

FACTORS INFLUENCING ORAL CONTRACEPTIVE UTILIZATION AMONG WOMEN ATTENDING FAMILY PLANNING SERVICES AT NAKASEKE HOSPITAL IN NAKASEKE DISTRICT. A CROSS-SECTIONAL STUDY.

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ABSTRACT

Introduction:

Oral contraceptives are pills taken orally by women after having unprotected sex to prevent pregnancies. Oral contraception pills consist of the hormones progestin and estrogen, or only progestin.

Purpose:

To determine factors influencing oral contraceptive utilization among women attending family planning services at Nakaseke Hospital in Nakaseke district.

Study Objectives:

The objectives of the study were; to identify the socio-demographic factors, knowledge, and the effects of oral contraceptive utilization among women attending family planning services at Nakaseke Hospital in Nakaseke district.

Study methodology:

This study employed a quantitative descriptive cross-sectional study design with a sample size of 87, descriptive statistics like percentages, and frequencies, were used to analyze data and presented in frequency tables, pie charts, and graphs.

Results:

The majority 53(60.9%) of respondents reside in urban areas where the majority attained secondary education at 15(46.9%) for which the husband's decision in a home significantly influenced his wife's family planning method at 32(36.8%). The majority 84(96.6%) had ever heard about OC use in their lifetime where the source of information is hospitals through health professionals at 60(68%). The majority (98%) had ever experienced side effects of OC use for which the majority 36 (41.4%) of them agreed that OC use can cause specific side effects.

Conclusion:

18(34%) were using OC with the majority residing in urban areas at 53(60.9%), the majority attained secondary education at 15(38.5%) with husbands influencing decision-making on the family type at home at 19(59.4%). 96.6% knew OC use and had obtained information from hospitals at 60(68%) with the majority ever experiencing side effects of OC use at (97.7%)

Recommendation:

More campaigns on the importance of OC use to women should be done through sexual health education, seminars, carrying out counseling, and psychological support to women who fear the side effects of OC use.

Keywords: Oral contraceptives, Pills, Birth control, Family planning

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Background of the study

Oral contraceptives (also known as birth control pills) are pills taken orally by women after having unprotected sex to prevent pregnancies. Oral contraception pills (OCP) consist of the hormones progestin and estrogen, or only progestin, and must be taken orally once a day per day to prevent pregnancy (Diep et al., 2023).

Globally, the World Health Organization indicated that in 2019, 1.1 billion of the 1.9 billion women of reproductive age (14- 49 years) in the world need family planning; 842 million of these are utilizing contraceptive methods, while 270 million have unmet need for contraception use. Oral contraception is the most widely used method of contraception due to its accessibility, reliability, and reversibility. Oral contraceptives (OCs) are an important and widely accepted method of

contraception worldwide (Park & Kim, 2021) Generally, knowledge and awareness of contraceptives differ widely across populaces, with notable inequalities among minorities and younger populations who have limited awareness and understanding of different contraceptive method (Alameer et al., 2022) In Africa, Oral contraception use among women in Sub-Sahara Africa including South Africa has risen by the worldwide trend since 1980's, the South Africa government published the National Contraception policy guidelines, emphasizing the right women to choose and use a contraceptive method of choice and need for a highly family planning service (Hlongwa et al., 2021). Oral Contraceptive non-use among women of reproductive age in Sub-Saharan Africa accounts for nearly 14 million unplanned pregnancies annually and the majority of maternal deaths (66%) amidst geographical variation (Otim, 2020). According to the United Nations (2019), Northern Africa and Western Asia have been reported to use the pill (OC) at 10.5% and IUD (9.5%). Sub-Sahara Africa is the only

region in which injectables are dominant with a prevalence of 9.6% among women of reproductive age.

In East Africa, a study carried out in Kenya indicates that there are 2.8 million adolescent girls aged between 15 and 19 years of whom 24% (665,000) have unmet need for contraceptive methods (Guttmacher *Adding It Up*, 2018). Recognizing the negative impact of teenage pregnancy on Kenya girl's education, the Ministry of Education put in place the return to school policy guideline to ensure that girls who become pregnant while still in school get a second chance (Mbewa, 2019). In Tanzania, oral contraceptive use has been increasing from 20% in 2004/2005 to 27.4% in 2010 and further to 32% in 2015/2016 at an annual increase of 1.2%. The implementation of family planning is among the top health priorities in Tanzania.

In Uganda, the most frequent method of contraception is the EC pill. The proportion of women who use them varies. According to UDHS (2016), 39% of married women use contraceptives and 51% of sexually active unmarried women also use contraceptives to prevent unwanted pregnancies. This is high in comparison to only 0.2% of women from the Tororo sub-region, Western Uganda who are reported to use ECs for the public sector through the National Medical Stores providing ECs at Fort Regional Referral Hospital. In Uganda, everybody knows about contraceptive use. However, the knowledge is not equitable to current contraceptive uptake (39%). More so, Uganda continues to present undesirable fertility rates (5.4 births per woman) and maternal mortality ratio (336 maternal deaths per 100,000 live births) that are influencing contraceptive non-use (Otim, 2020)

General objective;

To determine factors influencing oral contraceptive utilization among women attending family planning services at Nakaseke Hospital in Nakaseke district.

Specific Objectives;

- To find out the socio-demographic factors influencing Oral contraceptive utilization among women attending family planning services at Nakaseke Hospital in Nakaseke district.
- To determine the knowledge about Oral contraceptive utilization among women attending family planning services at Nakaseke Hospital in Nakaseke district.
- To identify the effects of Oral contraceptive utilization among women attending family planning services at Nakaseke Hospital in Nakaseke district.

Methodology

Study Design

A descriptive cross-sectional study was carried out using a quantitative data approach to data collection and analysis. The design was used because it helped in gaining an understanding of underlying reasons, and opinions and dived deeper into the problem within the shortest time possible.

Study Area

The study was conducted in the maternal and child health care unit at Nakaseke Hospital, in Nakaseke district in central Uganda. Nakaseke district has neighboring districts including; Kiboga, Luweero, Nakasongola, and Mityana in the direction of west, Southeast, northeast, and Southwest respectively. Nakaseke Hospital is 24km away from Butalangu, the headquarters of Nakaseke district, and approximately 30km away from luwero hospital Located in the Luweero district. The study was conducted from June to August 2023

Study Population

The study population was composed of women of reproductive age attending to maternal and child health care unit at Nakaseke hospital. This was because there is an increased tendency of unwanted pregnancies among women according to reports from other researchers.

Sample Size Determination

The sample size was determined using the Kish and Leslie formula (1965).

$$n = Z^2PQ$$

$$d^2$$

Where n is the sample size required

Z is standard deviation corresponding to 96% confidence level (1.96)

P is the population of pregnant women with UTI taken to be 35% (statistical) information in the prevalence of urinary tract infections not known

D is the acceptable error said to 10%

Q is (P) which is 35%

$$n = \frac{Z^2P(1-P)}{d^2}$$

$$n = \frac{(1.96 \times 1.96) \times (1 - 0.35) \times 0.35}{(0.1)^2}$$

$$n = 87$$

Therefore, the sample size of 87 respondents was selected.

Sampling Technique

A simple random sampling was used to select the number of women required and purposive sampling was used to select health workers. This saved time and made the generation of findings much easier for the researcher and reduced the cost of operation as well.

Sampling procedure

The researcher used a lottery procedure. He folded small papers inside having YES or NO. A mother who picked a YES paper was included in the study. The process of sampling the subjects continued until the desired sample was attained.

Data Collection

Method data was collected using self-administered questionnaires. Closed-ended questions were written on a piece of paper and were given to the members involved in the study each member was requested to answer the questions without being forced and the questions were interpreted for those having challenges in interpretation. The papers were collected after a given period of time and the required results were taken. This method was used because it is easier, and less time and energy were required.

Data Collection Tool

Data was collected using a pretested semi-structured questionnaire typed in English and comprised of closed-ended questions. The employed interpreter interpreted the questions to respondents who were unable to read and understand the questions.

Data Collection Procedure

Before giving out questionnaires the researcher was required to fully explain the questions to the women who consented to take part in the study. Self-administered questionnaires were used to collect data and each of them was checked for completeness by the researcher.

Study variables

Dependent variable

Oral contraceptive utilization among women

Independent variable

The factors influencing oral contraceptive utilization among women

Quality Control

Questionnaires were pre-tested to check for validity and accuracy after which adjustments were made before being administered to the study participants.

The research assistants were recruited and trained to administer pre-tested questionnaires. The skills of these research assistants helped in probing for further responses.

Inclusion criteria

Women who attended maternal and child health care services at Nakaseke Hospital and have consented to the study. This included those who have lived in the district for at least six months consented to the study and present during the period of the study were included in the study.

Exclusion Criteria

Women who attended maternal and child health care services from Nakaseke Hospital but not have consented to the study and those who were not available during the study period were excluded.

Piloting the study

A pilot study was carried out a week before the date of actual data collection. This study was done specifically to ascertain the availability of relevant data when the actual date of data collection reaches.

Data Analysis and Presentation

After collecting data, it was analyzed using tally sheets and presented in tables, statements, and pie charts which made it appear clear and easier to understand and interpret by any person who wanted to look through the work.

Ethical Consideration

Upon selection and approval of the topic, a letter from the Academic Registrar of Medicare Health Professionals College was obtained, that introduced the researcher to the medical Superintendent of Nakaseke Hospital, asking for permission to allow the researcher to carry out the study in the hospital.

Presentation of Results

Social-Demographic Data

From Table 1; the majority 50(57.5%) of the respondents were in the age group 30-44 years while the minority 5(5.7%) were above 45 years. The majority 46(52.9%), of the respondents, were married and a few 3(3.4%) were widowed. The majority 27(31%) of the respondents were Baganda by tribe and the least were 6(6.9%) Banyoro by tribe. The majority of respondents were Catholics

28(32.2%) and a few were Seventh-day Adventists 4(4.6%). The majority 47(54%) of respondents had acquired secondary education, a few of them 9(10.3%) had acquired a tertiary level of education and only 4(4.7%) had not attained formal education. Majority of respondents were employed 39(44.8%) and the least unemployed 5(5.7%) Socio-demographic factors influencing oral contraceptive utilization among women.

From figure 1, the majority 19(59.4%) of the respondents who decided on type of family planning method were husbands while the least 8(25%) were wives.

From figure 2, the majority 15(46.9%) of the respondents had attained secondary level of education while the minority 4(12.5%) had never attained any formal education.

From table 2, the majority 53(60.9%) of the respondents resided in urban areas 53(60.9%) while the minority 34(39.1%) resided in rural areas.

Table 1: Showing social demographic data of the respondents. (n=87)

Demographic data	Variables	Frequency	Percentage (%)
Age	<20	15	17.2
	20-29	17	19.5
	30-44	50	57.5
	>45	5	5.7
	Total	87	100
Marital status	Single	30	34.5
	Married	46	52.9
	Divorced	8	9.2
	Widow	3	3.4
	Total	87	100
Tribe	Muganda	27	31
	Itesots	25	28.7
	Munyoro	6	6.9
	Munyankole	9	10.3
	Others	20	23
	Total	87	100
Religion	Catholics	28	32.2
	Anglicans	21	24.1
	Seventh day adventists	4	4.6
	Moslems	10	11.5
	Born Again	23	27.6
	Total	87	100
Occupation of respondents	Employed	39	44.8
	Peasant	17	19.5
	Business	26	29.9
	Unemployed	5	5.7
	Total	87	100

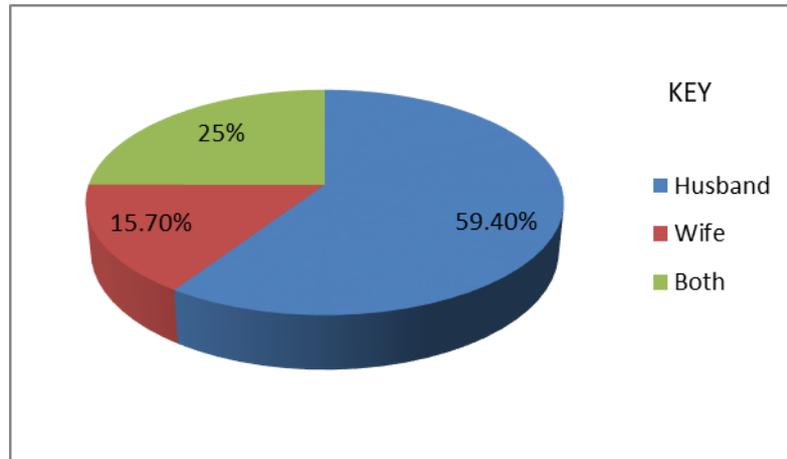
Source: primary data (2023)

Table 2, shows the distribution of respondents by their area of residence. (n=87)

Variables	Ever used oral contraceptives			Total
		YES	NO	
Current area of residence	Urban	18(34%)	35(66%)	53(60.9%)
	Rural	14(41.2%)	20(58.8%)	34(39.1%)
	Total	32(36.8%)	55(63.2%)	87(100%)

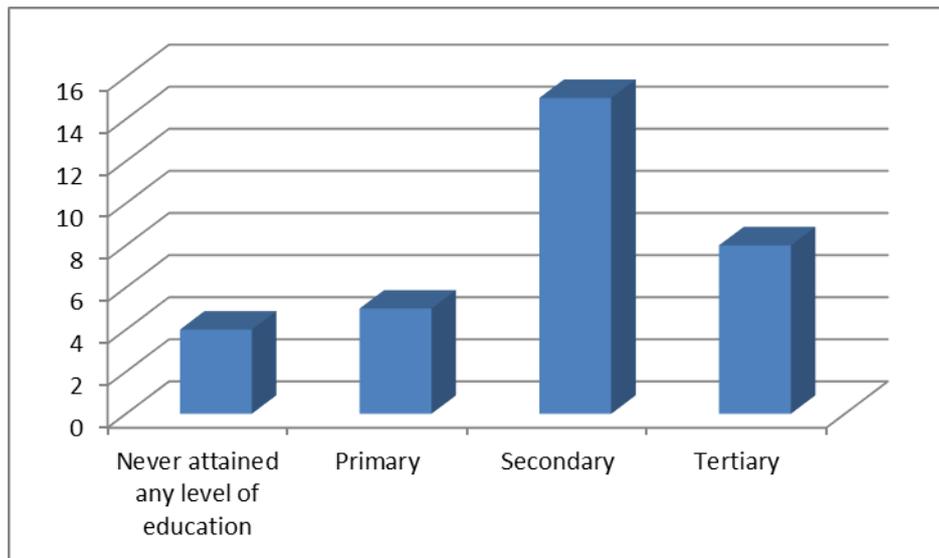
Source: primary data (2023)

Figure 1 shows the distribution of respondents regarding making decision on family planning method at home. (n=32)



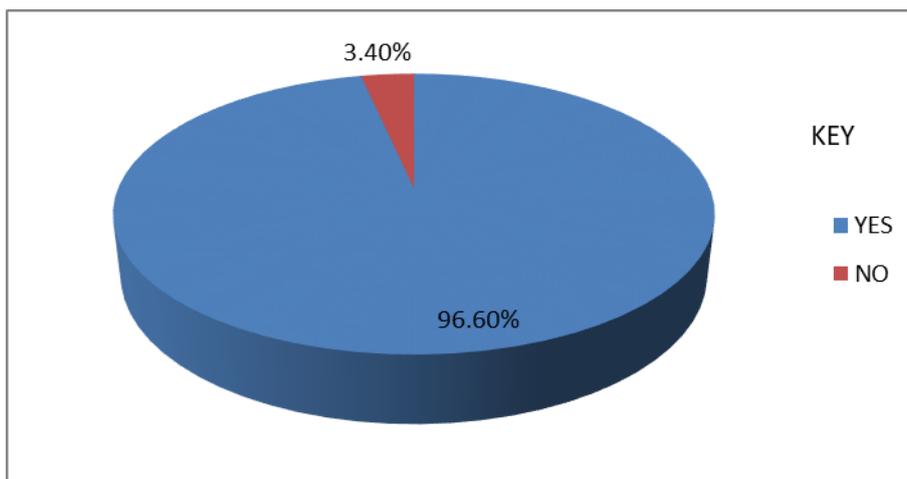
Source: primary data (2023)

Figure 2: shows the distribution of respondent's level of education. (n=32)



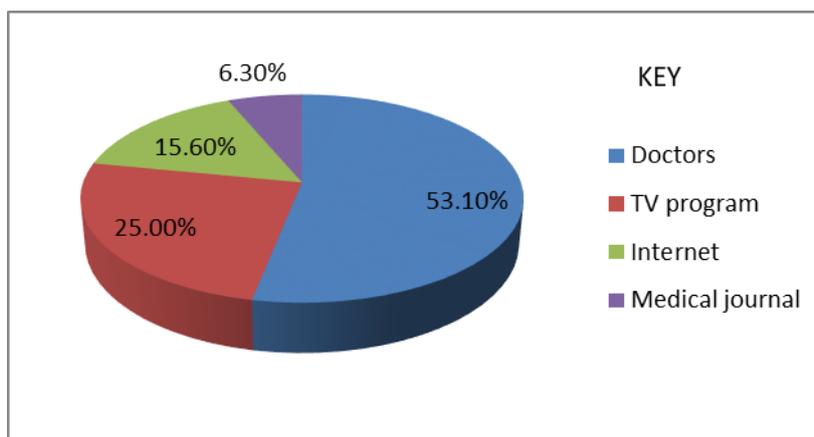
Source: primary data (2023)

Figure 3: Shows the distribution of respondents who have ever heard about oral contraceptives.(n=87)



Source: primary data (2023)

Figure 4: Shows distribution of respondent's source of information about oral contraceptive utilization. (n=32)



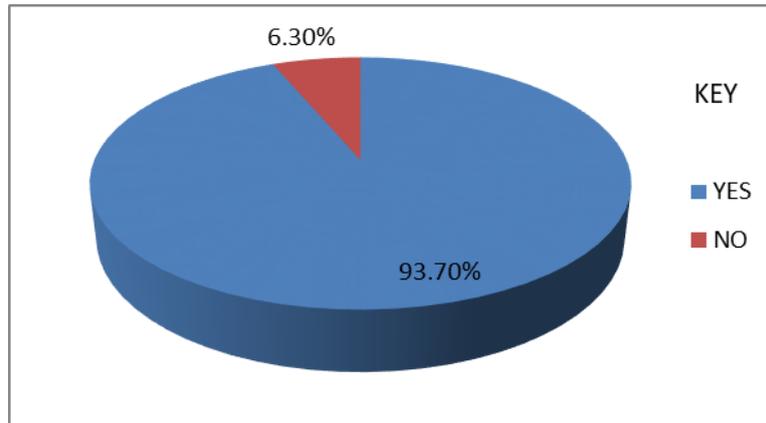
Source: primary data (2023)

Table 3 shows the distribution of respondents by reasons why Oral Contraceptive use is preferred among women. (n=32)

Reasons	Frequency	Percentage (%)
Easy to use	16	50%
Easily accessible and reliable	13	40.6%
Doesn't interrupt sex	3	9.4%

Source: primary data (2023)

Figure 5; Shows the distribution of the respondents who have ever experienced side effects of oral contraceptive use.(n=32)



Source: primary data (2023)

Knowledge about oral contraceptive utilization among women

From figure 3; the majority 84(96.6%) of the respondents had ever heard of Oral Contraceptive uptake in their lifetime while the minority 3(3.4%) had not ever heard about oral contraceptive uptake in their lifetime.

From figure 4, the majority 17(53.1%) of the respondents had acquired information about OC use from hospitals through health professionals followed by those watching TV programs 8(25%) while the few 2(6.3%) of them had acquired information from medical journals

From table 3 ; the majority 16(50%) of the respondents preferred OC use because they were easy to use,

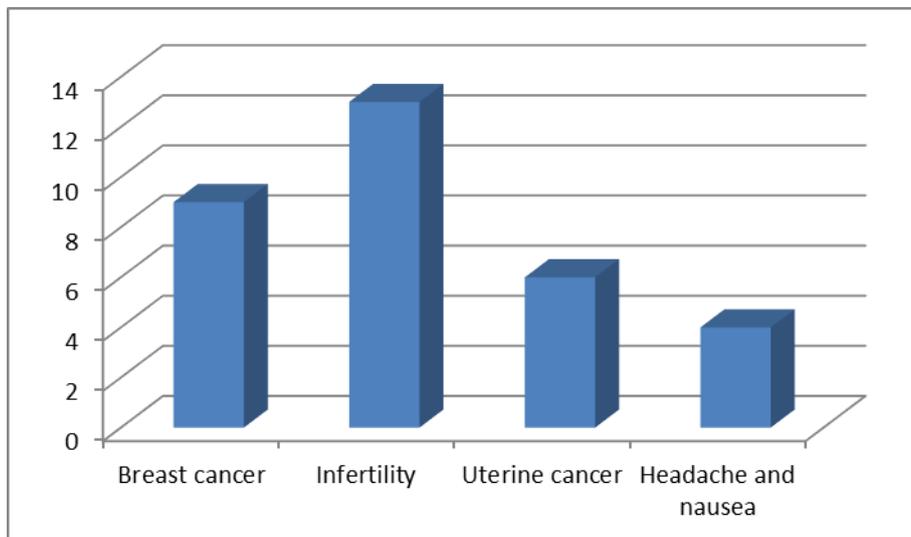
followed by 13(40.6%) who preferred due to easy accessibility and reliability of OC while the minority 3(9.4%) preferred OC because it doesn't interrupt sex

Effects of oral contraceptive utilisation among women.

From figure 5; the majority of the respondents 30 (93.8%) had ever experienced side effects of OC use while the minority 2(6.3%) had never experienced any side effects about OC use.

From Figure 6; the majority 13(40.6%) of the respondents agreed that OC use can cause infertility, 9(28.1%) agreed can cause breast cancer, 6(18.8%) agreed can cause uterine cancer, and minority, 4 (12.5%) agreed can cause headache and nausea.

Figure 6 Shows the distribution of the respondents who agree that use of oral contraceptive use can cause specific side effects (n=32)



Source: primary data (2023)

Discussion

Socio-demographic factors influencing oral contraceptive utilization among women.

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The study revealed that the majority 53(60.9%) of the respondents resided in urban areas while the minority 34(39.1%) resided in rural areas. Regarding OC use, the number of women using oral contraceptives in rural areas was lower than those from urban areas because women living in rural areas had low awareness about OC use and also less or no access to pharmacies, hospitals, and clinics where they could obtain OC from. This is in agreement with another study conducted by Adhikari, Acharya, Chhabi, and Ranju, 2019 which showed that significantly a lower percentage of women residing in rural areas (51%) were not using oral contraceptives than their comparison group (urban areas).

The study results showed that the majority 19(59.4%) of respondents reported that the type of family planning method used by wives at home was majorly influenced by the husband's decision while the least 8(25%) who influenced decision-making on family planning method used at home were wives. The number of participants who reported that the husband's decision influenced the type of family planning method was high because husbands would discuss with their wives and make an informed decision about the type of family planning method their wives used at home. This is in line with a study done by Adhikari, Acharya, Chhabi, and Ranja, 2019 which indicated that the current use of oral contraceptives as a family planning method was significantly lower among women with no autonomy in household decision making (57%) compared to those who had either moderate autonomy (41%) or high autonomy (47%).

The study results showed that the majority 15(46.9%) of the respondents had acquired a secondary level of education while the minority 4(12.5%) had never acquired any level of education. The participants who had attained any level of education were more likely to use oral contraceptives compared to those who never attained any level of education because educated respondents had more knowledge regarding oral contraceptive use and were taught how to use OC in schools compared to those who never attained any level of education.

Knowledge about oral contraceptives among women

The study results revealed that the majority 84(96.6%) had heard about oral contraceptive use in their lifetime while the minority 3(3.4%) had never heard about OC uptake in their lifetime. The number of respondents who had heard about oral contraceptives was much higher than those who had never heard about OC due to increased efforts to adequate family planning education and awareness by health professionals towards mothers

of reproductive age, hence making mothers more aware of OC use. This is in agreement with a study done by (Davis et al., 2020) which showed that out of 758 participants, 183(24.1%) had heard about EC. In addition, also similar to another study conducted by Sarpong, Appiah, Billi, 2022 which showed that the majority of the respondents (96.15%) had heard about emergency contraceptive(EC), amongst them, progesterone-only pills (e g Lydia, Postinor2) were most known EC (92%), followed by COC pills(58.6%) and intrauterine copper device (54.67%). The study findings showed that the majority 60(68%) of the respondents had acquired information about OC use from hospitals through health professionals while a few 3(3.4%) of them had acquired information from medical journals. The knowledge about OC use was higher among women who attended hospitals than those who never attended to hospital because health workers would easily attend to women who came to the hospital for family planning services through education and counseling them regarding the choice of family planning method compared to those women who never came to hospital. This is in agreement with a study conducted by Sarpong, Appiah, and Billi, 2022 which showed that a great number of respondents (81%) who heard about EC, had their source from a health professional. However, the finding disagrees with the study conducted by Kara, and Mao, 2019 where 45.7% mentioned mass media as the main source of information regarding contraception, and more than 83.5% of participants mentioned oral contraceptives as a method of contraception. The study results revealed that the majority 16(50%) of the respondents commonly preferred the use of pills because they were easy to use while the least 4(9.4%) preferred OC use because it doesn't interrupt sex. The women preferred using pills because they are easy to keep and affordable to buy. This finding is in line with a study conducted by Nakyeyune, (2018) which showed that the most commonly used method of contraception were pills(86.7%) and male condoms (88.4%) followed by injectable (50.3%), IUDs (35%) and implants (26.7%), female condoms (22.1%) while withdrawing (32.4) was the most traditional method used.

Effects of oral contraceptive utilization among women

The majority 30(93.8%) of the respondents reported that they had ever experienced side effects of OC use while the minority 2(6.3%) had never experienced any side effects of OC use. The number of participants experiencing side effects was much higher because some participants reported that oral contraceptives cause hormonal imbalance in the body which leads to the development of side effects. Also, a good number of females reported severe bleeding (41.7%), abdominal pain (41.4%), and nausea (39.8%) of them majority were unmarried. About 30% and 20% of unmarried women reported leg pain. The majority 13(40.6%) of the respondents agreed that oral contraceptive use can cause infertility while the minority 4(12.5%) agreed that OC use can cause headache and nausea. This was because

infertility was a major complaint reported among OC users. The findings was similar to another study by (Alameer et al., 2022) which showed that the majority (94.3%) of participants were concerned about side effects, 59.3% believed that pills could cause infertility, 38.9% believed that it could cause breast cancer, 46.8% believed that it could cause uterine cancer and 91.3% believed it cause hormonal imbalance. The majority 101(70.1%) had ever using stopped using pills with many 51(50.5%) of them saying it was because of its side effects.

Conclusion

The study results revealed that the majority 53(60.9%) resided in urban areas with the majority showing secondary level being a highly attained level of education at 15(46.9%) for which the husband's decision in a home significantly influenced his wife's family planning method at 19(59.4%)

The study findings showed that the majority 84(96.6%) of the respondents had ever heard about OC use in their lifetime where the source of information is hospitals through health professionals 60(68%), for which the main reason why OC is preferred is that it is easy to use at 68(78.2%)

The study findings showed that the majority 30(93.8%) of respondents had ever experienced side effects of OC use for which the majority 13 (40.6%) agreed that OC use can cause infertility, 9(28.1%) agreed that can cause breast cancer, 6(18.8%) agreed can cause uterine cancer and the minority, 4(12.5%) agreed can cause headache and nausea.

Study limitation

There was limited time to carry out my data collection because coordinating respondents, organizing questionnaires, and many other things consumed a lot of time. The language barrier was another challenge since there were many different tribes involved in the study. In addition, the shortage of money was another problem because printing questionnaires, paying recruited research assistants, and daily transport costs to the hospital required a lot of money.

Recommendations

Based on the findings, the government through the Ministry of health should focus more on continuous education of the general public through different media

List of Abbreviations

COCP : Combined Oral Contraceptive Pill
COCP's : Combined Oral Contraceptive Pills.
COC's : Combined Oral Contraceptives
EC : Emergency Contraceptive
EC's : Emergency Contraceptives
HC : Hormonal Contraceptive

outlets on the benefits of OC use to help women avoid unwanted pregnancies, also an adequate supply of OC's to various health facilities hence enabling those who can't afford to buy OC's use them, therefore, promoting OC's as a family planning method among women.

The hospital administration and health workers should also put more campaigns on the importance of OC use to women this can be done through sexual health education and helping them make informed decisions, putting seminars, carrying out counseling psychological support to women who fear side effects of OC use.

I also recommend male partner' involvement in support of their spouses. Male partners should always remind their spouses to take their pills in case they have unprotected sex. Male partners should also offer psychological comfort to their partners who fear side effects of OC use.

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IUD : Intra Uterine Device

K.I U: Kampala international University

OC: Oral Contraceptive

OCP : Oral Contraceptive pill.

OCP's : Oral Contraceptive pills

OC's: Oral Contraceptives

UAHEB : Uganda Allied Examination Board

UDHS : Uganda Demographic Health Survey

WHO : World Health Organization

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