between socio-economic and health facility-related factors influencing contraceptive usage. As a result of those comparisons, the probability values (p-values) that were generated from each of those cross tabulations were used to determine the significance of the association. All probability values $p<0.05$ were considered significant and therefore regarded as actual influencing factors for contraceptive usage.

Multivariate analysis: All the significant factors that were assessed to be influencing contraceptive use with ($p<0.05$) at bivariate level were further assessed in relation to contraceptive use using multiple logistic regression to test the strength of associations of the variables that were found significant at the bivariate level. Statistical significance was then determined using 95% confidence interval and $p<0.05$. The results obtained from the various analyses were presented in the form of descriptive texts, tables and figures.

3.11 Quality Control Issues

The quality control issues were handled with careful selection of two research assistants who were Bagisu by origin with prior knowledge of data collection. Nevertheless, adequate training was offered to the research assistants. The training involved reviewing of the research instruments and skills on how to administer the questionnaire in order to minimize errors during data collection process.

In order to adhere to the principle of reliability and validity, a day was set for pre-testing of the questionnaires in Busiu Health Center IV and it involved a total of 10 respondents.The purpose of conducting the pre-test was to ensure the highest degree to which the questionnaires would be clearly understood by the respondents, it therefore helped in identifying errors which were modified and certainly corrected before the actual data collection commenced.

At the end of each day of data collection, the tools were cross checked. The purpose of this was to ensure all required fields were accurately completed as requested.

3.12 Ethical Consideration

The first step to ensure observance of ethical issues was through obtaining proposal approval and a letter of introduction from the Institute of Public Health and Management of Clarke International University. Thereafter, permission to collect data was sought from the District Medical Officer. The respondents were specifically informed about the objective of the study, Informed consent was sought from each respondent before administering the questionnaire. and their participation in the study was voluntary with no bad intention and that highest level of confidentiality of information was observed. The researcher also ensured anonymity by not recording names of respondents.

3.14 Dissemination of Results

The report was presented to the Institute of Public Health and Management of Clarke International University for examination and thereafter a copy of the report put in the University Library. Another copy of the report was taken to Namatala health center IV for service delivery improvement.

CHAPTER FOUR: PRESENTATION OF RESULTS

4.0 Introduction

This chapter presents the results of the findings. The results are presented in the order of demographic characteristics of respondents, individual factors, socio economic factors and health facility-related factors. Data analysis was conducted in three procedures including univariate, bivariate and multivariate for multiple factors influencing utilization of modern contraceptives amongst postpartum mothers at Namatala in Mbale district, Uganda. The response rate was 100%.

4.1 Demographic characteristics of respondents

Table 1: Results of univariate analysis for socio demographic characteristics of respondents (n=365).

Variable responses		**Frequency (n=365)**	**Percent (%age)**
Age group	15-19 yrs	67	18.4
	20-24 yrs	149	40.8
	25-29 yrs	79	21.6
	30-34 yrs	35	9.6
	35-39 yrs	21	5.8
	40 yrs above	14	3.8
	Total	365	100.0
Marital status	Single	40	11.0
	Married	44	12.1
	Cohabiting	281	77.0
	Total	365	100.0
Level of education	Tertiary	26	7.1
	Secondary	197	54.0
	Primary	135	37.0
	Did not attend school	7	1.9
	Total	365	100.0
Religion	Christianity	224	61.4
	Islam	136	37.3
	Traditional	3	.8
	Others	2	.5
	Total	365	100.0
Occupation	Civil servant	21	5.8
	Self employed	132	36.2
	House wife	183	50.1
	Others	29	7.9
	Total	365	100.0

Source: Primary field data, 2021

The general characteristics of the respondents are showed in the table 1 above. Out of a total of 365 participants who consented and recruited in the study, participants in the age group of

20-24 years constituted 149 (40.8%) followed by 25-29 years which constituted 79 (21.6%), 15-19 years constituted 67 (18.4%), 30-34 years constituted 35 (9.6%), 35-39 years constituted 21 (5.8%) and finally participants above 40 years constituted 14 (3.8%).For marital status of the respondents, majority were cohabiting constituting 281 (77.0%) followed by married and single constituting 44 (12.1%), and 40 (11.0%) respectively.

In regards to level of education, 197(58.0%) of the respondents had attained secondary level of education followed by 135 (37.0%) who had attained Primary level of education, 26 (7.1%) had attained Tertiary level of education and 7 (1.9%) did not attend school.

In response to religion, 224 (61.4%) of the respondents were Christians, 136 (37.3%) were Muslims, Traditionalists and Others constituted 3 (0.8%) and 2 (0.5%) respectively.

In regards to occupational status, majority of the respondents were Housewives who constituted 183 (50.1%) followed by self-employed who constituted 132 (36.2%), others and Civil servants constituted 29 (7.9%) and 21 (5.8%) respectively.

4.1 Individual factors influencing utilization of modern contraceptives amongst postpartum mothers

Table 2:Univariate contraceptives analysis of individual factors influencing utilization of modern amongst postpartum mothers (n=365)

Variable responses		**Frequency (n=365**	**Percent (%age)**
Age group	15-19 yrs	67	18.4
	20-24 yrs	149	40.8
	25-29 yrs	79	21.6
	30-34 yrs	35	9.6
	35-39 yrs	21	5.8
	40 yrs above	14	3.8
	Total	365	100.0
Marital status	Single	40	11.0
	Married	44	12.1
	Cohabiting	281	77.0
	Total	365	100.0
Were there any costs on f/p imposed on you by the health care workers	Yes	15	4.1
	No	350	95.9
	Total	365	100.0
If yes, at what cost was the f/p method	n/a	350	95.9
	1000-5000	11	3.0
	5001-10000	3	.8
	10001-20000	1	.3
	Total	365	100.0
Reasons for not using the contraceptive	n/a	155	42.5
	I want to have another child	4	1.1
	My religion forbids	8	2.2
	I am afraid of side effects	46	12.6
	My partner objects to use	17	4.7
	I am afraid of becoming infertile	3	.8
	I cannot afford the services	1	.3
	Not sexually active	49	13.4
	Waiting for menstrual periods	82	22.5
	Total	365	100.0

Source: Primary field data, 2021

The results from table 2 shows that majority of the respondents were between the age group of 20-24 years which constituted 149 (40.8%) followed by 25-29 years which constituted 79 (21.6%), 15-19 years constituted 67 (18.4%), 30-34 years constituted 35 (9.6%), 35-39 years constituted 21 (5.8%) and finally participants above 40 years constituted 14 (3.8%). For marital status of the respondents, majority were cohabiting constituting 281 (77.0%) followed by married and single constituting 44 (12.1%), and 40 (11.0%) respectively.

For cost of the f/p method, 10 (2.7%) of the respondents bought a contraceptive at a cost of 1,000-10,000, 2 (0.5%) bought at a cost of 10,001-20,000 and finally 1 (0.3%) bought at a cost of 20,001-30,000. However, 352 (96.4%) was not applicable.

The response from Ms. Esther Gloria Nabuzaale, the family planning nurse, in regards to any costs or charges of contraceptive, this is what she said in substance;

"Here in this facility, the contraceptives are available and we don't charge any cost on them. Mothers get any contraceptive method of their choice. We educate them on different types of contraceptives that are available before we administer any to them. So there is ease of access to contraceptives though sometimes these mothers fear to come for the service".

The Health Information Assistant, Mrs. Beatrice Nabirye also had this to say

"There is easy access to modern contraceptives without any cost at the health facility. Actually more than 60% of postpartum mothers with children of 4 months old and above have received contraceptives from this health facility".

In regards to reasons for not using any contraception, most of the respondents 82 (22.5%) were waiting for menstrual periods to start, 49 (13.4%) were not sexually active, 46 (12.6%) were afraid of side effects, partner objection to contraceptive use constituted 17 (4.7%), wanting to have another child constituted 4 (1.1%), religion forbidding use of contraception constituted 8 (2.2%), being afraid of becoming infertile and not affording the services constituted 3 (0.8%) and 1 (0.3%) respectively. However, 155 (42.5%) were non responses since it was not applicable.

Table 3:Bivariate analysis for individual factors influencing utilization of modern contraceptives amongst postpartum mothers

Variable responses		**Individual factors influencing utilization of modern contraceptives**		**Total (%age)**	**X^2**	**P-value**
		Yes (%)	**No (%)**			
Age group	15-19 yrs	27(40.3)	40(59.7)	67(100.0)	6.178	0.289
	20-24 yrs	67(45.0)	82(55.0)	149(100.0)		
	25-29 yrs	34(43.0)	45(57.0)	79(100.0)		
	30-34 yrs	15(42.9)	20(57.1)	35(100.0)		
	35-39 yrs	5(23.8)	16(76.2)	21(100.0)		
	40 yrs above	9(64.3)	5(35.7)	14(100.0)		
Marital status	Single	14(35.0)	26(65.0)	40(100.0)	5.905	0.052
	Married	26(59.1)	18(40.9)	44(100.0)		
	Cohabiting	117(41.6)	164(58.4)	281(100.0)		
Reasons for not using any contraception	n/a	152(98.1)	3(1.9)	155(100.0)	334.928	**0.000 ****
	I want to have another child	1(25.0)	3(75.0)	4(100.0)		
	My religion forbids	1(12.5)	7(87.5)	8(100.0)		
	I am afraid of side effects	3(6.5)	43(93.5)	46(100.0)		
	My partner objects to it	0(0.0)	17(100.0)	17(100.0)		
	I am afraid of becoming infertile	0(0.0)	3(100.0)	3(100.0)		
	I cannot afford the services	0(0.0)	1(100.0)	1(100.0)		
	Not sexually active	00.0%	49100.0%	49100.0%		
	Waiting for menstrual periods	0(0.0)	82(100.0)	82(100.0)		
Were there any costs imposed on any f/p method?	Yes	8(53.3)	7(46.7)	15(100.0)	0.680	0.410
	No	149(42.6)	201(57.4)	350(100.0)		
If yes, at what cost was the family planning method given to you?	n/a	149(42.6)	201(57.4)	350(100.0)	2.064	0.559
	1000-5000	6(54.5)	5(45.5)	11(100.0)		
	5001-10000	2(66.7)	1(33.3)	3(100.0)		
	10001-20000	0(0.0)	1(100.0)	1(100.0)		

Source: Primary field data, 2021

******denotes significant values at p<0.05**

The findings from table 3 show that the respondents age group constituted (X^2 =6.178, P=0.289), Marital status constituted (X^2 =5.905, P=0.050), Reasons for not using any contraception constituted (X^2 =334.928, P=0.000),were there costs imposed on any family planning method constituted (X^2 =0.680, P=0.410), if yes, at what cost was the family planning method constituted (X^2 =2.064, P=0.559).

4.2 Socio economic factors influencing utilization of modern contraceptives amongst postpartum mothers

Table 4:Univariate analysis for socio economic factors influencing utilization of modern contraceptives amongst postpartum mothers (n=365)

Variable responses		**Frequency (n=365)**	**Percent (%age)**
Do you know of any family planning method	Yes	344	94.2
	No	21	5.8
	Total	365	100.0
Which family planning method do you know	n/a	21	5.8
	Condoms	46	12.6
	Contraceptive pills	99	27.1
	Injectables	116	31.8
	Implants	46	12.6
	IUDs	22	6.0
	Lactational amenorhoea	15	4.1
	Total	365	100.0
How did you learn about family planning	n/a	21	5.8
	Friends	99	27.1
	Mass media	96	26.3
	Health workers	144	39.5
	Relatives	5	1.4
	Total	365	100.0
Why is family planning use important	n/a	21	5.8
	Helps in child spacing	283	77.5
	Regulates number of children	50	13.7
	Helps in preventing STDs	3	.8
	For healthy child growth	8	2.2
	Total	365	100.0
Does your spouse approve of	Yes	210	57.5

contraceptive use	No	155	42.5
	Total	365	100.0
Reasons for using family planning	n/a	209	57.3
	Spacing	65	17.8
	Delaying pregnancy	79	21.6
	Stopping pregnancy	9	2.5
	Others	3	.8
	Total	365	100.0
Have you menstruated after delivering this child	Yes	121	33.2
	No	244	66.8
	Total	365	100.0
Did you resume sexual intercourse after delivery	Yes	188	51.5
	No	177	48.5
	Total	365	100.0
If yes, at what age was this child when you resumed	n/a	174	47.7
	1-2 months	33	9.0
	2-3 months	63	17.3
	3-4 months	49	13.4
	4-5 months	29	7.9
	5-6 months	17	4.7
	Total	365	100.0

Source: Primary field data, 2021

The results of the study from table 4 showed that majority of the respondents 344 (94.2%) had knowledge of f/p compared to 21 (5.8%) of their counterparts who didn't have. For knowledge of the type of f/p method, majority of the respondents 116 (31.8%) knew injectable followed by 99 (27.1%) who knew oral contraceptives, both those who knew condoms and implants constituted 46 (12.6%) and 46 (12.6%) respectively, 22 (6.0%), 15 (4.1%)had knowledge of IUDs, lactational amenorrhoea respectively. However, 21 (5.8%) were non responses.

In regards to learning about f/p, 144 (39.5%) learnt from health care workers, 99 (27.1%) learnt from friends, those who learnt from mass media and relatives constituted 96 (26.3%) and 5 (1.4%) respectively. However, the non-response constituted 21 (5.8%).

The results of qualitative response from the Ms. Esther Gloria Nabuzale, this was her response in this regard

"Women should stop following advice of access to family planning from their friends or relatives but rather keep on with the family planning education at OPD, antenatal, mass

media so that they get informed. Because here most women come when they have already decided on which contraceptive to use"

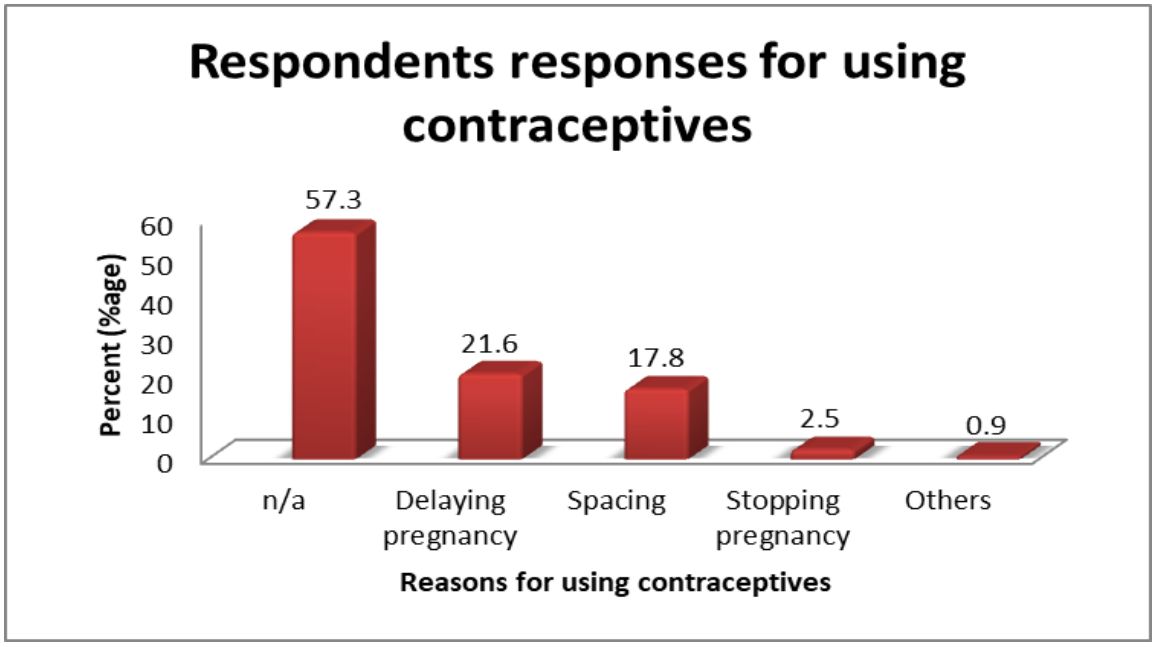
For importance of family planning, majority of the respondents said it helps in child spacing which constituted 283 (77.5%), 50 (13.7%) said it regulates number of births, 8 (2.2%), 3 (0.8%) said helps in healthy child growth and preventing STDs respectively. However, 21 (5.8%) were no response.

The results also indicated that 210 (58%) of the respondents' spouses approved use of contraceptives compared to 155 (42%) who did not approve contraceptive use.

The results of a response from Sr. Rebecca Namutosi, the in-charge of Namatala HCIV concerning spouse communication and support, this was her response;

"I encourage mothers to always come along with their husbands when seeking for family planning services so that the husband can also be supportive and committed".

*Figure 2:Results showing respondents reasons for using contraceptive***s**

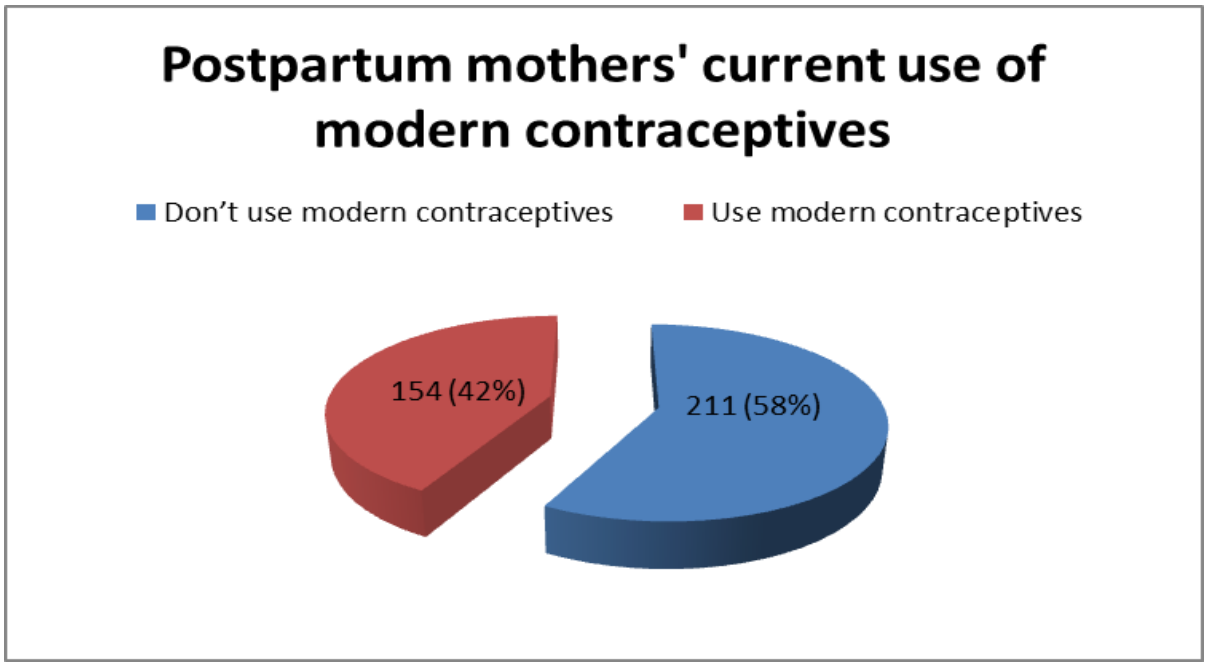


In regards to reasons for using contraceptives as indicated in figure 3 above, 79 (21.6%) said delaying pregnancy, 65 (17.8%) of the respondents said spacing, 9 (2.5%) said stopping pregnancy, 3 (0.8%) others. However, 209 (57.5%) was not applicable.

The results of the study also showed that 244 (66.8%) of the respondents had not menstruated after delivery of their last child compared to 121 (33.2%) of their counterparts who had menstruated.

In regards to resumption of sexual activity, 188 (51.5%) of the respondents resumed sexual intercourse after delivery compared to 177 (48.5%) of their counterparts. Therefore as far as age of the child to resumption of sexual intercourse is concerned, the study revealed that majority 63 (17.3%) of the children were between the age group of 2-3 months, 49 (13.4%) were between 3-4 months, 33 (9.0%) and 29 (7.9%) were 1-2 months and 4-5 months respectively. However, 174 (47.9%) were not applicable therefore no response.

Figure 3: Results showing current usage of family planning amongst postpartum mothers



The results from figure 2 above shows that in terms current usage of family planning methods, 211 (57.8%) of the respondents don't use f/p from the time of collecting this data compared to 154 (42.2%) of their counterparts.

Table 5: Bivariate analysis for socio economic factors influencing utilization of modern contraceptives amongst postpartum mothers (n=365)

Variable responses		**Socio economic factors influencing utilization of modern contraceptives**		**Total (%age)**	**X^2**	**P-values**
		Yes (%)	No (%)			
Do you know of any family planning method?	Yes	157(45.6)	187(54.4)	344(100.0)	16.819	**0.000****
	No	0(0.0)	21(100.0)	21(100.0)		
Which family planning method do you know?	n/a	0(0.0)	21(100.0)	21(100.0)	18.729	**0.005****
	Condoms	22(47.8)	24(52.2)	46(100.0)		
	Contraceptive pills	49(49.5)	50(50.5)	99(100.0)		
	Injectables	50(43.1)	66(56.9)	116(100.0)		
	Implants	19(41.3)	27(58.7)	46(100.0)		
	IUDs	9(40.9)	13(59.1)	22(100.0)		
	Lactational amenorhoea	8(53.3)	7(46.7)	15(100.0)		
How did you learn about family planning?	n/a	0(0.0)	21(100.0)	21(100.0)	18.336	**0.001****
	Friends	45(45.5)	54(54.5)	99(100.0)		
	Mass media	43(44.8)	53(55.2)	96(100.0)		
	Health workers	68(47.2)	76(52.8)	144(100.0)		
	Relatives	1(20.0)	4(80.0)	5(100.0)		
Why is family planning use important?	n/a	0(0.0)	21(100.0)	21(100.0)	18.946	**0.001****
	Helps in child spacing	130(45.9)	153(54.1)	283(100.0)		
	Regulates number of children	20(40.0)	30(60.0)	50(100.0)		
	Helps in preventing STDs	2(66.7)	1(33.3)	3(100.0)		
	For healthy child growth	5(62.5)	3(37.5)	8(100.0)		
Does your spouse approve of contraceptive use?	Yes	113(53.8)	97(46.2)	210(100.0)	23.513	**0.000****
	No	44(28.4)	111(71.6)	155(100.0)		
Reasons for using the contraception?	n/a	4(1.9)	205(98.1)	209(100.0)	342.246	**0.000****
	Spacing	65(100.0)	0(0.0)	65(100.0)		
	Delaying pregnancy	78(98.7)	1(1.3)	79(100.0)		
	Stopping	9(100.0)	0(0.0)	9(100.0)		

	pregnancy					
	Others	1(33.3)	2(66.7)	3(100.0)		
Have you ever menstruated after delivery of this child?	Yes	77(63.6)	44(36.4)	121(100.0)	31.405	**0.000****
	No	80(32.8)	164(67.2)	244(100.0)		
Did you resume sexual intercourse after delivery?	Yes	127(67.6)	61(32.4)	188(100.0)	95.243	**0.000****
	No	30(16.9)	147(83.1)	177(100.0)		
If yes, at what age was this child when you resumed sexual intercourse?	n/a	29(16.7)	145(83.3)	174(100.0)	97.086	**0.000****
	1-2 months	20(60.6)	13(39.4)	33(100.0)		
	2-3 months	40(63.5)	23(36.5)	63(100.0)		
	3-4 months	35(71.4)	14(28.6)	49(100.0)		
	4-5 months	19(65.5)	10(34.5)	29(100.0)		
	5-6 months	14(82.4)	3(17.6)	17(100.0)		

Source: Primary field data, 2021

*****denotes significant values at p<0.05**

The results from table 5 shows that knowledge of any family planning method constituted (X^2 =16.819, P=0.000), knowledge of the type of family planning method constituted (X^2 =18.729, P=0.005), learning about family planning constituted (X^2 =18.336, P=0.001), importance of family planning use constituted (X^2 =18.946, P=0.001), spouse approval of contraceptive use constituted (X^2 =23.513, P=0.000), reasons for using contraception constituted (X^2 =342.246, P=0.000), ever menstruated after child delivery constituted (X^2 =31.405, P=0.000), resumption of sexual intercourse constituted (X^2 =95.243, P=0.000), age of the child to resumption of sexual intercourse constituted (X^2 =97.086, P=0.000).

4.2 Health facility-related factors influencing utilization of modern contraceptives amongst postpartum mothers

Table 6: Univariate analysis for health facility-related factors influencing utilization of modern contraceptives amongst postpartum mothers (n=365)

Variable responses		Frequency (n=365)	Percent (%age)
Where do you normally receive f/p services	Health facility	212	58.1
	Drug shop	42	11.5
	Pharmacy	16	4.4
	Clinic	24	6.6
	Never uses f/p	71	19.5
	Total	365	100.0
Distance from home to health facility	<1 km	211	57.8
	1-2 km	61	16.7
	2-3 km	41	11.2
	3-4 km	19	5.2
	5km	33	9.0
	Total	365	100.0
Did you receive any health education after delivery	Yes	102	27.9
	No	263	72.1
	Total	365	100.0
Did you receive information on f/p during postnatal visit	Yes	143	39.2
	No	222	60.8
	Total	365	100.0
what methods did the health care workers talk about	n/a	222	60.8
	Female sterilization	25	6.8
	Injectable	83	22.7
	Pills	15	4.1
	Implants	8	2.2
	IUDs	12	3.3
	Total	365	100.0
What other information was given by the health care workers	n/a	222	60.8
	Return to fertility	15	4.1
	Healthy timing and spacing	99	27.1
	Lactational amenorhoea method	25	6.8
	Fertility intentions	4	1.1
	Total	365	100.0
What was the attitude of health care workers when you visited for f/p service	Excellent	12	3.3
	Very good	252	69.0
	Fairly good	101	27.7
	Total	365	100.0
Where there challenges you faced while accessing f/p services	Yes	5	1.4
	No	360	98.6
	Total	365	100.0

If yes, what are some of those challenges	n/a	360	98.6
	Delay in offering the service	4	1.1
	Few h/ws to serve clients	1	.3
	Total	365	100.0

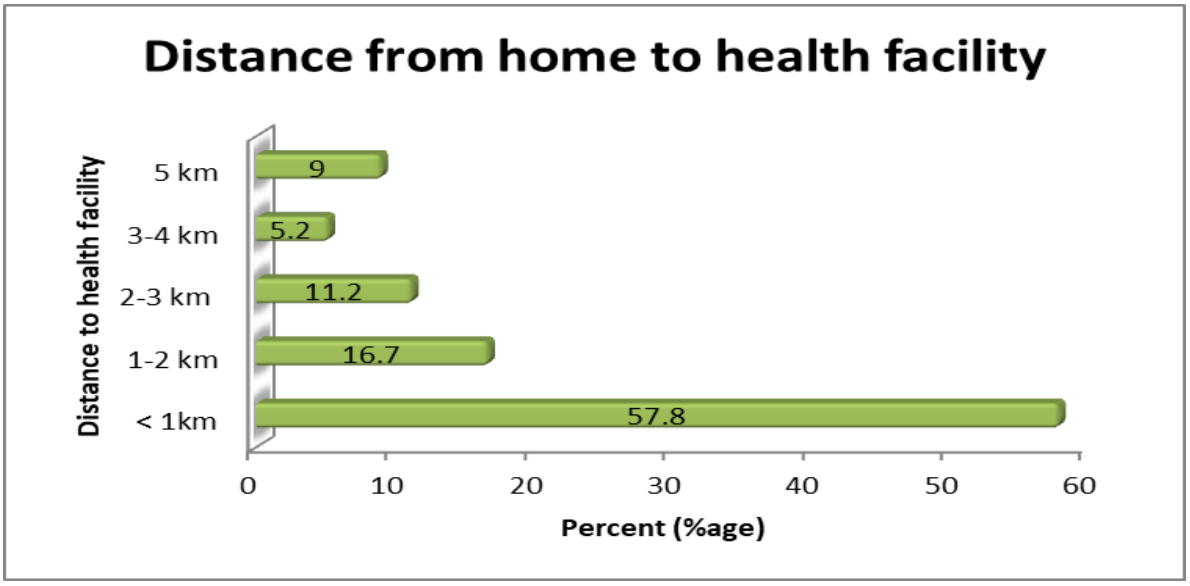
Source: Primary field data, 2021

The results of the study in table 6 shows that 216 (59.2%) of the respondents normally received f/p services from a health facility, 90 (24.7%) never used f/p, 42 (11.5%) and 17 (4.7%) received from a drug shop and pharmacy respectively.

In regards to places where mothers receive family planning services, Sr. Rebecca Namutosi, the in-charge of Namatala HCIV further emphasised the following;

"Mothers should stop seeking for family planning services from unauthorised and unlicensed clinics and drug shops but rather come to the health facility for detailed information and proper service delivery. This is because some mothers have a bias about side effects that they had in the past or heard from relatives or friends".

Figure 4:Results showing distance from respondent's home to health facility



The results in figure 4 shows that 211 (57.8%) of the respondents covered a distance of <1km to the health facility, 61 (16.7%) covered a distance of 1-2 km, 41 (11.2%) covered a distance of 2-3 km and finally 19 (5.2%) and 33 (9.0%) covered a distance of 3-4 km and 5 km respectively.

The study findings revealed that 181 (49.6%) of the respondent didn't receive any health education after delivery compared to 87 (23.8%) of their counterparts who received, however, 97 (26.6%) had no response.

The Medical Officer of Namatala HCIV, Mr. Moses Wabonga had this to say in response to health education;

"Health education is conducted in every health facility unit with behavioural change communication materials such as f/p charts, f/p sign posts within the health center compound so as to pass on the message. The health facility partnered with private health care providers such as Marie Stopes to carryout training sessions with both pregnant and postpartum mothers".

The study findings also showed that 166 (45.5%) of the respondents didn't receive any information on f/p during postnatal visit compared to 107 (29.3%) of their counterparts who received information, however, 92 (25.2%) had no response. During antenatal visit, majority of the health care workers talked to postpartum mothers about injectable which constituted 42 (11.5%), followed by female sterilization which constituted 24 (6.6%), implants constituted 22 (6.0%), contraceptive pills constituted 20 (5.5%) and IUDs constituted 7 (1.9%), however, 250 (68.5%) was not applicable. The study findings also revealed that the health care workers also gave other information in regards to healthy timing and spacing which constituted 69 (18.9%), lactational amenorrhoea method which constituted 33 (9.0%), Return to fertility constituted 8 (2.2%), fertility intentions constituted 6 (1.6%), however, 249 (68.2%) was not applicable therefore had no response.

In regards to attitude of health care workers towards the respondents when they went for f/p services as shown in figure 5, 252 (69.0%) of the respondents said it was very good, 101 (27.7%) fairly good, 12 (3.3%) said it was excellent.

The in-charge of Namatala HCIV, Ms. Rebecca Namutosi in her submission said that;

"The rate of accessibility to modern contraceptives is relatively high as most of the mothers who come for the services find them. Our health workers are friend and have a good attitude towards our clients and the family planning unit is conducive for these services as privacy is paramount. Atleast at the end of the day we receive about 40 postpartum mothers"

The study findings showed that 248 (67.9%) of the respondents didn't face any challenges related to access to family planning services from the health facility compared to 19 (5.2%) of their counterparts who encountered a few challenges, however, 98 (26.8%) was not applicable. The study findings further revealed that the major challenge faced when accessing

f/p services was delays in offering the service constituting 15 (4.1%) followed by few health workers to serve the overwhelming number of mothers constituting 9 (2.5%), however, 341 (93.4%) was not applicable therefore no response.

The Family planning Unit Nurse, Ms. Esther Gloria Nabuzale raised the following issues in regards to challenges faced in offering f/p services to their clients;

"We don't have all the required contraceptives here; we just have a few of them. Sometimes there are stock outs so we order them but there are delays in delivery. There is a challenge of some women being biased with some contraceptives such as the monthly injectable, they always complain of having long menstrual periods and with implants, they say they don't menstruate so it's a bit challenging to convince to take up a particular family planning method".

The Medical Officer, Mr. Moses Wabonga also emphasized that;

"Some clients are not committed to using these contraceptives as directed by the health worker especially those using contraceptive pills, they forget their routine medication and end up getting pregnant, so they put the blame on health workers. And another challenge is some pills get expired or fail or stop being effective"

Table 7: Bivariate analysis for health facility factors influencing utilization of modern contraceptives amongst postpartum mothers (n=365)

Variables	**Responses**	**Health facility factors influencing utilization of modern contraceptives**		**Total (%age)**	**X^2**	**P-values**
		Yes (%)	**No (%)**			
Where do you normally receive family planning services from?	Health facility	123(58.0)	89(42.0)	212(100.0)	72.256	**0.000****
	Drug shop	22(52.4)	20(47.6)	42(100.0)		
	Pharmacy	5(31.3)	11(68.8)	16(100.0)		
	Clinic	4(16.7)	20(83.3)	24(100.0)		
	Never uses f/p	3(4.2)	68(95.8)	71(100.0)		
Distance from home to the health facility?	<1 km	82(38.9)	129(61.1)	211(100.0)	5.823	0.213
	1-2 km	28(45.9)	33(54.1)	61(100.0)		
	2-3 km	18(43.9)	23(56.1)	41(100.0)		
	3-4 km	12(63.2)	7(36.8)	19(100.0)		
	5km	17(51.5)	16(48.5)	33(100.0)		
Did you receive any health education after delivery?	Yes	54(52.9)	48(47.1)	102(100.0)	5.692	**0.017****
	No	103(39.2)	160(60.8)	263(100.0)		
Did you receive any information on f/p during postnatal visit?	Yes	78(54.5)	65(45.5)	143(100.0)	12.755	**0.000****
	No	79(35.6)	143(64.4)	222(100.0)		
Which methods did the health worker talk about?	n/a	79(35.6)	143(64.4)	222(100.0)	17.643	**0.003****
	Female sterilization	17(68.0)	8(32.0)	25(100.0)		
	Injectable	44(53.0)	39(47.0)	83(100.0)		
	Pills	6(40.0)	9(60.0)	15(100.0)		
	Implants	3(37.5)	5(62.5)	8(100.0)		
	IUDs	8(66.7)	4(33.3)	12(100.0)		
What other information was given to you by the health worker?	n/a	79(35.6)	143(64.4)	222(100.0)	16.563	**0.002****
	Return to fertility	10(66.7)	5(33.3)	15(100.0)		
	Healthy timing and spacing	55(55.6)	44(44.4)	99(100.0)		
	Lactational amenorhoea	10(40.0)	15(60.0)	25(100.0)		
	Fertility intentions	3(75.0)	1(25.0)	4(100.0)		
Were there any costs imposed on f/p method?	Yes	8(53.3)	7(46.7)	15(100.0)	0.680	0.410
	No	149(42.6)	201(57.4)	350(100.0)		
How did the h/w treat you when you came	Excellent	11(91.7)	1(8.3)	12(100.0)	26.060	**0.000****
	Very good	120(47.6)	132(52.4)	252(100.0)		

for the f/p service?	Good	26(25.7)	75(74.3)	101(100.0)		
Were there any challenges you faced?	Yes	4(80.0)	1(20.0)	5(100.0)	2.829	0.093
	No	153(42.5)	207(57.5)	360(100.0)		
If yes, what are some of those challenges?	n/a	153(42.5)	207(57.5)	360(100.0)	3.033	0.219
	Service delay	3(75.0)	1(25.0)	4(100.0)		
	Few h/ws to serve clients	1(100.0)	0(0.0)	1(100.0)		

Source: Primary field data, 2021

*****denotes significant values at p<0.05**

The results from table 7 shows places where postpartum mothers received family planning constituted (X^2 =72.256, P=0.000), distance from home to health facility constituted (X^2 =5.823, P=0.213), on whether postpartum mothers received any health education after delivery constituted (X^2 =5.692, P=0.017), on whether postpartum mothers received any information on family planning during postnatal visit constituted (X^2 =12.755, P=0.000), type of family planning method that the health worker talked about during postnatal visit constituted (X^2 =17.643, P=0.003), any other information given to the postpartum mothers constituted (X^2 =16.563, P=0.002), on whether there were any costs imposed on family planning method constituted (X^2 =0.680, P=0.410), attitude of health workers during access to family planning service constituted (X^2 =26.060, P=0.000), on whether there were any challenges faced in regards to access to family planning service constituted (X^2 =2.829, P=0.093), some of the challenges faced by postpartum mothers constituted (X^2 =3.033, P=0.219).

Table 8:Results of Logistic Regression for factors influencing utilization of modern contraceptives amongst postpartum mothers Namatala ward in Mbale district, Uganda

Variables	**B**	**S.E.**	**Sig (P-values)**	**Exp (B) ODDS RATIO**	**95% Confidence Interval**	
					Lower	**Upper**
Reasons for not using contraception	.033	.004	.000	8.541	1.521	4.635
Do you know of any f/p method	.122	.053	.021	2.326	.012	1.852
What f/p method do you know	.004	.006	.493	.686	.187	1.061
How did you learn about f/p	.023	.008	.005	2.833	.133	1.806
Why is f/p use important	.011	.012	.344	.947	.126	6.052
Did you and spouse talk about f/p use	-.004	.019	.832	.213	.446	1.003
Does your spouse approve of f/p use	.032	.016	.044	2.022	.264	9.293
If yes, what f/p method are you using	-.109	.009	.000	12.497	.799	5.136
Reasons for using the f/p method	-.067	.012	.000	5.481	.367	5.064
Have you ever menstruated after delivery	.007	.016	.680	.412	.185	15.382
Did you resume sexual intercourse after delivery	-.011	.026	.682	.411	.332	2.449
If yes, at what age was the child when you resumed	-.013	.008	.122	1.549	1.527	17.554
Where do you normally receive f/p services	.024	.006	.000	4.213	.351	9.047
Did you receive any health education after delivery	-.004	.019	.846	.195	1.061	2.704
During postnatal visit, did you receive any information on delaying pregnancy	.157	.047	.001	3.379	.863	3.041
Which methods did the health worker talk about	.011	.010	.273	1.099	.053	1.537
What other information was provided by the health worker	.052	.017	.003	3.022	.134	.732
How did the health workers treat you when you came for f/p services	-.016	.015	.279	1.084	.561	5.012

Source: Primary field data, 2021

All variables which were statistically significant at bivariate level of analysis were analysed using a logistic regression model and odds ratios were determined. Respondents reasons for

not using contraception was statistically significant at multivariate level of analysis, postpartum mothers were 8.5 times not likely to use contraception due to the fact that majority of them were waiting for start of their menstrual periods with (OR: 8.541, X^2=11.809, 95% CI: 1.521-4.635, P=0.000). Respondent's knowledge of any family planning method was statistically significant, postpartum mothers were 2.3 times more likely to have known different family planning methods giving (OR: 2.326, X^2=2.186, 95% CI: 0.021-1.852, P=0.021). The model further revealed that respondents were 0.686 times less likely to have any knowledge on the particular type of family planning method giving (OR: 0.686, X^2 =3.338, 95% CI: 0.187-1.061, P=0.493).

The results from the model were statistically significant in influencing its modern contraceptive use amongst postpartum mothers, it further revealed that the respondents were 2.8 times more likely to learn about family planning therefore giving (OR: 2.833, X^2 =1.150, 95% CI: 0.133-1.806, P=0.005). The model also revealed that the importance of family planning was not statistically significant to influence modern contraceptive use mothers with (OR: 0.947, X^2 = 0.018, 95% CI: 0.126-6.052, P=0.344). Spouses' discussion about family planning use was not statistically significant to influence modern contraceptive use amongst postpartum mothers with (OR: 0.213, X^2 =3.776, 95% CI: 0.446-1.003, P=0.832). The model revealed a statistically significant influence of spouse approval on modern contraceptive use, the mothers were 2 times more likely to use a modern contraceptive with approval from their spouse with (OR: 2.022, X^2 =0.245, 95% CI: 0.264-9.293, P=0.044). Usage of family planning method amongst postpartum mothers was statistically significant, the model revealed that mothers were 12 times more likely to use modern contraceptives compared to other methods with (OR: 12.497, X^2=2.209, 95% CI: 0.799-5.136, P=0.000). The model further revealed that the mothers were 5 times more likely to delay pregnancy as a reason for using family planning method and therefore statistically significant in influencing contraceptive use amongst postpartum mothers with (OR: 5.481, X^2 =0.214, 95% CI: 0.367-5.064, P=0.000).

The model also indicated that menstruation after child delivery was less likely to influence modern contraceptives use amongst postpartum mothers giving (OR: 0.412, X^2=0.215, 95% CI: 0.185-15.382, P=0.680). Resuming sexual intercourse after delivery was less likely to influence modern contraceptive use amongst postpartum mothers with (OR: 0.411, X^2=0.041, 95% CI: 0.322-2.449, P=0.682).

The results from the logistic regression model revealed mothers were 4 times more likely to receive family planning services from a health facility compared to other places and therefore as found to be statistically significant in influencing modern contraceptive use amongst postpartum mothers with (OR: 4.213, X^2=0.487, 95% CI: 0.351-9.047, P=0.000). Mothers receiving health education information from health workers after delivery was less likely to influence modern contraceptive use with (OR: 0.195, X^2=4.871, 95% CI: 1.061-2.704, P=0.846). however, the model also revealed thatduring postnatal visit, mothers receiving information on delaying pregnancy were 3times more likely to use modern contraceptive therefore statistically significant in influencing modern contraceptive utilization amongst postpartum mothers with (OR: 3.379, X^2=2.258, 95% CI: 0.863-3.041, P=0.001).

The other information provided by the health worker to the mothers was statistically significant in influencing modern contraceptive use and the model showed that mothers were 3 times more likely to have healthy timing and spacing before their next child delivery with (OR: 3.022, X^2=7.194, 95% CI: 0.134-0.732, P=0.003). Health worker availability and attitude towards mothers at the health facility during access to family planning services was less likely to influence the use of modern contraceptives amongst postpartum mothers giving (OR: 1.084, X^2=0.857, 95% CI: 0.561-5.012, P=0.279)

CHAPTER FIVE: DISCUSSION OF RESULTS

5.0 Introduction

This chapter presents a discussion of the results found as per chapter four above. It's arranged following objectives of the study with major emphasis on significant factors with the study findings of earlier studies as indicated in the literature review. The influence of individual, socio-economic and health facility factors on utilization of modern contraceptives amongst postpartum mothers will be presented. A summary of the discussion will also be given as a wrap up as other factors will be discussed in similarity with other findings while some will be discussed in contrast, giving appropriate reasons for the probable differences as per the methodology and context of the study.

5.1 Influence individual factors on modern contraceptive use amongst postpartum mothers

The results of this study revealed statistically significant association between the reasons why mothers are not using contraception and modern contraceptive use (P=0.000). this was consistent with a qualitative study conductedon barriers to modern contraceptive method uptake among young women in Kenya by Rhoune Ochako et al, (2015) which showed that many of their concerns about contraceptive use was based on myths and misconceptions that a particular method would render them infertile or reduce ones childbearing capacity thus limiting the number of children one would be able to conceive in their lifetime, as a result, injectable method was strongly expressed as the greatest barrier to contraceptive use. As a result, many young women believed that injectable were only recommended for women who already had children. In addition, a number of respondents expressed concern about contraceptive as a foreign object that would disrupt the natural processes of the body and create harm. Failure to menstruate regularly, a common side effect from using certain contraceptive methods was interpreted as causing the body to retain 'dirty blood' leading to stomach aches.

The results of the study also revealed that 95.9% of the mothers responded having no costs or charges imposed on any contraceptive method compared to their counterparts and that only 3% of the mothers bought a contraceptive method at a cost of 1000-5000/=, therefore cost of the family planning method was not significantly associated with modern contraceptive use. These findings were contrary to studies conducted in Kenya amongst postpartum women of reproductive age which showed that more than half of the respondents agreed that the cost of

the family planning service was the main reason for preference of traditional methods especially short acting reversible contraceptives to modern contraceptives especially long-acting reversible contraceptives since the latter were cheaper compared to the former (Robert et al, 2017).

Similarly on the contrary, a study conducted by Einstenberg, McNicholas & Peipert, (2013) identified cost on the choice of contraceptives as a major barrier to access of modern contraceptives for women since the service requires cost sharing with the insurance providers. The study further hypothesized that universal insurance coverage without recourse for out-of-pocket payment could not increase the utilization of modern contraceptives amongst postpartum women.

In other studies contrary to these study findings revealed that financial barriers still remain a challenge in the United States when a woman decides to use an IUD, women who cannot afford this method will have to depend on less effective methods, thereby exposing themselves to the risk of unwanted pregnancy (Secura et al, 2010). Similarly, the results from the choice study in Austria which focused on effective counselling and factors affecting women's contraceptive choices concluded that women based their decision on 'easy to use' of the pill, weekly patch and the monthly vaginal ring (Egarter et al, 2012).

5.2 Influence socio economic factorson modern contraceptive use amongst postpartum mothers

The results of the study revealed that knowledge on contraceptive use was significantly associated with modern contraceptive use (P=0.000). These findings further revealed that 94.2% of the mothers showed sufficient knowledge on contraceptive use compared to 5.8% of their counterparts. These findings are contrary to a survey conducted in the Ga East of Accra, Ghana by (Aryeetey, Kotoh & Hindu, 2010) amongst women of reproductive age, which revealed that almost half of the respondents believed that modern contraception is ineffective in preventing pregnancies, one third of the respondents considered modern contraceptives as unsafe, 65% reported at least one side effect from contraceptive use. These findings demonstrate why women despite having knowledge on contraceptive use, do not use them.

The study findings showed that spouse approval of contraceptive use was significantly associated with modern contraceptive use (P=0.000), this further revealed that spouses were 2

times more likely to approve a contraceptive use, the findings further revealed that 57.5% of the respondents' spouses made an approval of a contraceptive use compared to 42.5% of their counterparts who disapproved. These findings were consistent with an investigation on the positive impact of spousal communication on contraceptive use amongst women in rural Nepal and Myanmar by (Link C.F, 2011; Mon & Liabsuetrakul, 2010) which showed that involving males and obtaining their support and commitment to family planning is crucial for contraceptive utilization. Similarly, results of a study conducted in Cambodia by (Samandari et al, 2010), showed that women who believed that their husbands had a positive attitude towards contraception showed more significantly successful family planning practice and were 3 times more likely to use a contraceptive method (OR: 3.4, $p<0.001$), while women who were nervous about discussing contraception with their husbands were less likely to use the contraceptive method (OR: 0.6, $p<0.05$)

The study findings also revealed that resumption of sexual intercourse after delivery was significantly associated to modern contraceptive use (P=0.000), it further showed that 51.5% of the mothers resumed sexual intercourse when the child was 2-3 months compared to 48.5% of their counterparts who did not after delivery. The findings further showed that 66.8% of the mothers had not resumed their menses after child delivery compared to 33.2% of their counterparts. These study findings were consistent with studies conducted in Nairobi urban slums among postpartum women which revealed that women resume sexual activity well before their menstruation. The report further indicated that the 50% to 70% of the women had resumed their sexual relations by 3 and 5 months after giving birth respectively. This suggests that more than half of the women initiate relations before they resume their menses. The study also revealed that the percentage of sexually active months after the month of resumption of sex among married/cohabiting and single mothers was 83% and 33% respectively. With a majority of the women being married, it is likely that there is considerable sex regularity with the observed continuity. Therefore, since a majority of all women who resume sex remain sexually active thereafter, the gap between the first resumption of menses and first use of contraception is a good representation of women who are exposed to pregnancy but not under any protection (Robert P. Ndugwa et al, 2010).

On the contrary to these study findings, a study on predictors of time-to-contraceptive use from resumption of sexual intercourse after birth amongst postpartum women in Uganda indicates that only women who had resumed menstruation used family planning, this demonstrates that these women are at a higher risk of unplanned or unwanted pregnancies

compared with their counterparts who use contraception before resumption of menstruation (Robert Wamala et al, 2017). Similarly, a qualitative research study conducted in 17 developing countries by (Maria R Borda et al, 2010), indicates that among women practicing postpartum abstinence, irregular sexual activity may happen early, progressing to regular activity later.

5.3Influence of health facility-related factorson utilization of modern contraceptives amongst postpartum mothers

The study findings revealed that distance to health facility was not significantly associated with contraceptive use with (P=0.213) as 57.8% of the respondents were accessing contraceptives at a distance of less than one kilometre, this implies that the distance to health facility was not considered to influence access to modern contraceptives amongst postpartum mothers. This finding was deemed contrary to a case control study carried out in Ethiopia among married women of reproductive age group in Debre Markos town which revealed that women who were near the health facility were 3.69 times more likely to access and use modern contraceptives compared to far away from the health facility counterparts hence distance to health facility is attributed to be detrimental to the health and wellbeing of postpartum mothers as this limits earlier interaction with their health care providers in regards to early child spacing (Beyen et al, 2014).

Similarly, contrary to these study findings, a study on socio economic determinants of access to and utilization of contraception among rural women in Uganda by (Nakirijja DS, Kayiso MI 2018), revealed that majority of respondents (47.69%) reported inaccessibility to health centre as a major hindrance to contraceptive utilization. This is because most villages are over populated and there is only one government aided hospital to handle the growing number of people in the area, so most women trek long distances in search of this reproductive health services.

The study findings revealed that health worker attitude towards clients receiving family planning services was very good therefore, was significantly associated to modern contraceptive use with (P=0.000) and that contraceptive providers played a major role in influencing access to family planning services amongst postpartum mothers. This finding was contrary to a qualitative study conducted by (Mathole T et al, 2014) on women's perspective of antenatal care in a rural area of Zimbabwe which revealed that negative attitude of health care workers and poor quality of care services were the major barriers to utilization of

contraceptives. The study further highlighted those poor relationships between doctor to patient and unfriendly environment were the major reasons some women preferred not to go to hospitals and therefore most women adopt to traditional methods of birth control.

Similarly, a study conducted in Kenya amongst women who came for family planning services in Kisii County, revealed that negative attitude of some health care workers contributed to discontinuation of family planning services by the women. The health care workers examined women in the presence of other women due to lack of adequate rooms and it was also observed that there was a deep hostility and antagonism between the staff and the clients thus this could be the reason why women would not come to the family planning clinic in the near future because poor rapport exhibited between the health care worker and client (Raikes et al, 2019).

CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusions

The study showed that half of the postpartum mothers (58%) used modern contraceptives. Waiting for resumption of menstrual periods, being sexually inactive and fear of side effects remains the major barriers to contraceptive use in the immediate and extended postpartum period.

Spousal communication and support among couples was identified as important factors that influence modern contraceptive use.

Knowledge, skills and practices of contraceptive health care providers play a major role in providing easy access to contraceptive services, negative influence, poor communication and counselling, overbearing or 'pushy' attitude, coercive tendencies have made postpartum women not to be apprehensive thereby affecting their choice and decision to use modern contraceptives.

6.2 Recommendations

The benefits of modern contraceptive use towards the wellbeing of the mother and child based on the study findings, the researcher recommends;

Health education on contraception should involve both partners/groups taking into consideration socio-cultural factors.

Adequate counselling on side effects of each contraceptive method should be provided and their fears adequately addressed by health care providers during antenatal and postnatal visits.

Continuous medical education and training of health care providers to effectively manage side effects of contraceptives and appropriate referrals given to worst case scenarios where necessary.

REFERENCES

Abbasi Sharani MJ, Hosseini- Chavoshi M, McDonald PF (2011). *The fertility transition in Iran*. Can stud Popul 38:203-5

Adanikin, A I, Onwudiegwu, U, & Loto, O. M. (2013*). Influence of multiple antenatal counselling sessions on modern contraceptive uptake in Nigeria*. The European Journal of Contraception and Reproductive Health Care, 18(5), 381–387

Anguzu R, Tweheyo R, Sekandi JN, Zalwango V, Muhumuza C, Tusiime S and Serwadda D (2014*). Knowledge and attitudes towards use of long acting reversible contraceptives among women of reproductive age* in Lubaga division, Kampala district, Uganda. *BMC* research notes, 7(1), p.153.

Ashebir W, Tadesse T (2020). *Associated factors of postpartum modern contraceptive use* in Burie district, Amhara region, Ethiopia available at http://doi.10.1155/2020/6174504 accessed on 22/10/2020

Berta M, Feleke A, Abate T, Worku T, Gebrecherkos T (2018). *Utilization and Associated factors of Modern Contraceptives during extended Postpartum period among women who gave birth in the last 12 months* in Gondar Town, North east Ethiopia available on http://doi:10.4314/ ejhs.v28i2.12 accessed on 21/10/2020.

Bruce, J. & Jain, A. (2015). *A new family planning ethos. The Progress of Nations,* The Nations of the World Ranked According to their Achievement in Child Health, Nutrition, Education, Family Planning and Progress of Women. Geneva: UNICEF

Bukar M, Audu, B M, Usman, H. A, El-Nafaty, A. U, Massa, A A, & Melah G S. (2013). Gender attitude to the empowerment of women: *An independent right to contraceptive acceptance, choice and practice*. Journal of Obstetrics & Gynaecology, 33(2), 180–183.

Bwazi C, Maluwa A, Chimwaza A, Pindani M (2014). *Utilization of Postpartum family planning services between 6-12 months of delivery* at Ntchisi district hospital, Malawi.

Daylight, P. & Johnstone, M. (2016). Women's Business: *Report of the Aboriginal Women's Task Force*. Canberra: Australian Government Publishing Service

Derose LF, Ezeh AC (2010). *Decision making patterns and Contraceptive use*. Evidence from Uganda Popul Res Policy Rev. 29.423-39.

Egarter C, Grimm C, Nouri, K, Ahrendt H.-J, Bitzer J & Cermak, C. (2012). *Contraceptive counselling and factors affecting women's contraceptive choices*: results of the CHOICE study in Austria. Reproductive BioMedicine Online, 24(7), 692–697. http://doi.org/10.1016/j.rbmo.2011.12.003

Erickson A.K, Nelson D.A, Shaw J.G, Loftus P.D, Kurina, L.M. and Shaw K.A (2017). *Long-acting reversible contraceptive placement among active-duty US Army Service women*. Obstetrics & Gynecology, 129(5), pp.800-809.

Gordon C, Sabates R, Bond R & Wubshet, T. (2011). *Women's education and modern contraceptive use in Ethiopia*. International Journal of Education, 3(1), E9.

Griffiths E.K, Marley J.V, Friello D and Atkinson D.N (2016). Uptake of long- acting, reversible contraception in three remote Aboriginal communities: a population- based study. Medical Journal of Australia, 205(1), pp.21-25.

Joshi AK, Tiwari, DP, Poudyal A, Shrestha N, Acharya U, Dhungana GP, (2020). *Utilization of Family Planning methods amongst postpartum mothers in Kailali district, Nepal* available at http://doi.102147/IJWH.S249044 accessed on 22/10/2020

Joshi R, Khadilkar S and Patel M, (2015). *Global trends in use of long- acting reversible and permanent methods of contraception:* Seeking a balance. International Journal of Gynecology & Obstetrics, 131, pp. S60-S63.

Li J, Parker R, Wall K, Haddad L and Allen S (2018). *Long-acting reversible contraceptive uptake in female sex workers and single mothers* in Rwanda and Zambia. Journal of Clinical and Translational Science, 2(S1), pp.84-84.

Link CF (2011). *Spousal communication and contraceptive use in rural Nepal.* An event history analysis. Studies in family planning available at http://dx.doi.org/10.1111/j1728-4465.2011.00268 accessed on 7/11/2020

Mahmood, S. E., Srivastava, A., Shrotriya, V. P., Shaifali, I., & Mishra, P. (2012). *Postpartum contraceptive use in rural Bareilly*. Indian Journal of Community Health, 23(2), 56–57.

Maria R Borda, William Winfrey, and Catherine McKala (2010). *Return to Sexual activity and Modern Family Planning Use in the Extended Postpartum period*. An analysis of Findings from Seventeen countries.

McCurdy R.J Jiang X. and Schnatz P.F (2018). *Long-acting reversible contraception in adolescents in Sub-Saharan Africa*: evidence from demographic and health surveys. *The European Journal of Contraception & Reproductive Health Care*, *23*(5), pp.357-364.

Mehare T, Mekuriaw B, Belaynah Z, Sharew Y (2020). *Postpartum contraceptive use and its determinants in Ethiopia.* A systematic Review and metanalysis. International Journal of Reproductive Medicine available on http://doi10.1155/2020/5174656 accessed on 21/10/2020.

Mon MM, Liabsuetrakul T (2010). *Predictors of contraceptive use among married youths and their husbands in a rural area of Myanmar*. Asia scientific journal of public health.

Nanda P, Achyut P, Mishra A, Calhoun L (2011). *Measurement, Learning, Evaluation of the Urban Health Initiative*. Uttar Pradesh, India Baseline survey.

Nazli Sensoy, Yasemin Korkut, Selcuk Akturan, Mehmet Yilmaz, Canan Tuz and Bilge Tuncel (2018). *Factors affecting the attitude of women towards family planning* available at http://www.intechopen.com/books/family-planning/factors-affecting-the-attitudes-of-women-towards-family-planning accessed on 05/12/2020.

Regmi PR, Simkhada P, Teijlingen ER Van (2010). *Factors encouraging premarital sex among young people of Nepal*. Health Science Journal 2010;4 (3):169–81.

Ricketts S, Klingler G. and Schwalberg R (2014). Game change in Colorado: *Widespread use of long- acting reversible contraceptives and rapid decline in births among young, low- income women.* Perspectives on Sexual and Reproductive Health, 46(3), pp.125-132.

Robert P. Ngugwa, John Cleland, Nyovani J. Madise, Jean Christopher Fotso, Eliya M Zulu (2010). *Menstrual Pattern Sexual behaviours and Contraceptive use among Postpartum Women in Nairobi Urban Slums*

Robert Wamala, Allen Kabagenyi, Simon Kasasa (2017*). Predictors of Time-to-contraceptive use from Resumption of Sexual intercourse after Birth among women in Uganda* available at http://doi.org/10.1155/2017/3875452

Rutaremwa G, Kabagenyi A, Wandera SO, Jhamba T, Akiror E, Nviri HL, (2015*). Predictors of Modern Contraceptive use during the postpartum period among women in Uganda*: a population based cross sectional study.

Samandari G, Speizer S, O'connell K (2010). *The role of social support and parity on contraceptive use in Cambodia.* International Perspective on sexual and reproductive health available at http://dx.doi.org/10.1363/3612210 accessed on 7/11/2020

Speizer I S, Fotso J C, Okigbo, C, Faye C M & Seck C (2013). *Influence of integrated services on postpartum family planning use*: a cross-sectional survey from urban Senegal. BMC Public Health, 13(1), 752.

World Health Organization (2013). *Programing Strategies for Postpartum family planning* available at http://apps.who.int/iris/bitstream/10665/93680/1/9789241506496.eng.pdf accessed on 18/10/2020

World Health Organization (2014). *Statement for collective action for postpartum family planning* available at

http://www.who.int/reproductivehealth/topics/familyplanning/statement-collectiveactionpdf accessed on 15/10/2020

Zigler R.E, Peipert, J.F, Zhao Q, Maddipati R. and McNicholas C (2017). *Long-acting reversible contraception use among residents in obstetrics/gynecology training programs*. Open access journal of contraception, 8, p.1

APPENDICES

APPENDIX 1: CONSENT FORM

Informed Consent to Participate in Research

Research Topic:

Factors influencing utilization of modern contraceptives among postpartum mothers at Namatala in Mbale district – Uganda.

Introduction of Investigator:

My name is Kayinza Moreen, a student at Clarke International University Kampala, Uganda. I am pursuing Bachelor of Science in Public Health and writing a research paper as a prerequisite for the award of the degree.

Purpose of the study

The aim of this study is to establish the factors influencing utilization of modern contraceptives among postpartum mothers at Namatala in Mbale district – Uganda.

Study Procedures

You are being asked to participate in this study because you are a postpartum mother attending Namatala Health Centre IV in Mbale district – Uganda.

If you take part in this study, you will be asked to:

1. Take part in a one-time, one-on-one, semi-structured interview;
2. The interview will take approximately 30 minutes
3. The interview will take place at a location most convenient to you as the participant;
4. The interview will be transcribed, in the form of field notes, to ensure accuracy in reporting your statements;

Benefits

There may be no direct benefits associated with your participation in the study, but the information you will provide will be useful informing management on aspects of care that need to be improved regarding child delivery care services at this hospital and other hospitals nationwide

Risks or Discomfort

This research is considered to be minimal risk. That means that the risks associated with this study are the same as what you face every day. There are no known additional risks to those who take part in this study.

Compensation

No research participants will be compensated

Privacy and Confidentiality

We will keep your study records private and confidential. Certain people may need to see your study records. By law, anyone who looks at your records must keep them completely confidential. The only people who will be allowed to see these records are:

The research team, including the Principal Investigator and those involved with the study.

I may publish what I have learnt from this study. If I do, I will not include your name. I will not publish anything that would let people know who you are.

Voluntary Participation / Withdrawal

You should only take part in this study if you want to volunteer. You should not feel that there is any pressure to take part in the study. You are free to participate in this research or withdraw at any time. There will be no penalty or loss of benefits you are entitled to receive if you stop taking part in this study.

You can get the answers to your questions, concerns, or complaints

If you have any questions, concerns or complaints about this study, or experience an adverse event or unanticipated problem, contact the researcher on 0774620064

If you have questions about your rights as a participant in this study, general questions, or have complaints, concerns or issues you want to discuss with someone outside the research, call the CIUREC Chairperson Dr. Samuel Kabwigu on (0779610100/0312307400) & the executive secretary of UNCST on (0414 -705500) respectively.

Assessment of understanding

Please check which box best describes your assessment of understanding of the above informed consent document:

□ I have read the above informed consent document and understand the information provided to me regarding participation in the study and benefits and risks. I give consent to take part in the study and will sign the following page.

□ I have read the above informed consent document, but still have questions about the study; therefore, I do not give yet give my full consent to take part in the study.

_____ _____

Signature of Person Taking Part in Study Date

_____ _____

Signature of Person Obtaining Informed Consent / Research Authorization Date

APPENDIX II: THE COVID-19 RISK MANAGEMENT PLAN

Name of the researcher: Kayinza Moreen

Title of the proposal: ***Factors influencing utilization of modern contraceptives among Postpartum mothers at Namatala in Mbale district. – Uganda.***

Implementation of COVID-19 prevention and control measures

I, Kayinza Moreen, with an understanding of COVID-19 as a disease and its transmission mode, do hereby commit myself to ensure enforcement of prevention and control standard operating procedures for mitigation of the spread of the disease. I will ensure my personal protection and that of the study participants and the entire research team by observing the following;

- Firstly, I will ensure that the recruited research assistant regularly undergo screening for COVID-19 through temperature checks and other observable symptoms.
- Secondly, prior to datacollection, I will ensure that the entire research team is trained on risk prevention measures and knowledge of COVID-19 symptoms. And will on a daily basis conduct reviews of risk prevention procedures and emphasis avoidance of contact with suspected persons.
- I will also ensure that each member of the research team is given alcohol-based sanitizer and adequate supplies of masks to be using during trainings and collection ofdata.
- In all field engagements, the entire research team (principal investigator and research assistants) will put on masks - covering the mouth and the nose properly andconsistently.
- I will emphasis maintenance of a social distance of two meters at all times during trainings of research assistants and datacollection.
- Emphasis will also be put in ensuring that; no exchange of hands in greeting or sharing of pens, books and other items during trainings and data collection is tolerated.

APPENDIX III: QUESTIONNAIRE FOR RESPONDENTS (English version)

My name is Kayinza Moreen, student of Clarke International University pursuing Bachelor's degree of Public Health. I am currently carrying out a study about **"*Factors influencing utilization of modern contraceptives among postpartum mothers at Namatala in Mbale district – Uganda.*"** I humbly request you to be one of the participants in this study; your cooperation will be of great importance. Your answers will be kept with utmost confidentiality.

Instructions;

i. Please do not write your name on the questionnaire
ii. Kindly fill in all questions as honestly as possible

Section A: Demographic characteristics of respondents

1. How old are you?

15 to 19 ☐ 25 to 29 ☐ 35to39` ☐
20 to 24 ☐ 30 to34 ☐ 40and above ☐

2. What is your current marital status?

Single ☐ Married ☐
Cohabiting ☐

3. What is your highest level of education?

Did not attend school ☐ Primary ☐
Secondary ☐ Tertiary ☐

4. What is your religion?

Christianity ☐ Islam ☐
Traditional ☐ Others specify……..

5. What is your occupational status?

Civil servant ☐ self employed ☐
Full time house wife ☐ others (specify)……

Knowledge of mothers about family planning use

6. Do you think child spacing is important?

Yes No

7. Do ☐ know of any ☐ y planning method?

Yes No

8. Which family planning methods do you know?

Contraceptive method	Tick the one used
Condom	
Contraceptive pills	
Injectables	
Implants	
IUDs	
Lactational amenorhoea	

9. How did you learn about family planning?

Friends ☐ Mass media ☐ Health workers ☐ Relatives ☐

10. Why is family planning use important?

Helps in child spacing ☐ Regulates number of births ☐ Helps in preventing STDs ☐

No positive effect ☐

Others specify…….

Individual factors influencing utilization of modern contraceptives amongst postpartum mothers

11. Did you and your spouse talk about family planning since you delivered?

Yes ☐ No ☐

12. Does your spouse approve of contraceptive use?

Yes ☐ No ☐

13. Did you decide on a personal basis to use this particular family planning method?

Yes ☐ No ☐

14. Are you currently using any family planning method?

Yes ☐ No ☐

If yes, what family planning method are you using?

Contraceptive method	Tick the one used
Condom	
Contraceptive pills	
Injectables	
Implants	
IUDs	

Lactational amenorhoea	

15. Why are you using the above mentioned method?

Spacing ☐ Delaying pregnancy ☐ stopping pregnancy ☐

Others specify……

16. If no, why are you not using any contraception?

I want to have another child ☐ my religion forbids ☐ I am afraid of side effects ☐

My partner objects to use ☐ I am afraid of becoming infertile ☐

I cannot afford the service ☐ not sexually active ☐ waiting for menstrual periods ☐

17. How many children do you have?

One ☐ Two ☐ Three ☐ Four ☐ Five ☐ Others ☐

18. What is the age of your last child (in months)……..

19. Have you menstruated after delivery of this child?

Yes ☐ No ☐

20. Did you resume sexual intercourse after delivery?

Yes ☐ No ☐

If yes, at what at what age was this child when you resumed sexual intercourse?

……

Health facility factors influencing utilization of modern contraceptives amongst postpartum mothers

21. Where do you normally receive family planning services from?

Health facility ☐ Drug shop ☐ Pharmacy ☐ Others specify…….

22. How far is your home from this health centre?.....

23. Did you receive any health education on family planning after delivery?

Yes ☐ No ☐

24. During your postnatal visit, did you receive any information on family planning methods which can be used to delay or prevent pregnancy?

Yes ☐ No ☐

25. Which methods did the health providers talk about?

Female sterilization ☐ Injectable ☐ Pills ☐ Implants ☐ IUD ☐ Condoms ☐

Others specify…….

26. What other information was given to by the health provider during health education?

Return to fertility ☐ Healthy timing and spacing ☐ Lactation amenorrhea ☐

Fertility intentions ☐

Others specify……

27. Were there any charges or cost on the family planning method imposed on the mothers by the health care providers?

Yes ☐ No ☐

If yes, at what cost was the family planning method given to you?

……..

28. How did the health care providers at the health center treat you when you came for the family planning service?

Excellent ☐ Very good ☐ fairly ☐ poorly ☐

29. Are there challenges you faced when accessing family planning services?

Yes ☐ No ☐

If yes, what are some of the challenges?

……

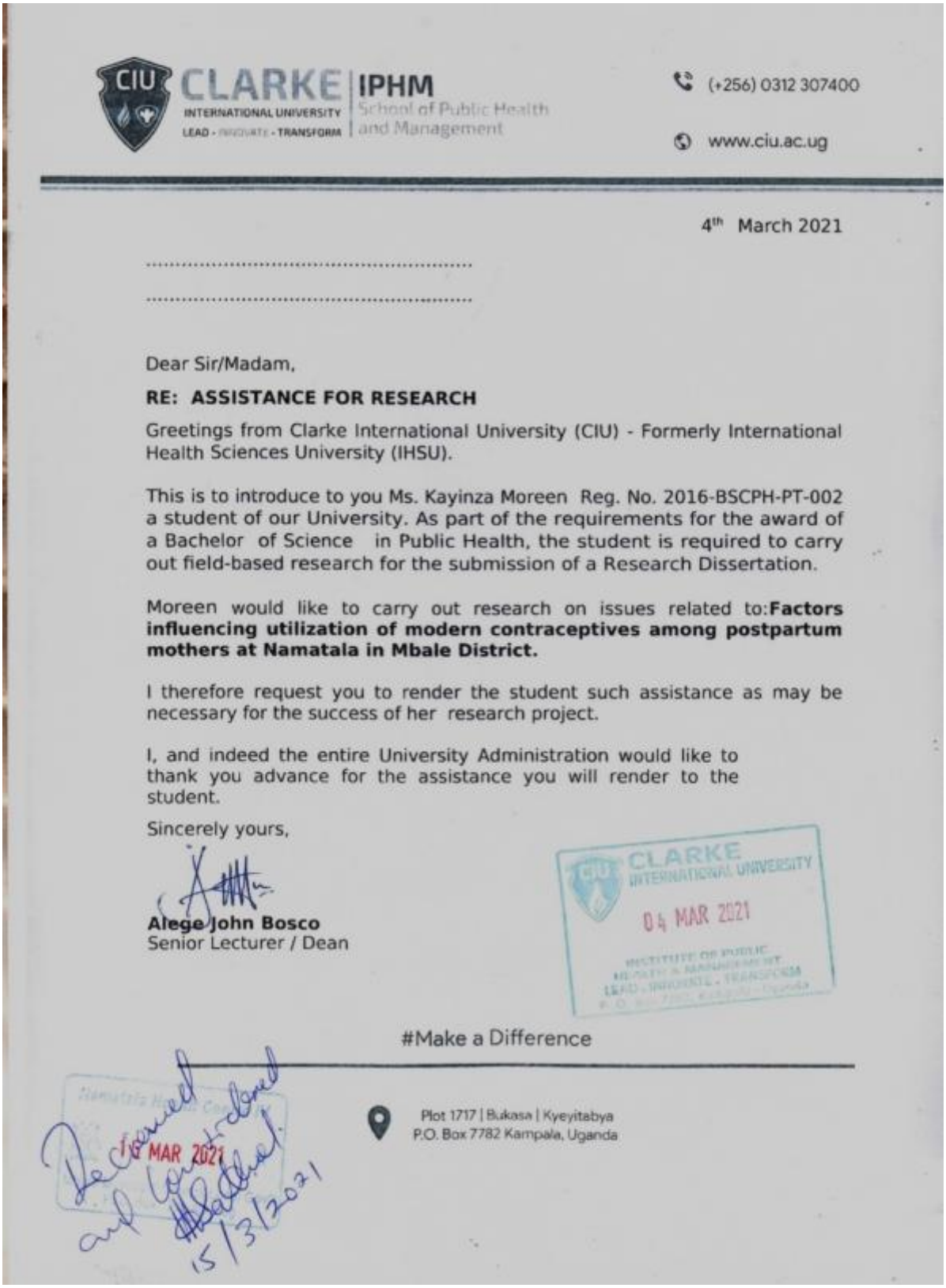
……

…

Key Informant Interview Guide

1) What's your take on the current state of access to modern contraceptives amongst postpartum mothers?
2) What type of contraceptives do provide in this facility?
3) What programs does the health facility have in place to ensure active utilization of contraceptives amongst postpartum mothers?
4) In your opinion, how would you advocate for increase in contraceptive use amongst postpartum mothers?
5) What challenges are faced with the health facility in offering quality contraceptive services?
6) What advice do you give to community members and government to enable access to modern contraceptives use?

APPENDIX IV : INTRODUCTORY AND CORRESPONDENCE LETTER



CLARKE INTERNATIONAL UNIVERSITY
LEAD - INNOVATE - TRANSFORM

IPHM
School of Public Health and Management

(+256) 0312 307400

www.ciu.ac.ug

4th March 2021

.....

.....

Dear Sir/Madam,

RE: ASSISTANCE FOR RESEARCH

Greetings from Clarke International University (CIU) - Formerly International Health Sciences University (IHSU).

This is to introduce to you Ms. Kayinza Moreen Reg. No. 2016-BSCPH-PT-002 a student of our University. As part of the requirements for the award of a Bachelor of Science in Public Health, the student is required to carry out field-based research for the submission of a Research Dissertation.

Moreen would like to carry out research on issues related to:**Factors influencing utilization of modern contraceptives among postpartum mothers at Namatala in Mbale District.**

I therefore request you to render the student such assistance as may be necessary for the success of her research project.

I, and indeed the entire University Administration would like to thank you advance for the assistance you will render to the student.

Sincerely yours,

Alege John Bosco
Senior Lecturer / Dean

CLARKE INTERNATIONAL UNIVERSITY
04 MAR 2021

#Make a Difference

Plot 1717 | Bukasa | Kyeyitabya
P.O. Box 7782 Kampala, Uganda

Received and Contacted
16 MAR 2021
15/3/2021