

# Knowledge, Attitude and Practices towards Utilization of Implants among women aged 15-45 Years attending Bunapongo Health Centre III, Mbale District. A Cross-section Study.

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## Abstract



### Background:

The purpose of the study is to determine the knowledge, attitude, and practices towards utilization of implants among women aged 15-45years attending Bunapongo HCIII, Mbale district.

### Methodology:

The study employed a cross-section study for quantitative data targeting 50 women aged 15-45years using simple random sampling and semi-structured questionnaires as data collection tools. Questionnaires were first pre-tested before giving them to respondents to fill. Data were analyzed manually and presented in tables and figures.

### Results:

70% of the respondents had ever heard about implant contraceptives, most respondents (43%) got the information from friends and less than half of the respondents (40%) knew the right site for administration of implants and duration for effective protection against pregnancy was known by 50% of the respondents however more than half of the respondents (70%) claimed that implants had side effects, over bleeding was the highly-rated side effect (43%). 78% of the respondents agreed that implants prevent the occurrence of pregnancy, 70% of the respondents said partners should not be involved in choosing the contraceptive method to use and 70% of the respondents said they would not use implants. Only 20% of the respondents were using implants as their contraceptive method at the time of the study.

### Conclusion:

The study concluded that women had poor knowledge, a negative attitude, and poor practices towards the utilization of implants.

### Recommendation:

The researcher recommended that the MoH should continuously educate women and their partners about the advantages and benefits of using LARC methods like implants, health workers should clearly explain to the women the side effects and reassure them that they can be managed and they should also do outreaches to capture a large number of women.

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## 1 Background of the study

Family planning is defined by the world health organization (WHO, 2013) as a voluntary and informed decision by an individual or couple on the number of children to have and when to have them. It is achieved mainly through various contraceptive methods and the treatment of voluntary fertility.

Throughout all human history, efforts to plan, avoid, or delay pregnancy had been a private struggle endured by women and young girls. But at the 1968 international conference on human rights, family planning (FP) became a human right obligation of every country, government and policy maker. About 50 years ago, the world declared FP to be a basic human right (United Nations population fund, 2018).

Total fertility has fallen markedly over recent decades in many countries such that today close to half of all people globally live in a country or area where lifetime fertility is below 2.1 live births per woman. The global fertility rate declined from 3.2 live births per woman in 1990 to 2.5 in 2019. But in Sub-Saharan Africa, the region with the highest fertility level, it fell from 6.3 births per woman in 1990 to 4.6 in 2019. Worldwide in 2019, 49% of women in the reproductive age range (15-49 years), a total of 922 million women were using some form of contraception an increase from 42%, a total of 554 million women in 1990. The use of contraception among women of reproductive age in Sub-Saharan Africa increased from 13% in 1990 to 29% in 2019, in Oceania from 20% to 28%, in North Africa, and Western Asia from 26% to 34%, in central and Southern Asia from 30% to 42% and in Latin America and the Caribbean from 40% to 58% (United Nation, 2020). Despite the increase in modern contraceptive prevalence rates, 1.1 billion women in the reproductive age group (15 – 49 years) need FP worldwide (WHO, 2020).

Unplanned pregnancy (UP) is a public health problem that affects millions of women worldwide. Providing long-acting reversible contraceptives (LARC) methods is an excellent strategy to avoid or at least reduce UP because the effectiveness of these methods is higher than other methods (Luis Bahamondes *et al*, 2020).

After decades of rapid demographic change, most countries of the world are now at or close to the end of their demographic transition with fertility at or below replacement. The only exception

to this generalization is Sub-Saharan Africa (SSA) where fertility and population growth remain high. The UN estimates the total fertility rate (TFR) of SSA at 4.5 births per woman in 2015-2020, more than twice the level of any other world region. As a result, the population of the continent is expected to grow from 1 billion to more than 2 billion in 2050 and nearly 4 billion in 2100 (John Bongaarts, 2020).

In East Africa, Kenya and Rwanda are the leading countries in contraceptive use while Uganda has the least contraceptive use. Uganda also has the highest fertility rate, 5.4 children per woman (Uganda Demographic Health Survey, 2016) compared to its neighbours Kenya and Rwanda. TFR in Uganda remains high among rural women than among urban women. On average, rural women will give birth to nearly two or more children during their reproductive years than urban women, (5.9 and 4.0 respectively). 39% of currently married women are using a method of FP, and 28% of these currently married women have an unmet need for FP services. Therefore, nearly seven in ten currently married women in Uganda (67%) have a demand for FP. Among sexually active unmarried women, 51% are currently using a contraceptive method, however of these, 32% have an unmet need for FP (UDHS, 2016). The demand for FP services has been increasing for example in 2006, it was 56%, in 2011, it was 60%, and in 2016, it was 65% among women in the poorest and poorer household health quintiles who were married or in union (Allen Kabagenyi *et al*, 2020). The specific objectives were to; determine the knowledge towards utilization of implants among women aged 15-45 years attending Bunapongo HCIII, Mbale district, assess the attitude towards utilization of implants among women aged 15-45 years attending Bunapongo HCIII, Mbale district, and assess the practices towards utilization of implants among women aged 15-45 years attending Bunapongo health center, Mbale district.

## 2 Methodology

### Study design

This study used a cross-sectional design because it does not require follow-up of clients over some time. The information required was collected once from the study participants.

### Study setting

The study was conducted in Bunapongo HCIII, Mbale district which is a government health facility

providing general Medicine, antenatal and outpatient services.

#### **Study population**

The study population included women of reproductive age 15-45years attending Bunapongo HCIII.

#### **Sample size determination**

The sample was determined using the formula below;

$$N = a^2bc / x^2 \text{ (Kish and Lisle, 1965)}$$

Where;

N=desired sample size.

a= standard normal deviation usually set at 1.96 which corresponds to 95% confidence Level.

b = proportion of survey population with particulars under investigation and where its Unknown, 50% was used.

C = probability that the researcher would get a certain amount of error. 50% was considered to cater for that.

X = degree of accuracy which ranges from 0.01-0.1

$$\text{Therefore, it was: } (1.96)^2 \times 0.5 \times 0.5 / (0.09)^2 = 118.57$$

~119 respondents.

The target population would therefore be 119 respondents but due to financial and time constraints, 50 respondents were used.

#### **Sampling techniques**

The study employed a simple random procedure to select the sample. Simple random procedure refers to selecting a sample without bias from the target population.

It was preferred to other techniques because it ensures that each member of the target population has an equal and independent chance of being included.

#### **Selection criteria**

#### **Inclusion criteria**

Only women of reproductive age 15-45years consented and had attended questionnaire administration, and those present at the time of data collection were included.

#### **Exclusion criteria**

All men and women outside the age group and those absent on the day of data collection were not allowed to participate in the study.

#### **Definition of variables**

Dependent variables were knowledge, attitude, and practices towards implants.

The Independent variable was implant utilization among women of the reproductive age group 15-45 years.

#### **Instruments for data collection**

Structured self-made questionnaires with both closed and open-ended questions were employed. The instrument refers to the collection of items to which the respondent is expected to react by writing.

It was preferred to other instruments because data can be collected in a short period.

#### **Data collection procedure**

A letter meant to introduce the research to Bunapongo HCIII was got from the Kampala school of health sciences and taken to the facility. The researcher then asked for permission to conduct the study and when granted permission he was assisted by trained research assistants who were two midwives and one clinician to collect the data using a questionnaire. All those who fulfilled the inclusion criteria were interviewed from a quiet and private room that was identified by the facility. The interviewers were knowledgeable in the local language and translated the information and filled the data directly in English. The researcher checked the data filled in before respondents left the study site.

#### **Data management**

After collecting data, it was checked for completeness and accuracy. Those that were inaccurately or incompletely filled were removed and disposed of. Accurate and filled ones were locked in a cupboard to provide no access to other people. This maximized confidentiality.

## **3 Data analysis**

Data was counted by tallying using a pen and A4 sheets of paper. The results were entered into a computer and analyzed using a Microsoft excel program to generate tables and figures.

#### **Ethical considerations**

A letter meant to introduce the researcher to Bunapongo HCIII was got from Kampala school of Health Sciences and taken to Bunapongo HCIII. The respondents consented first using a sign or thumbprint. The identities of the respondents were salient features in the study. Each individual was interviewed alone and the information got was not disclosed to colleagues.

## 4 Limitations of the study

Ideally, the study was supposed to be conducted in all departments of the hospital so that a big sample could give more accurate data but financial and time constraints dictated a small sample. It was also expected that some respondents were likely not to give the right information. Some respondents did not have time to fill out the whole questionnaire and some respondents were absent at the time of the interview.

## 5 Presentation and analysis of data

### Bio data

In the table 1, most (50%) of the respondents were in the age group of 25-35years and the least (12%) of the respondents were in the age group of 35-45years.

Furthermore, the table shows that most (60%) of the respondents were Bagisu, and the least (6%) respondents were Baganda. Most (40%) of the respondents were born again and the least (12%) number of respondents were Catholics.

In addition to the above, the findings from the table revealed that the majority 56% (28) of the respondents studied up to the primary level though many of them did not finish it, and the minority (6%) did not go to school.

Based on the study findings related to occupation, most (60%) of the respondents were peasants and the least (6%) number of the respondents were tailors.

### 5.1 Determining the knowledge towards implants utilization among women aged 15- 45years.

From the figure 1, the majority (70%) of the respondents claimed to have heard about implants while 30% claimed to have never heard about implants.

From the figure 2, it is shown that most (43%) of the respondents who claimed to have heard about implants got the information from friends, and the least number (9%) got the information from their parents.

In the figure 3, most (40%) of the respondents said that implant contraceptives were inserted on the upper arm, and the least number (10%) of respondents said it is inserted in the stomach.

The table 2 shows that most (50%) of the respondents said that implants offer protection against pregnancy for 3 years while the least number (10%) of respondents said they offer protection for 10 years.

The majority (70%) of the respondents from the figure 4 claimed that implants have side effects whereas the minority (10%) of the respondents claimed that they did not know whether implants had side effects.

From the graph 5, over bleeding was the most mentioned side effect as it was mentioned by 43% of those respondents who claimed that implants have side effects, the least mentioned side effect was overweight as it was mentioned by 9% of the respondents.

### 5.2 Assessing attitude towards utilization of implants among women aged 15-45years.

The figure 6 shows that the majority (78%) of the respondents agreed that implants prevent the occurrence of pregnancy while 22% disagreed and said implants do not prevent the occurrence of pregnancy.

More than half (54%) of the respondents agreed that implants do not cause permanent infertility while (46%) disagreed and said implants cause permanent infertility.

From the table 4, the majority (70%) of the respondents said their partners should not be involved while the minority 30% of the respondents said that their partners should be involved in choosing a contraceptive method.

From the figure 5, the majority (57.1%) of the respondents who said partners should not be involved in choosing a contraceptive method said their partners could not allow them to use contraception, and the minority (11.4%) said that it should be their secreete.

The majority (70%) of the respondents from the figure above said they would not use implants while 30% of the respondents said they would use implant contraceptives if they do not want to have children in the next two years.

Most (48.6%) of the respondents of those who said would not use implants said they feared their husbands and the minority (14.3%) said they wanted to have children.

**Table 1.** shows distribution of respondents according to their bio data. (N=50)

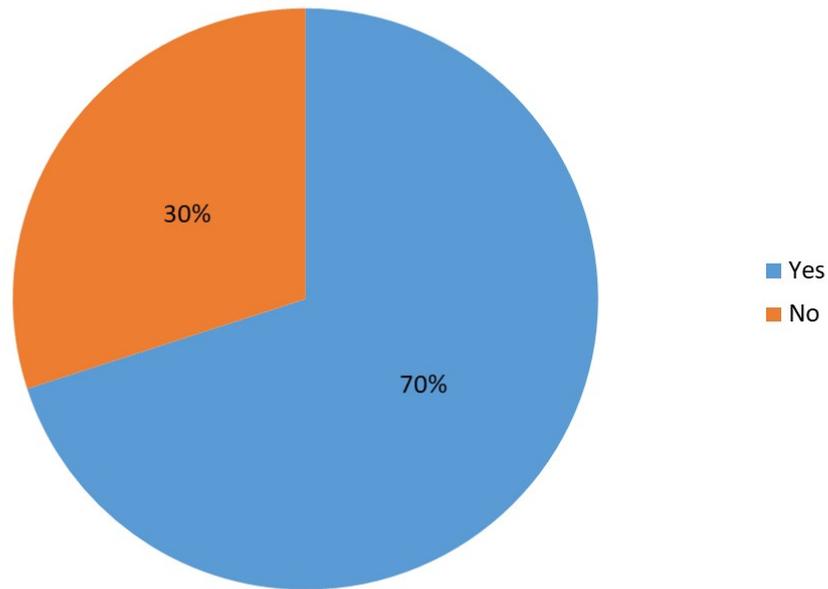
Age group (years)	Frequency	Percentage (%)
15-25	19	38
25-35	25	50
35-45	6	12
Total	50	100
<b>Tribe</b>		
Bagisu	30	60
Bagwere	8	16
Basoga	9	18
Baganda	3	6
Total	50	100
<b>Religion</b>		
Catholics	6	12
Protestants	16	32
Moslems	8	16
Born agains	20	40
Total	50	100
<b>Level of education</b>		
None	3	6
Primary	28	56
Secondary	12	24
Tertiary	7	14
Total	50	100
<b>Occupation</b>		
Peasants	30	60
Civil servants	5	10
Tailors	3	6
Hair dressers	12	24
<b>Total</b>	50	100

**Table 2.** Shows the distribution of respondents according to how long implants offer protection against pregnancy. (N=50)

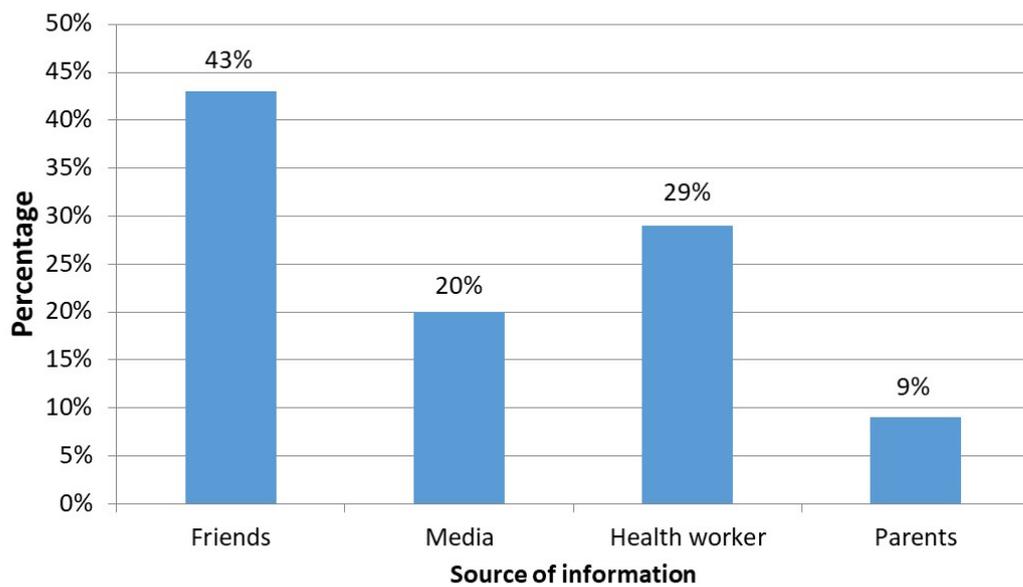
Objectives	Frequency	Percentage (%)
3-6months	7	14
6months -1year	13	26
3years	25	50
10years	5	10
Total	50	100

**Table 3.** Shows the distribution of respondents according to their thoughts about implants causing permanent infertility. (N=50)

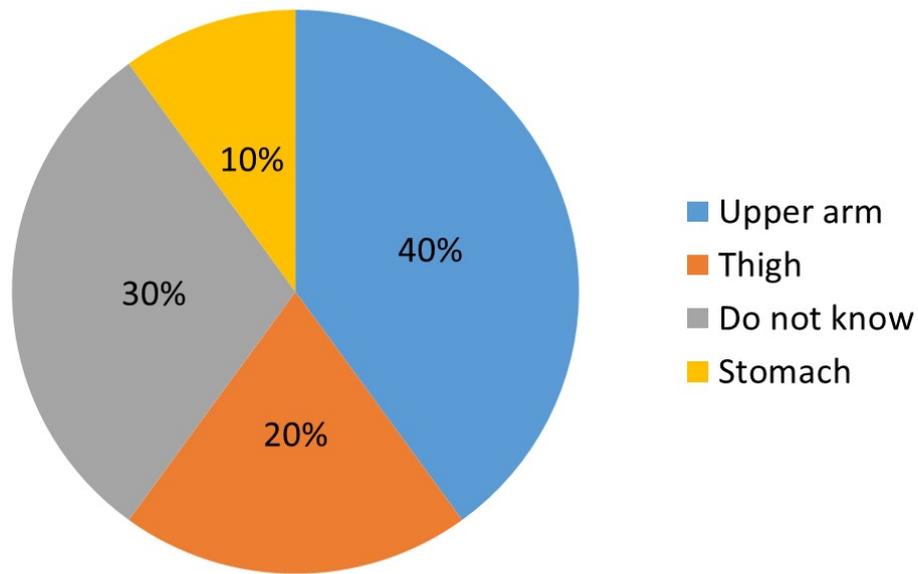
Thoughts	Frequency	Percentage (%)
Yes	23	46
No	27	54
Total	50	100



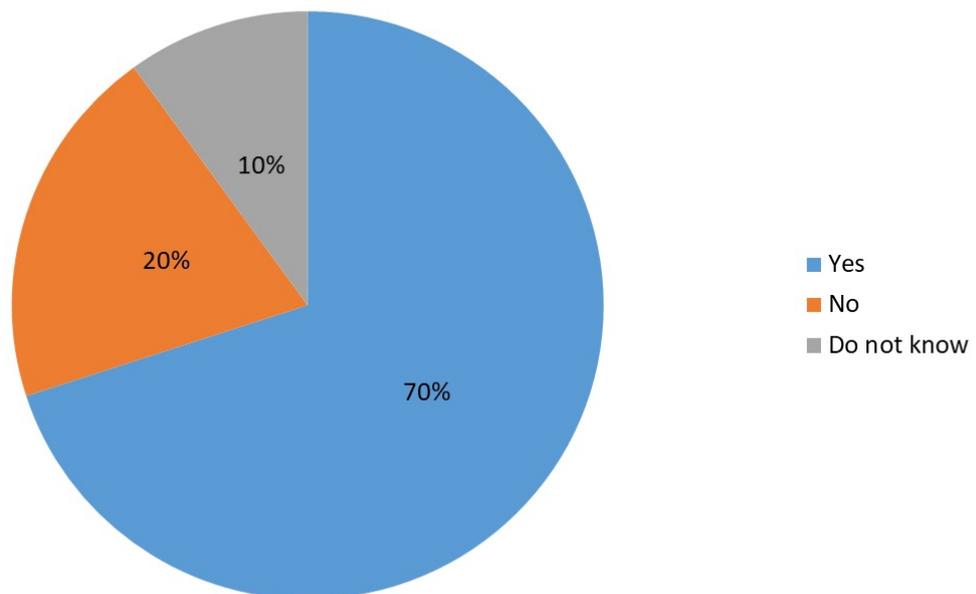
**Figure 1.** Shows the distribution of respondents according to whether they knew about implants (N=50)



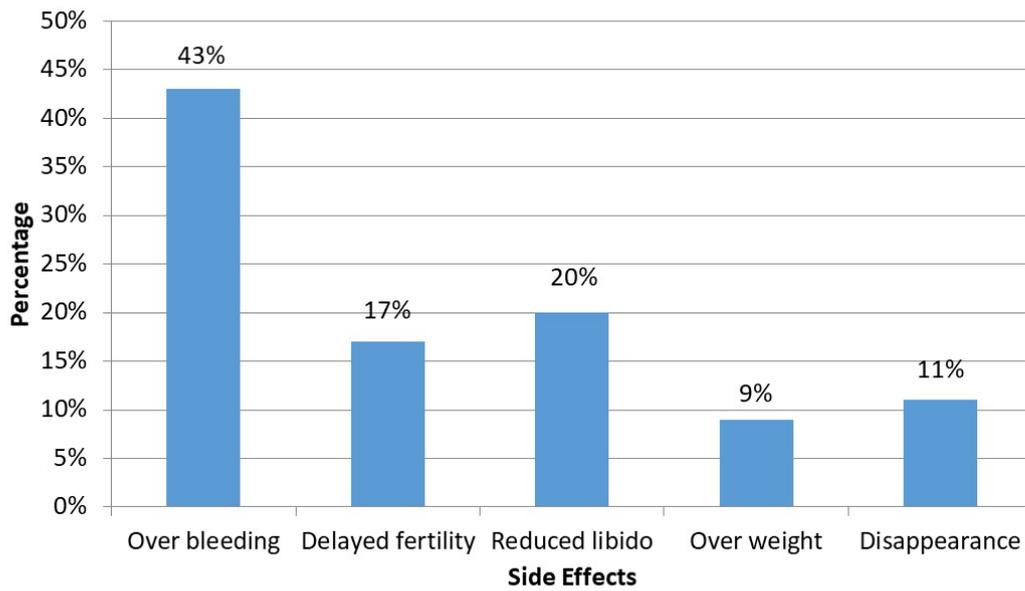
**Figure 2.** Shows distribution of respondents according to their source of information about implants. (N=35)



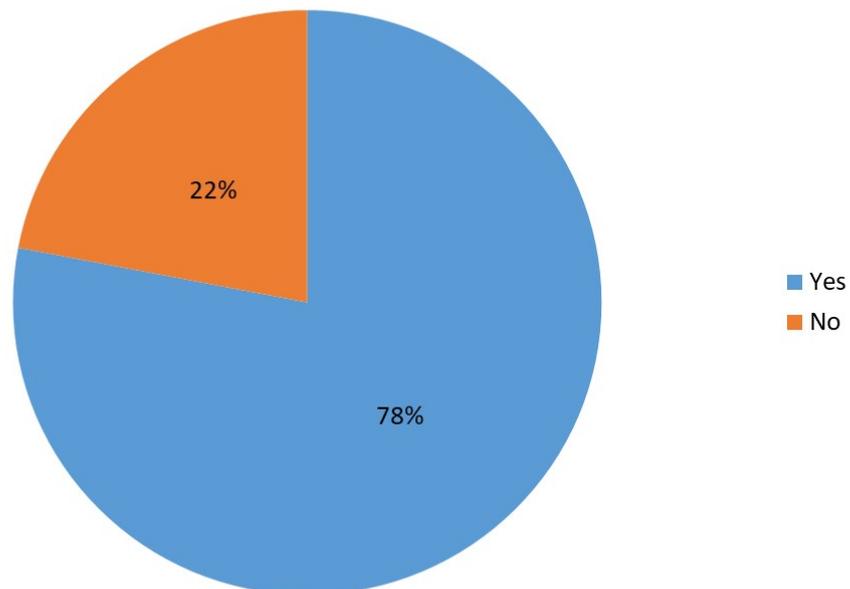
**Figure 3.** Shows the distribution of respondents according to where implants are put. (N=50)



**Figure 4.** Shows the distribution of the respondents according to whether implants have side effects or not. (N=50)



**Figure 5.** Shows the distribution of respondents according to side effects of implants (N=35)



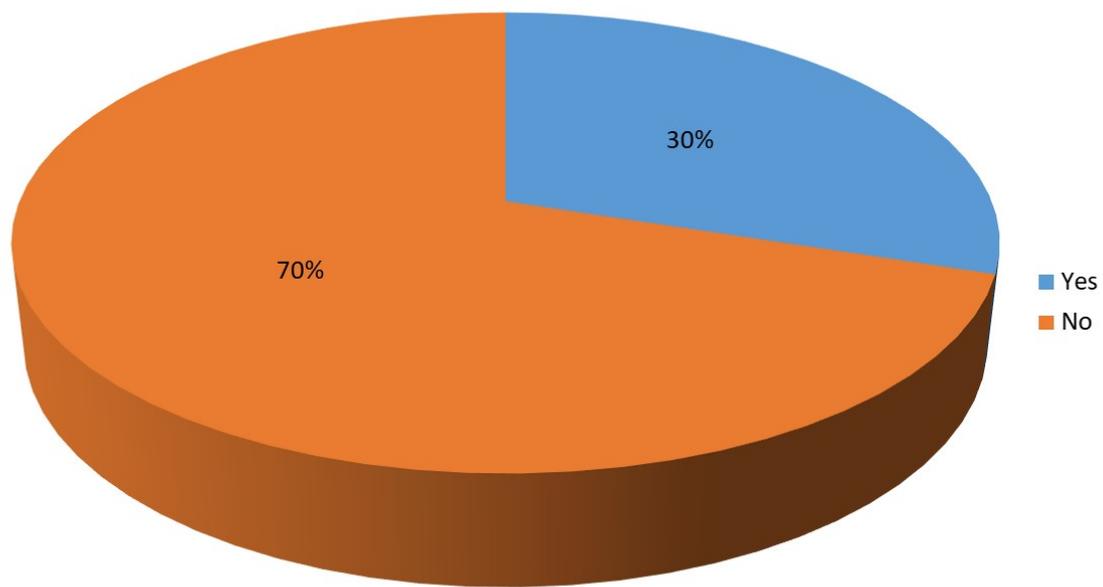
**Figure 6.** Shows distribution of respondents according to whether implants prevent pregnancy. (N=50)

**Table 4.** Shows the distribution of respondents according to whether their partners should be involved in choosing contraceptive method (N=50)

Thoughts	Frequency	Percentage (%)
Yes	15	30
No	35	70
Total	50	100

**Table 5.** Shows the distribution of respondents according to why partners should not be involved. (N=35)

Reason	Frequency	Percentage (%)
Partners cannot allow them to use contraceptives	20	57.1
Partners are tough	11	31.4
It should be a secrete	4	11.4



**Figure 7.** Shows the distribution of respondents according to whether they would use implants or not. (N=50)

**Table 6.** Shows the distribution of respondents according to why they would not use implant. (N=35)

Reason	Frequency	Percentage (%)
Fear of side effects	13	37.1
Fear of the husband	17	48.6
Want to have children	5	14.3

### 5.3 Assessing practices done towards utilization of implants among women aged 15-45years.

The figure 8 shows that the least number (20%) of respondents were using implant contraceptives at the time of the study while most (80%) of the respondents were not using implant contraceptives at the time the study was conducted.

Among the respondents who were not using implants, most of them (37.5%) said they were using implants but had them removed due to side effects while the least number of respondents (12.5%) said they wanted to have children.

In the figure above, the majority (70%) of the respondents who were using implants at the time of study claimed not to have been counselled while the minority (30%) of those respondents claimed to have been counselled.

From the above table, it is shown that most of the respondents (78%) get their contraceptive services from government health facilities while the least number of the respondents (12%) get their contraceptive services from private health facilities.

Most of the respondents (80%) said their husbands do not support them while the least number of respondents (20%) said their partners supported them.

Most of the respondents (50%) who said their partners support them said that their partners could bring them to the facility to receive the implant while the least number of respondents (20%) said their partners took them to a health facility in case of severe side effects.

## 6 Discussion:

### 6.1 Knowledge towards utilization of implants among women aged 15-45 years attending Bunapongo HCIII, Mbale district.

This study revealed that more than half of the respondents (70%) had ever heard about implants. This implies that a substantial number of study participants were aware of the study context. The current study findings are in agreement with a study conducted by Dr. EM Makola (2018) where 51% of the respondents had heard about implants. However, it is contrary to a study conducted by Alexandra Bachorik et al (2015) where less than half of

the respondents (41.1%) had ever heard about implants.

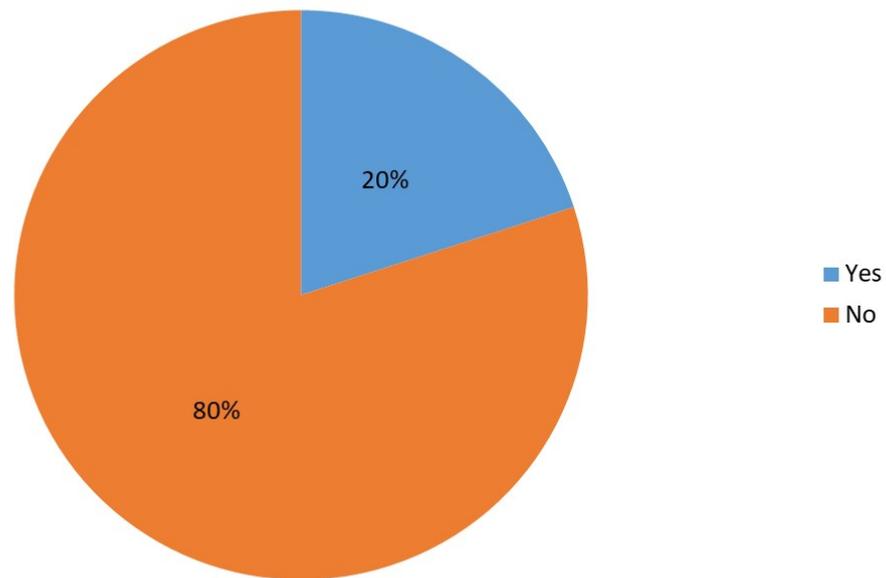
In addition to the above, 43% of those respondents who claimed to have heard about implants said they got the information from friends, 20% from media, 29% from health workers, and 9% from parents. This implies that health workers have not done enough to educate women about such a good and effective contraceptive method. This is however contrary to the findings of a study conducted by Dr. EM Makola (2018) where 64.8% got the information from a government facility, 19.5% got it from the media and 7.5% got it from private health facilities. The study findings are also not in line with the findings got from a study conducted by Gebre-Egziabher D et al (2017) where the results revealed that 71.8% of the respondents got the information from health extension workers, 53.1% got from health professionals and 40.1% got from women development group members.

Even though 70% of the respondents claimed to have heard about implants, the study revealed that less than half of the respondents knew the site of administration of implants. This is probably because few women are counselled and taught about contraceptive use since friends were their major source of information about contraceptives.

From the study, it is revealed that only 40% of the respondents said upper arm which is contrary to findings of the study conducted by Dr. EM Makola (2018) where 68.3% said upper arm.

Furthermore, about the duration of effective protection against pregnancy, 50% of the respondents said 3 years. This is probably due to the fact that the health center mostly gives Implanon and is the most preferred implant at the facility by those few women who use implants. This shows that the women attending Bunapongo health center three had good knowledge about the effective duration of protection against pregnancy which is in line with the study findings got from a study conducted by Gebre-Egziabher D et al (2017) where 95.7% said 3 years.

About the study results, more than half of the respondents (70%) agreed that implant contraceptives have side effects while 30% disagreed. This implies that concerning the side effects, the study participants had good knowledge about them however they did not know how to deal with them. Over bleeding was the most mentioned side effect as was mentioned by 43% of the respondents, fol-



**Figure 8.** Shows distribution of respondents according to whether they were using implant at the time of study. (N=50)

**Table 7.** Shows the distribution of respondents according to reasons of not using implants at the time of study. (N=40)

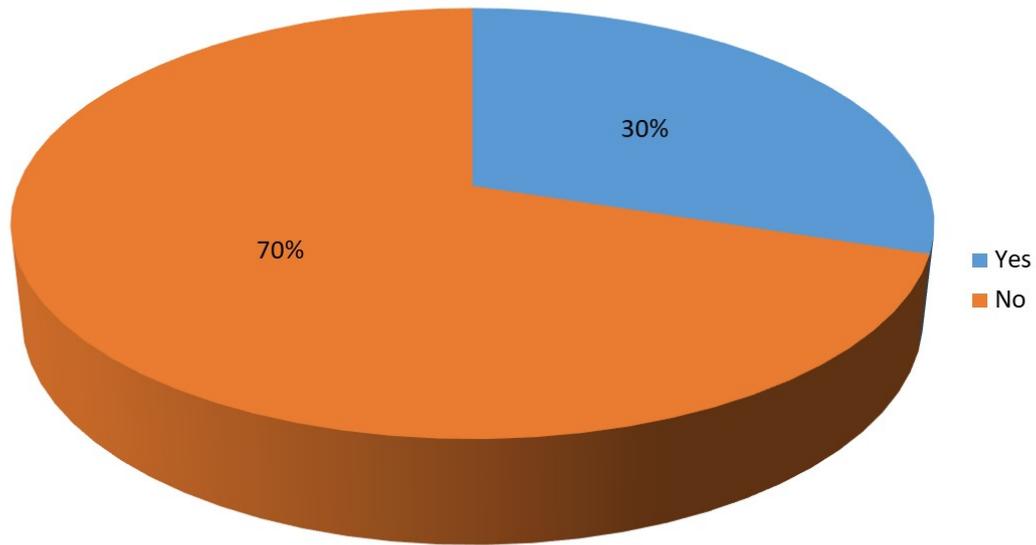
Reason	Frequency	Percentage (%)
Were using but had it removed due to side effects	15	37.5
Fear of pain of insertion and removal	7	17.5
Wanted to have children	5	12.5
Fear of the husband	13	32.5

**Table 8.** Shows distribution of the respondents according to where they get their contraceptive services from. (N=50)

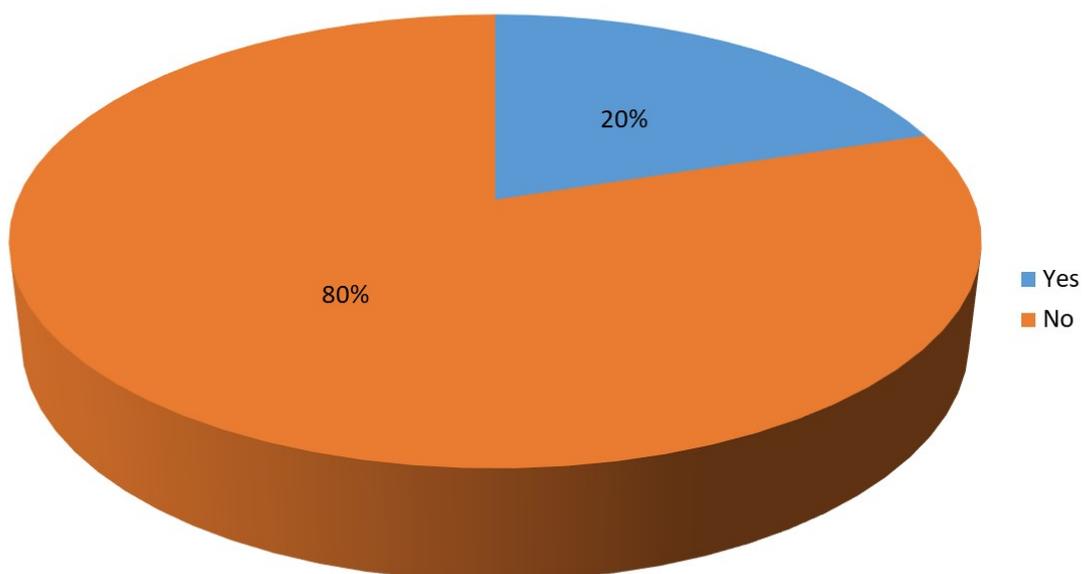
Places	Frequency	Percentage (%)
Government facility	39	78%
Private facility	11	12%

**Table 9.** Shows the distribution of respondents according to ways through which partners support them. (N=10)

Ways of supporting	Frequency	Percentage (%)
Encouraged us to space our children	3	30%
Brought me here to have the implant inserted	5	50%
Takes them to seek medical attention in case of severe side effects.	2	20%



**Figure 9.** Shows the distribution of respondents according to whether they were counselled or not during insertion of implants. (N=50)



**Figure 10.** Shows the distribution of respondents according to whether their partners support them or not. (N=50)

lowed by reduced libido (20%), delayed return to fertility (17%), disappearing in the body (11%), and lastly weight (9%). Despite a large number of respondents claiming to have heard about implants, their knowledge about the site of administration and duration of effective prevention against pregnancy was poor and fairly good respectively

implying that the government, Ministry of Health, and health workers have to find ways of educating people about implant contraceptives.

#### **Attitude towards utilization of implants among women aged 15-45years attending Bunapongo HCIII, Mbale district**

Meanwhile, as more than half of the respondents (78%) agreed that implants prevent the occurrence of pregnancy, 22% disagreed. This might be attributed to the fact that the majority of the respondents got their information from friends (). This is in line with the findings from the study conducted in Lubaga division, Kampala district by Anguzu R et al, 2014 where 94.5% of the respondents agreed and 5.5% of the respondents disagreed. The study findings were also in line with the findings from the study conducted in Odendaalsrus, Lejweleputswa district Free State Province by Dr. EM Makola in 2018 where 63% of the respondents agreed, 15% of them disagreed while 22% did not know.

Furthermore, about implants causing permanent infertility, 46% of the respondents said yes while 54% said no which is also in agreement with the findings from the study conducted in Lubaga division, Kampala district where 48.1% agreed and 67.1% disagreed. The findings were also in line with the findings from the study conducted in Odendaalsrus, Lejweleputswa district Free State Province in 2018. In this study, 44% disagreed, 35% of the respondents did not know whereas 21% agreed.

In addition to the above, 30% of the respondents agreed that partners should be involved in choosing a contraceptive method while 70% of the respondents disagreed. When asked why, those who disagreed, 57.1% of them said their partners would not approve it, 31.4% said their partners were tough so they feared sharing with them about FP, 11.4% of them said that it should be their secret alone however to those who said yes, 60% of them said it avoids quarrelling and 40% said, "so that our partners do not ask for children." This is in line with the findings from the study conducted in Lubaga division Kampala district in 2014 were 48.1% agreed and 51.9% disagreed however the

findings were contrary to the findings from the study conducted in Odendaalsrus Lejweleputswa district Free State Province where 71% of the respondents agreed, 19% of the respondents disagreed whereas 20% did not know.

When asked about whether the respondents would use implants as their contraceptive method, 30% agreed, 70% disagreed, and to those who disagreed when asked why, 37.1% said that they feared side effects, 48.6% said they feared their partners, and 14.3% said they wanted to have children which are contrary to the findings from the study conducted in Odendaalsrus Lejweleputswa district free state province in 2018 where more than half of the respondents (59%) agreed whereas 20% would not choose this method and 21% did not know.

About who should use implants, 50% of the respondents said married women, 26% said unmarried women, 20% said all women, and 4% did not know which is different from the results got from the study conducted in Odendaalsrus Lejweleputswa district Free State Province in 2018 where 59% disagreed that they should be used by married women, 27% agreed while 14% did not know, 47% disagreed that they should be used by unmarried women, 38% agreed that they should be used by married women whereas 15% did not know. The attitude towards utilization of implants was generally negative and the main reasons for this were fear of side effects, and fear of partners indicating a gap in public awareness about the benefits and advantages of FP, especially LARC methods. More light has to throw on side effects and men should be continuously reminded about the benefits of family planning to improve the attitude of women towards implant contraceptives.

#### **Practices towards utilization of implants among women aged 15-45years attending Bunapongo HCIII, Mbale district**

At the time of the study, 20% of the respondents were using Implants while 80% were not using implants. This is a low percentage compared to the study conducted in Odendaalsrus Lejweleputswa district Free State Province in 2018 where 62% of the respondents were using implants at the time of the study whereas 38% of the respondents were not using implants however the study was in agreement with the results from the study conducted in Tigray Region, Northern Ethiopia in 2017 and Southern Ethiopia in 2015 where only 10.1% and

15.1% of the respondents were using implants at the time the study was conducted respectively.

To those who were not using implants when asked why 37.5% of them said they had them removed due to side effects (over bleeding), 17.5% said they feared the insertion and removal pain, 12.5% said they wanted to have children while 32.5% of the respondents said they feared their husbands which is contrary to the findings from the study carried out in Tigray Region, northern Ethiopia in 2017 where those who were not using implants at the time of the study said they were using other methods (30.7%), had the desire to become pregnant (25.5%), because of medical reasons (16.1%) and fear of side effects and marital status (9.4%).

Among those who were using the implant at that time of the study, 30% of them said they were counselled before using the contraceptive while 70% said they were not counselled which is not in agreement with results got from a study conducted in Odendaalsrus Lejweleputswa district Free State Province in 2018 where 38% of the respondents were counselled before they were pregnant, 35% of the respondents were counselled after giving birth, 19% of the respondents were counselled during pregnancy whereas 8% did not respond.

From the findings, it is shown that 78% of the respondents got their contraceptive services from government facilities while 22% of the respondents got their contraceptive services from private health facilities which are in line with the findings from the study conducted in the Tigray Region, Northern Ethiopia where 62.3% of the respondents got their services at the health post 30.2% got them at the health center and 7.5% at the hospital.

About involving their partners in supporting them towards contraceptive use, the majority of the respondents (80%) claimed that their partners do not support them and 20% of the respondents claimed that their partners supported them and when asked how they supported them, 30% of them said they were encouraged by their partners to practice child spacing, 50% of them said their partners escorted them to the health center to get the contraceptive method of their choice whereas 20% of the respondents said their partners took them to a health facility in case of severe side effects to get medical help.

## 7 Conclusion

Based on the findings from the study, the following conclusions were drawn.

The study specifically sought to;

Determine the knowledge towards utilization of implants among women aged 15-45 years attending Bunapongo health center three, Mbale district.

Assess the attitude towards utilization of implants among women aged 15-45 years attending Bunapongo health center three, Mbale district.

Assess practices towards utilization of implants among women aged 15-45 years attending Bunapongo health center three, Mbale district. The study established that the majority of the respondents (50%) were in the age group of 25-35 years, knowledge of the respondents was poor since even those who claimed to have heard about implants did not answer correctly some questions and friends were the major source information. The attitude towards implant utilization was favourable because the majority (78%) of the respondents agreed that implants prevent the occurrence of pregnancy and more than half of the respondents said implants cannot cause permanent infertility.

Prevalence of implant use was low (20%), the majority of the women were not counselled before using implants and government facilities were the main places where these women got their contraceptive services from. A lot has to be done to increase implant awareness among women to increase the prevalence rate among women attending Bunapongo health center three in Mbale district.

### Recommendations

The following are the suggested recommendations to improve implant prevalence among women attending Bunapongo health center three, Mbale district.

#### To the government

Government should utilize the media to the maximum by making sure that they advertise implant contraceptives to increase the public's awareness, this can also be done by hiring vehicles to move in the village announcing and advertising implants and telling the public how family planning through the use of implants can help to improve their standards of living.

More health workers experienced in family planning services should be employed to clear the misconceptions that people have about FP for example

people need to know that implants cannot disappear in the body and do not go to the heart so that a favourable attitude corresponds to implant prevalence.

#### **To the ministry of health (MoH)**

They should clearly explain the benefits of using family planning to the public through organizing health education outreaches in different villages that are served by Bunapongo HCIII.

The Ministry of health should stress the fact that despite the side effects, implants are highly effective in preventing pregnancy and that these side effects can be managed at the health center.

They should also encourage men to take part in choosing the contraceptive method to be used and encourage them to support their women when it comes to child spacing.

#### **To the health workers**

They should explain clearly the side effects and how these women should cope with them.

They should always counsel women both those seeking family planning services and those seeking other services about the advantages of using a long-acting reversible contraceptive method like implants.

They should also not only offer this service at the facility but also go and give this service to women deep in the villages through outreaches.

## **8 Acknowledgement:**

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## **9 List of Abbreviations and Acronyms**

**CPR:** Contraceptive Prevalence Rate

**FP:** Family Planning

**HCIII :** Health Center Three

**IUD:** Intra Uterine Device

**KAP:** Knowledge Attitude Practices

**LARC:** Long Acting Reversible Contraceptive

**MMR:** Maternal Mortality Rate

**MoH:** Ministry of Health

**PI:** Permanent Infertility

**SSA:** Sub-Saharan Africa

**TFR:** Total Fertility Rate

**UDHS:** Uganda Demographic Health Survey

**UN:** United Nations

**UP:** Unplanned Pregnancy

**WHO:** World Health Organization

## **10 Operational Definitions**

**Attitude:** Refers to a feeling towards something.

**Implants:** Are small flexible plastic rods that are placed under the skin in an upper arm by the doctor or a nurse.

**Knowledge:** Refers to being aware of something.

**Practices:** Refers to what people do towards something.

**Total fertility rate:** Refers to number of children a woman would have in the course of her life.

**Unintended pregnancy:** Refers to a pregnancy that is unwanted which occur with no desire to have children.

**Prevalence:** Refers to a proportion of people using implants as their contraceptive method in a particular population at a particular time.

**Contraception:** Refers to deliberate use of artificial or natural methods to prevent pregnancy as a consequence of sexual intercourse.

**Unsafe abortion:** Refers to termination of pregnancy carried out by either unskilled person or in an environment that does not conform to minimal medical standards.

**Maternal mortality rate:** Refers to number of maternal deaths within 42 days of pregnancy termination due to complications of pregnancy, child birth and the puerperium in a specific geographic area divide by total live births of the same geographic area for a specified period of time.

**Maternal mortality :** Refers to death of a woman while pregnant.

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