THE UTILIZATION OF EMERGENCY CONTRACEPTIVES AMONGST PEOPLE VISITING FORT PORTAL REGIONAL REFERRAL HOSPITAL BETWEEN APRIL AND AUGUST 2017

BY

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A RESEARCH REPORT SUBMITTED TO THE FACULTY OF CLINICAL MEDICINE AND DENTISTRY FOR THE PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF BACHELORS DEGREE IN MEDICINE AND SURGERY OF KAMPALA INTERNATIONAL UNIVERSITY

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DECLARATION

I, *Muhia Natalie Wambui,* hereby declare that this academic research is my original work and has not been presented anywhere else for any award. Where reference was made it has been duly acknowledged. This report is here by presented to the Faculty of Clinical Medicine and Dentistry of Kampala International University.

Signature…… Date…….

Muhia Natalie Wambui

APPROVAL

This study entitled "The utilization of Emergency Contraceptives among women visiting Fort Portal Regional Referral Hospital", was written under my supervision and is now submitted in partial fulfilment of the requirements for the award of Bachelor's Degree in Medicine and Surgery of Kampala International University with my approval.

Signature ---------- Date 03/05/2018

Dr Ddamulira Adam

Supervisor

DEDICATION

I would like to dedicate this work to my Family for their love and support and for ensuring that I am not alone in this entire venture of my life.

ACKNOWLEDGEMENT

I wish to acknowledge God Almighty for His sufficient Grace and Blessings. I also wish to acknowledge and extend a debt of gratitude to my supervisor for support during the time of report writing. I wish to acknowledge all my friends who continuously encouraged and supported me throughout the course and during study.

Special acknowledgements go to my project supervisor Dr. Ddamulira Adam for his inspirational instructions and guidance. His tireless efforts in providing feedback and insightful comments that truly inspired me to complete this research report.

Special acknowledgements go to the staff of Fort Portal Regional Referral Hospital for their willingness to allow me carry out the research.

Finally to all my friends and family members who kept on encouraging me to complete this project. I'm truly indebted to you all. I pray to the almighty God to award your efforts abundantly.

ABSTRACT

Background

Emergency contraception refers to methods of contraception that can be used to prevent unwanted pregnancy after unprotected sexual intercourse or contraceptive method failure (WHO, 2017).Worldwide there are about 210 Million pregnancies each year, some 80 million of these are unintended, and one in ten of these pregnancies end in an unsafe abortion.

Objectives:

The study aimed to; determine the demographic characteristics, the availability of EC's and the utilization of EC's among the women visiting Fort Portal Regional Referral Hospital.

Research methods:

The researcher used a retrospective study design. The targeted population was women visiting Fort Portal Regional Referral Hospital Family Planning unit.. The sample size was 50 and it was determined by Morgan and Krejcie statistical table. Data was collected using a research collection tool, it was cleaned, trimmed, validated and analysed using the MS-Excel.

Results:

The following were the findings obtained from the study; methods of EC's available included 0.75mg levonorgestrel pill and Copper T Intra uterine device. Sixty percent of the women used EC's in August and two percent of women in May. The researcher found out that 38% of the women who used EC's were between the age of 25 to 34 years and 16% of the women were between 45 and 55 years. Fifty four percent of the women used EC's were married and 46% were single. Forty six percent of women who used EC's were Bachelor's degree holders and 8% of the women had no education. Thirty percent of the women who used EC's were employed, and 12% of the women were unemployed. Seventy two percent of women who used EC's were from urban centres while 28% of were from rural areas. Of the women who used emergency contraceptive pills 22% were faced with changes in their menstrual cycle while 8% of them experienced body fatigue.

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LIST OF ABBREVIATIONS AND ACRONYMS

COC	:	Combined Oral Contraceptive Pill
EC	:	Emergency Contraceptive
EC'S	:	Emergency Contraceptive Pills
EOC	:	Emergency Oral Contraceptives
FHI	:	Family Health International
FDA	:	Food and Drug Authority
FPRRH	:	Fort Portal Regional Referral Hospital
ICEC	:	International Consortium for Emergency Contraception
IUCD	:	Intrauterine Contraceptive Device
KDHS	:	Kenya Demographic and Health Survey
UDHS	:	Uganda Demographic and Health Survey
MDG	:	Millennium Development Goal
MOPHS	:	Ministry of Public Health and Sanitation
POP	:	Progestin Only Pill
UNDP	:	United Nations Developmental Program
WHO	:	World Health Organization

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CHAPTER ONE:
INTRODUCTION

1.0. Background

Emergency contraception refers to the contraception methods that can be used to prevent unwanted pregnancy after unprotected sexual intercourse or contraceptive method failure (WHO, 2017). Technically, EC's are not considered a family planning method but a back-up contraceptive in the event of unprotected sex.

There are various types of emergency contraception which include emergency contraceptive (EC) pills, minipills, and the Copper-T intrauterine device (IUD).

EC pills commonly referred to as the morning after pill contain the hormones estrogen and progestin. Minipills also known as plan B contains the hormone progestin only and each tablet contains 0.75mg of levonorgestrel. Copper T intrauterine device is usually a primary contraception method but can be used as an emergency contraception method placed into the uterus of a woman up to 7 days after unprotected coitus) (Dutta, 2013).

The most frequently used method of emergency contraception in Uganda is the use of EC pill. Emergency contraceptives (levonorgestrel) appears to be effective for at least 4 days after sex and potentially up to 5 days after sex. Indications of emergency contraception include; unprotected intercourse, condom rupture, missed pill, delay in taking progestin only pills for more than 3 hours, sexual assault or rape and first time intercourse, as known to be always unplanned (ICEC,2012; Parker, 2005).

The risk of pregnancy following a single act of unprotected coitus around the time of ovulation is 8 % (Dutta, 2013). Depending on the method used, EC's can reduce women's risk of becoming pregnant from a single act of intercourse by 75-99% (ICEC, 2012). According to Family Health Initiative (FHI, 2005) report on adolescents and emergency contraceptive pills in developing countries stated that the hormonal only pills can prevent 95% of expected pregnancies when started within 24 hours of unprotected intercourse, 85% in the 25th through 48th hour, and 58% in the 49th through 72nd hour.

The proportion of women that use them varies. According to the Uganda Demographic Health Survey (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 Tooro sub region, Western Uganda who are reported to use EC's. Despite the Ugandan government which is the major provider of

emergency contraceptives for the public sector, through the National Medical Stores providing EC's at Fort Portal Regional Referral Hospital.

One of the main contributing factors to maternal mortality in Uganda is unsafe abortion. The maternal mortality ratio for Uganda is 435/100,000 live births (UDHS, 2007). Between 12-30 percent of the maternal deaths are due to induced abortions. Emergency Contraceptives if used could help reduce the unsafe abortions and this decreases the maternal mortality ratio.

In conclusion Emergency contraceptive pills (EC's) are now available in many countries, but have failed to have the desired impact on unwanted pregnancy rates. Why is this? Earlier barriers to access are becoming less and less prevalent. A market for EC's has been demonstrated and numerous manufacturers and distributors are keen to supply products; in many countries they are starting to be mainstreamed into norms, pre-service training and services (ICEC, 2012).

1.1. Problem Statement

The problem of unintended pregnancy and its complications can be reduced by the use of ECs which provides women with a safe means of preventing pregnancy subsequent to unprotected sexual intercourse or contraceptive failure. According to the hospital records, the rate of abortions and unwanted pregnancies in Fort Portal Regional Referral Hospital is high about 300 (7.84%) were recorded between the months of April to August 2017. Much as the hospital provides EC's their utilization has not been determined. It is possible that the utilization rate could account for the increased abortion rate as well as the unwanted pregnancies.

1.2. Purpose of study

This study will sought to determine the Utilization rate of EC amongst people visiting Fort Portal Regional Referral Hospital between April and August 2017.

1.3. Specific Objectives

- To determine the availability of EC's at Fort Portal Regional Referral Hospital.
- To establish the level of uptake of Emergency Contraceptives at Fort Portal Regional Referral Hospital.
- To determine the social demographic characteristics of the people utilizing EC's at Fort Portal Regional Referral Hospital.
- To establish the side effects associated with the utilisation of Emergency Contraceptives amongst people visiting Fort Portal Regional Referral Hospital.

1.4. Research Questions

1. How available are the emergency contraceptives?
2. What are the social demographic characteristics of the people visiting the hospital?
3. What is the uptake level of EC's amongst people visiting Fort Portal Regional Referral Hospital?
4. What are the side effects associated with the use of EC's amongst people visiting Fort Portal Regional Referral Hospital?

1.5 Scope of the Study:

1.5.1 Geographical Scope:

The study was carried out in Fort Portal Regional Referral Hospital

1.5.2 Time Scope:

The study was carried out between the months of April to August 2017.

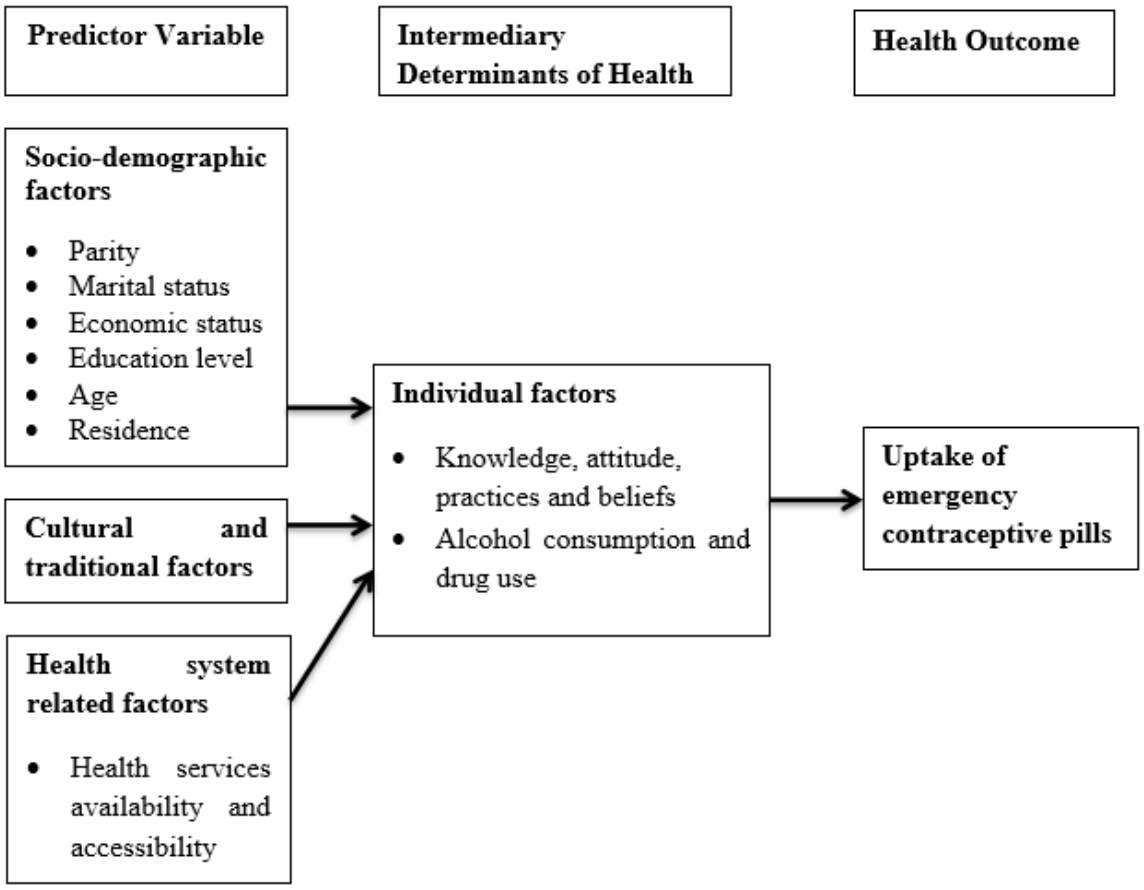
1.5.3 Content Scope

The study was limited to the utilization of EC's amongst people visiting Fort Portal Regional Referral Hospital and the factors that influence this.

1.6 Significance of the Study:

The study will provide information on the utilization of EC's and more so on the level of uptake, availability of the emergency contraception, social demographic factors influencing their use and the side effects associated with the use amongst people visiting the Fort Portal Regional Referral Hospital between April and August 2017. The study findings will help to fill the gap in knowledge on utilization of EC's in Fort Portal Regional Referral Hospital. The study will also contribute to future research through describing the demographic characteristics and geographical location of people utilizing EC at Fort Portal Regional Referral Hospital.

Figure1 Conceptual Framework illustrating the utilization of Emergency Contraceptives among the female youth.



CHAPTER TWO
LITERATURE REVIEW

2.0. Emergency Contraception

Emergency contraception refers to methods of contraception that can be used to prevent unwanted pregnancy after unprotected sexual intercourse or contraceptive method failure (WHO, 2017).

There are two major groups of emergency contraceptives: Pills and the Copper intrauterine contraceptive device. This can be further divided into the different types of hormonal pills which include the low dose combined oral contraceptive pills, progestin only pills and anti progesterone pills.

The levonorgestrel pill is a progestin only pill. The regimen consists of two doses of 0.75 mg of levonorgestrel taken 12 hours apart, starting within 72 hours after unprotected intercourse (ICEC, 2012).

Mifepristone, a potent anti progesterone has been tested since the early 1980s for its abortifacient qualities (Marions et al, 2002). The regimen consists of 600 mg of the drug taken in a single dose within 72 hours after unprotected intercourse. Lower doses of mifepristone may also be effective, and the time limit in which the therapy may be used could extend beyond 72 hours. The World Health Organization is investigating the efficacy of mifepristone in much smaller doses (50 mg and 10 mg). If proven safe and effective, a smaller dose (e.g., 10 mg or 1 mg) could be more palatable.

Low dose combined oral contraceptive pills also known as the estrogen-progestin regimen consists of two dosages of at least 100μg ethinyl estradiol and 0.5mg levonorgestrel tablets. They should be taken within 120 hours after unprotected sexual intercourse, followed by a second dose 12 hours later. Certain Contraceptives can be used in a particular combination for this regime (Dutta, 2013).

The Copper Intra uterine device may be inserted five to seven days after the estimated time of ovulation. This method is highly effective as it prevents implantation of the fertilized egg onto the walls of the uterus. It is usually considered by women who need a form of emergency contraception if they present between 72 and 120 hours after unprotected sexual intercourse. An added benefit is that this device can be left in situ as a long-term contraceptive method (ICEC, 2012).

2.1. Mechanism of action of Emergency Contraceptives

Possible reproductive targets for EC include follicular development, ovulation, sperm transport, fertilization, implantation and corpus luteum function. As sperm are viable in the female reproductive tract for up to five (or sometimes seven) days, while ovum can only be fertilized within 24 hours of ovulation, the mechanism of action most likely differs depending on when hormonal EC is given in relation to the time of intercourse and the time of ovulation. The primary mechanism of action is by the prevention or postponement of ovulation through its effect on the luteinizing hormone surge but that will work only if given at least two days before ovulation (Dutta, 2013).

2.2. Associated side effects of Emergency Contraceptives Pills

Known side effects include nausea and some women have been reported to vomit, headaches, feeling tired or dizzy, some may have lower abdominal pain and experience breast tenderness. The ECs may also cause unexpected bleeding including changes in their menstrual cycle including menstruation occurring before or after the expected date (Dutta, 2013). A study comparing levonorgestrel and ulipristal acetate showed similar side effects. About 20% of women in each group experienced headaches, 13-14% experienced painful menstruation and 11-12% experienced nausea. Women taking ulipristal acetate had their next monthly period 2.1 days later than expected. While women taking levonorgestrel began their next period 1.2 days earlier than expected, but the duration of the periods was not affected. The major side effect associated with the copper IUD is spontaneous bleeding however there have been reports of lower abdominal pain and body fatigue (Raymond et al, 2004).

2.3. Availability of emergency contraceptives In Uganda

The Ugandan ministry of health first introduces EC's in 1998 with the aim of improving reproductive health. However uptake was low due to decreased awareness. In 2001 it was re introduced was re introduced by the help of the International Consortium for Emergency Contraception (ICEC), a group of more than 20 organizations, which set a goal of making emergency contraceptive pills a standard part of reproductive health care worldwide. The ICEC steering committee collaborated with the Ugandan Society of Obstetricians and Gynecologists making EC available in Uganda. In this project Levonorgestrel and its various regimens was introduced and approved by the WHO pre qualification program and the US Food and Drug Administration. These were made available in Public sector clinics, Pharmacies and any affiliated systems (ICEC, 2012). The Ugandan government remains the major provider of emergency contraceptives for the public sector. Through the National

Medical Stores a government owed facilitator of drugs to hospitals the EC's are made available at Fort Portal Regional Referral Hospital.

2.4. Use of emergency contraceptives

Among women of reproductive age who are the largest users of emergency contraceptives, the use of EC in Uganda is still low despite the availability. This indicates that a gap exists either in the access of the services from health facilities, where the majority of women are considered to acquire the EC's, or a gap in the knowledge on EC's. This pertains to when or how to use EC's. The high rates of unwanted pregnancies and abortions in Uganda may be attributed to this disuse. According to the hospital records, the rate of abortions and unwanted pregnancies in Fort Portal Regional Referral Hospital is high about 300 (7.84%) between the months of April to August 2017. Using emergency contraception significantly reduces the chances that you will become pregnant if you had sex and your birth control failed, if you didn't use contraception, or you were forced to have sex. (Falah-Hassani, Kosunen, Shiri, and Rimpelä, 2007)

2.5. Factors associated with the use of EC's

One of the ways to improve maternal health and to reduce cases of maternal mortality due to unintended pregnancies leading to unsafe abortions is the use of modern methods of contraception. Provision of emergency contraception is among the interventions which have been put in place in Uganda. Various factors contribute to the uptake of emergency contraceptive services. Some are likely to influence the uptake of emergency contraceptives among the youth. These include socio-demographic factors like age, level of education, parity, marital status, economic status and residence; health service related factors like availability and accessibility of health services; individual factors like knowledge, attitudes and beliefs towards contraception; and Religious factors

2.5.1. Social Demographic Factors associated with the use of EC's

The National survey of family growth (2006-2010), described trends and variation in the use of emergency contraception and reasons for use among sexually active women aged 15–44. The study showed that14% of women aged 15–19 had ever used emergency contraception as compared to 36% of sexually active women aged 25–29 years. Findings from Kenya Demographic and Health Survey (2008-2009) indicate that the use of emergency contraceptives increased with age. Only 0.5% of all women aged 15-19 years had ever used EC's compared to 3.3% of those between the age of 24 and 29 years.

Marital status contributes to the use of EC's, (UDHS 2016; Dejene, T et al (2011) established that participants who were married were 15.39 times more likely to use EC compared to the

women who were never married/single. Compared with married women, single women have lower odds of having utilized ECs (Palermo et al, 2014).

EC'S usage is directly proportional with level of education (KDHS, 2008-2009). The number of women using emergency contraception increased from 26% of women with less than a high school education to 58% of women with a bachelor's degree or higher level of education because of fear of method failure of ordinary contraceptives. It was previously shown that women who have ever used of emergency contraception increased with educational attainment—12% of women with a bachelor's degree or higher and 11% of women with some college education had ever used it. This compares with 7.1% of women who had a high school diploma or GED and 5.5% of women with less than a high school education (Family Health Survey, 2011).

Whether a woman comes from an urban setting or a rural area determines the utilization of EC's. This may be attributed to availability, accessibility, knowledge or cultural norms. Difference in and usage of EC among urban and rural communities was reflected in a study conducted among 831 sexually active women in Western Cape Province, South Africa. The level of awareness was found to be 17% among women from the rural areas as compared to 35% among those in the urban areas.Women especially the young in rural areas remain largely unaware of EC and don't have the option of using it to prevent pregnancy following unplanned sexual intercourse. A multi country study carried out in 10 African countries also confirmed that women in urban areas were more likely to use ECs than those in rural areas (Palermo et al, 2014).

2.5.2 Other Factors associated with the use of EC's

Health Service Factors

Uptake of emergency contraceptives is dependent on the health services available in an area. EC's can be obtained from public health facilities, private health facilities and pharmacies. Easy access to these places will increase the uptake of the contraceptives. Inadequate supplies of these commodities will negatively influence the uptake among those who require it (Parker, 2005).

Religious Factors

Religion is also a factor that may influence the decision to use EC's. An individual's religious beliefs could play an important role in determining their social practices. For instance, the Catholic Church in Uganda has been against the use of any contraceptive method. Some cultural beliefs abhor the tendency of women giving birth out of wedlock therefore this may

make an individual opt for emergency contraception to avoid pregnancy and being castigated by the community (Byamugisha, 2009).

Individual Factors

Behavioural factors also contribute the uptake of EC's. Excessive alcohol consumption may negatively influence the ability of an individual to make proper decisions regarding involvement in safe sex and the use of emergency contraceptives in case they engage in unprotected sex while in a drunken state (Palermo et al, 2014).

CHAPTER THREE:

METHODOLOGY

3.0 Study Area

The study was carried out at Fort Portal Regional Referral Hospital found in Fort Portal Municipality, Kabarole District Western Uganda which is approximately 295 kilometres by road west of Kampala.Fort Portal Regional Referral Hospitalis a public hospital funded by the Uganda Ministry of Health and has been in existence since 1994.

3.1 Research Design:

This research adopted a retrospective study approach where records from the Family Planning Clinic were utilized. Some data was also collected by interviewing the Nursing Officer in charge of the Family Planning Clinic.

3.2. Target Population:

The target population included the records for all the women who attended the Family Planning Clinic at Fort Portal Regional Referral Hospital between the months of April and August 2017.

3.3 Sample Size

The sample size was determined out of the population by using a statistical table of Krejcie and Morgan. The sample size representative of the women youth in this study was 50. It was determined based on the Krejcie and Morgan's sample size determination table. Consider the table below;

Table 1Krejcie and Morgan statistical table for estimation of sample size.

Table for Determining Sample Size of a Known Population

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	354
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	7000	364
50	44	180	123	420	201	1400	302	8000	367
55	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	370
65	56	210	136	480	214	1700	313	15000	375
70	59	220	140	500	217	1800	317	20000	377
75	63	230	144	550	226	1900	320	30000	379
80	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	242	2200	327	50000	381
90	73	260	155	700	248	2400	331	75000	382
95	76	270	159	750	254	2600	335	1000000	384

Note: N is Population Size; S is Sample Size *Source: Krejcie & Morgan, 1970*

3.4 Sampling Procedure

The study adopted a simple systematic sampling technique. In this technique all records were systematically examined and only those that fulfilled the criteria were selected. The researcher visited the hospital archive to review both inpatients and outpatients worksheet for a given period of time (April- August)

3.5. Inclusion Criteria

Records of all women who used family planning methods including ECs at Fort Portal Regional Referral Hospital was considered in the study

3.6. Exclusion Criteria

Records of all women who attended Fort Portal Regional Referral Hospital family planning unit and had incomplete data was excluded from the study i.e. missing age or clinic number.

3.7. Data Collection

Data was collected from the Uganda ministry of health log book that contains a clinic number, age of the client and method utilized. From there the archives were visited to retrieve patients' files using the clinic number. Full Biodata was recorded in the files including name of the patient, age, marital status, home address, village, telephone number and next of kin

contacts. Also available was the patients' vitals for the specific visit including temperature blood pressure and pulse rate. The current weight of the patient was also included. A small history taken from the client was recorded including previous if any family planning methods used and problems or challenges faced while on the method. It was also indicated if there was a change in contraceptive method. The current method used was indicated.

3.8. Data Collection Instruments

A checklist which had 3 sections was used. The first section required the demographic characteristics of the client their Age, Marital status, Level of education, Occupation and the Location the woman came from: urban centre or rural area. The second section assessed the available methods of emergency contraception at Fort Portal Regional Referral Hospital. The third section assessed the number of users each month between April and August. The fourth section assessed the side effects associated with the use of the EC's.

3.9. Limitations to the Study

Some files contained inadequate information and some patients' files were missing.

3.10. Ethical Considerations

An introductory letter was acquired from the Dean of the Faculty of Clinical Medicine and Dentistry.The researcher explained to the archive attendant that all the data collected was intended strictly for academic use only and that confidentiality of the women would be kept.

3.11. Data Analysis

Data was analyzed using Microsoft excel 2010 to obtain percentages and frequencies. Data was presented in form of frequency tables and bar graphs.

CHAPTER FOUR:
RESULTS

4.0. Availability of Emergency Contraceptives

Only two types of Emergency contraceptives were available during the months of April to August 2017.

The methods available included:

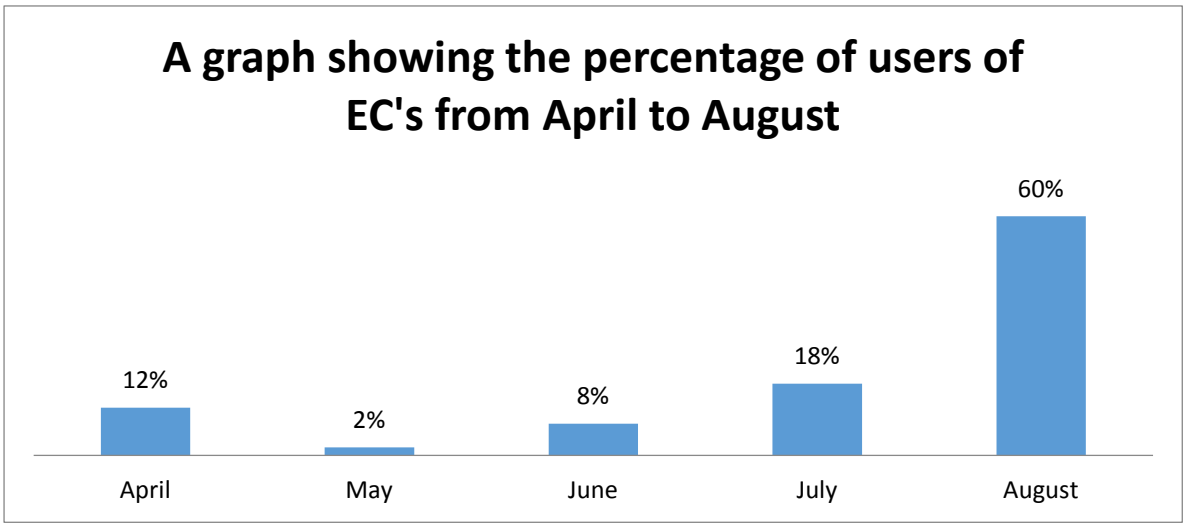
0.75mg levonorgestrel pill

Copper T Intra uterine device

4.1. Level of Uptake of EC's

The study revealed that 60% of the women used EC's in August and 2% of women used EC's in May.

Figure 2 Number of respondents who used EC's per month



4.2. Social Demographic characteristics associated with the utilization of ECs

Data from 50 different samples was collected on the different social demographic factors such as age, marital status, level of education and location.

The study showed that the age group which recorded the largest usage of EC's are between 25-34 years with 38% and the age group which recorded the least usage is between 45-54 years with 16% (Table 2).

Table 2 Age of Respondents

VARIABLES	**FREQUENCY (n=50)**	**PERCENTAGE (%)**
AGE		
14 – 24	13	26
25 – 34	19	38
35 – 44	10	20
45 – 54	08	16
Grand Total	**50**	**100**

The study showed that 54% of the women used EC's were married and 46% were single (Table 3).

Table 3Marital Status of the respondents

MARITAL STATUS	**FREQUENCY (n=50)**	**PERCENTAGE (%)**
Single	23	46
Married	27	54
Grand Total	**50**	**100**

The study revealed that 46% of women who used EC's were Bachelor's degree holders 20% had a diploma and 8% of the women had no education (Table 4).

Table 4Level of Education of the respondents

LEVEL OF EDUCATION	**FREQUENCY (n=50)**	**PERCENTAGE (%)**
Master Degree	05	10
Bachelor's Degree	23	46
Diploma	10	20
Certificate	08	16
None of the above	04	08
Grand Total	**50**	**100**

The study demonstrated that 30% of the women who used EC's were employed, 22% were students and 12% of the women were unemployed (Table 5).

Table 5 Occupation of the respondents

OCCUPATION	**FREQUENCY (n=50)**	**PERCENTAGE (%)**
Peasant/ Farmer	09	18
Employed	15	30
House wife	09	18
Student	11	22
Unemployed	06	12
Grand Total	**50**	**100**

The study demonstrated that 72% of women who used EC's were from urban centres while 28% of women who used EC's were from rural areas (Table 6).

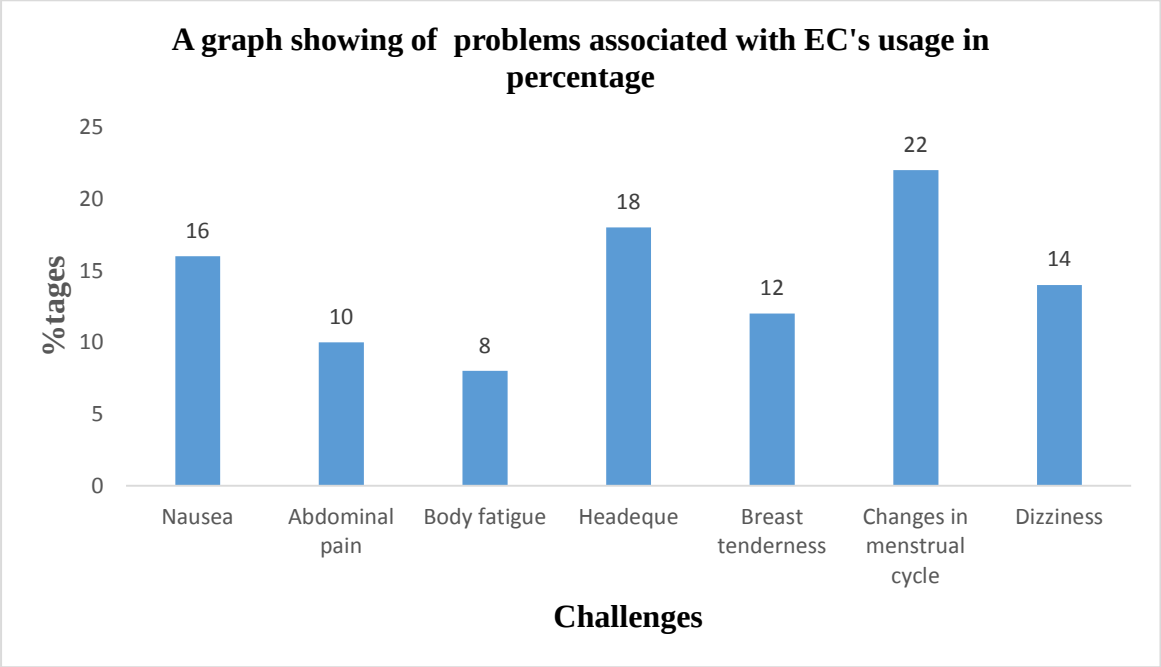
Table 6 Location of the respondents

LOCATION	**FREQUENCY (n=50)**	**PERCENTAGE (%)**
Urban	36	72
Rural	14	28
Grand Total	**50**	**100**

4.3 Side effects associated with the use of ECs

Twenty two percent of the women who used Emergency Contraceptive Pills were faced with changes in their menstrual cycle while only 08% of them experienced body fatigue. Others were faced with constant headache, lower abdominal pain and dizziness.

Figure 3 Problems faced while using EC's



CHAPTER FIVE:
DISCUSSION OF RESULTS

5.0. Discussion

The main aim of the study was to determine the utilization of emergency contraceptives amongst people visiting Fort Portal Regional Referral Hospital Between April and August 2017. The Objectives were to determine the availability of emergency contraceptives, to establish the level of uptake, to determine the social demographic factors associated with the use of EC's and to establish the side effects associated with the utilization of EC's.

Form the study it was shown that ECs were available in Fort Portal Regional Referral Hospital during the months of April to August 2017. The methods available included: 0.75mg levonorgestrel pill and Copper T Intra uterine device. This correlates with the collaboration between ICEC and the Ugandan Society of Obstetricians and Gynecologists in making EC's available in Uganda (ICEC, 2012). The Ugandan government is the major provider of emergency contraceptives for the public sector and through the National Medical Stores a government owed facilitator of drugs to hospitals the EC's are made available at Fort Portal Regional Referral Hospital.

The level of uptake of EC's was assessed by counting the number of users in each of the months between April and August 2017. Sixty percent of the users were in the month of August while 2% of the users were recorded in the month of May. This may not be attributed to any factor specifically.

From the study the age group which recorded the largest usage of EC's are between 25-34 years with 38% as compared to 26% of the women between the ages of 14-24 years. According to KDHS (2008-2009) the number of women who had ever used emergency contraception increased with age, that is, 0.5% between 15 and 19 years, 3% between 20 and 24 years and 3.5 % for those aged 25 to 29. From the study this implies that as women grow older, the level of EC's used increases.

It was found that 54% of the women who used EC's at Family Planning clinic at Fort Portal Regional Referral Hospital were married while 46% were single. This shows that marital status does contribute to the use of EC's. in a study conducted by the Uganda Demographic and Health survey they revealed that 60% of women who utilized EC's were married while 40% were single (UDHS 2016). Another study in Ethiopia that sought to establish predictors of EC's among females established that participants who were married were 15.39 times more likely to use EC compared to the women who were never married/single. This implies

that married women use EC's more than their counterparts, single women. This could be attributed to family planning done by most married women (Dejene et al, 2011).

The study findings showed 46% of women who used EC's were Bachelor's degree holders and 8% of the women had no education. EC'S usage varies directly proportionally with level of education. The number of women using emergency contraception increased from 26% of women with less than a high school education to 58% of women with a bachelor's degree or higher level of education because of fear of method failure of ordinary contraceptives (KDHS 2008-2009). It was previously shown that women who have ever used of emergency contraception increased with educational attainment—12% of women with a bachelor's degree or higher and 11% of women with some college education had ever used it. This compares with 7.1% of women who had a high school diploma or GED and 5.5% of women with less than a high school education.(Family Health Survey, 2011)

The study revealed that 72% of women who used EC's were from urban centres while 28% of women who used EC's were from rural areas. The location of a given woman determines the utilization of EC's. Difference in and usage of EC among urban and rural communities was reflected in a study conducted among 831 sexually active women in Western Cape Province, South Africa. The level of awareness was found to be 17% among women from the rural areas as compared to 35% among those in the urban areas. This implies that women who are urban dwellers use more of EC's than the rural dwellers because of increased availability and accessibility.

From the study 30% of the users of EC's were employed while 12% of their counterparts were unemployed. In another study in Ethiopia that sought to establish predictors of EC's among females established that employees and those engaged in private business were more likely 8.1% to use EC's than those who were not employed 2.3%. This implies that employment increases the use of EC's possibly due to increased awareness of emergency contraceptives.

Common side effects of emergency contraceptive pills are similar to those of birth control pills. They include nausea, abdominal pain, fatigue, headache and menstrual changes. Breast tenderness, fluid retention, and dizziness may also occur. Many of these symptoms may be less severe with progestin-only or intrauterine devices as forms of emergency contraception (Dutta, 2013). From the study it was noted that 22% of the women who used EC's were faced with changes in their menstrual cycle while 08% of them experienced body fatigue. This suggests that women do face various side effects with the continued use of EC's.

5.1. Conclusion

From the study titled to determine the utilization of emergency contraceptives amongst people visiting Fort Portal Regional Referral Hospital Between April and August 2017. We can conclude that EC's were available in Fort Portal Regional Referral Hospital during the study period. Sixty percent of the users were recorded in the month ofAugust. Despite the high number of abortions and unwanted pregnancies (7.84%) recorded in the same study period in Fort Portal Regional Referral Hospital.

Out of the sample size of fifty, thirty eight percent of the women who utilized EC's were between 25-34 years, fifty four percent of the women were married and forty six percent of women had a bachelors' degree. Thirty percent employed and seventy two percent of the women who utilized ECs were from the urban centres.

Twenty two percent of the women faced side effects such as changes in menstrual cycle while sixteen percent experienced nausea and vomiting.

5.2. Recommendation

- The Referral Hospital should increase awareness of family planning services and availability of emergency contraceptives to all in the hospital environment, from cleaners and workers to patients and even attendants of patients which will proportionally increase the users of emergency contraceptives.
- There is a need for the ministry of Health of Uganda toensure that Emergency contraceptives are available to Family planning clinics and health centres in the villages so as to reduce the disparity of users from the rural centres.
- There is a need to empower the uneducated womanby setting up awareness days/week in villages and towns where women can have face to face talks which health representatives who discuss with them issues on EC's.
- The general population should be made more aware of family planning methods by the continued and enhanced use of the media (television, radio, posters and notice boards), leaders in the society as far as use of rallies and campaigns to create more awareness.

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APPENDICES

APPENDIX ONE: DATA COLLECTION SHEET

KAMPALA INTERNATIONAL UNIVERSITY (KIU) WESTERN CAMPUS

Dear sir/Madam

I ***MUHIA NATALIE WAMBUI*** a student at Kampala International University Western Campus would like to carry out a study entitled, "*To determine the utilization of Emergency Contraceptives amongst people visiting Fort Portal Regional Referral Hospital"* I humbly request you to avail me with the family planning information/documents (April – August) to fill up these questionnaires. The information will be kept confidential.

Instructions: This data collection sheet is comprised of 3 sections A, B, C and D. A researcher is supposed to tick only one square per question.

SECTION: A: DEMOGRAPHIC CHARACTERISTICS

1. Age

14 - 24 ☐

25 - 34 ☐

35 - 44 ☐

45 - 54 ☐

2. Marital status

Single ☐

Married ☐

3. Level of Education

Master`s Degree ☐

Bachelor`s Degree ☐

Diploma ☐

Certificate (secondary school) ☐

None of above ☐

4. Occupation

Peasant/farmer ☐

Professionally employed ☐

House wife ☐

Student ☐

Unemployed ☐

5. Location

Urban ☐

Rural ☐

SECTION B: EC'S AVAILABILITY

6. Which EC's are available at Fort Portal Regional Referral Hospital?

SECTION C: UTILIZATION OF ECs

7. How many users were recorded in the months of April, May, June, July and August?

…….

SECTION D: PROBLEMS FACED WHILE USING EC'S

8. What Challenges/ problems do women experience while using EC's?

……..

THE END

APPENDIX TWO: LETTER OF RECOMMENDATION TO SITE OF STUDY

APPENDIX II: LETTER OF RECOMMENDATION TO SITE OF STUDIES

KAMPALA INTERNATIONAL UNIVERSITY – WESTERN CAMPUS

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OFFICE OF THE DEAN
FACULTY OF CLINICAL MEDICINE & DENTISTRY

19/09/2017

TO WHOM IT MAY CONCERN

RE: MUHIA NATALIE WAMBUI (BMS/0002/123/DF)

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

He wishes to conduct his student Research in your community.

Topic: Utilization of emergency contraceptives in Fort Portal Regional Referral Hospital in the months of April to August 2017

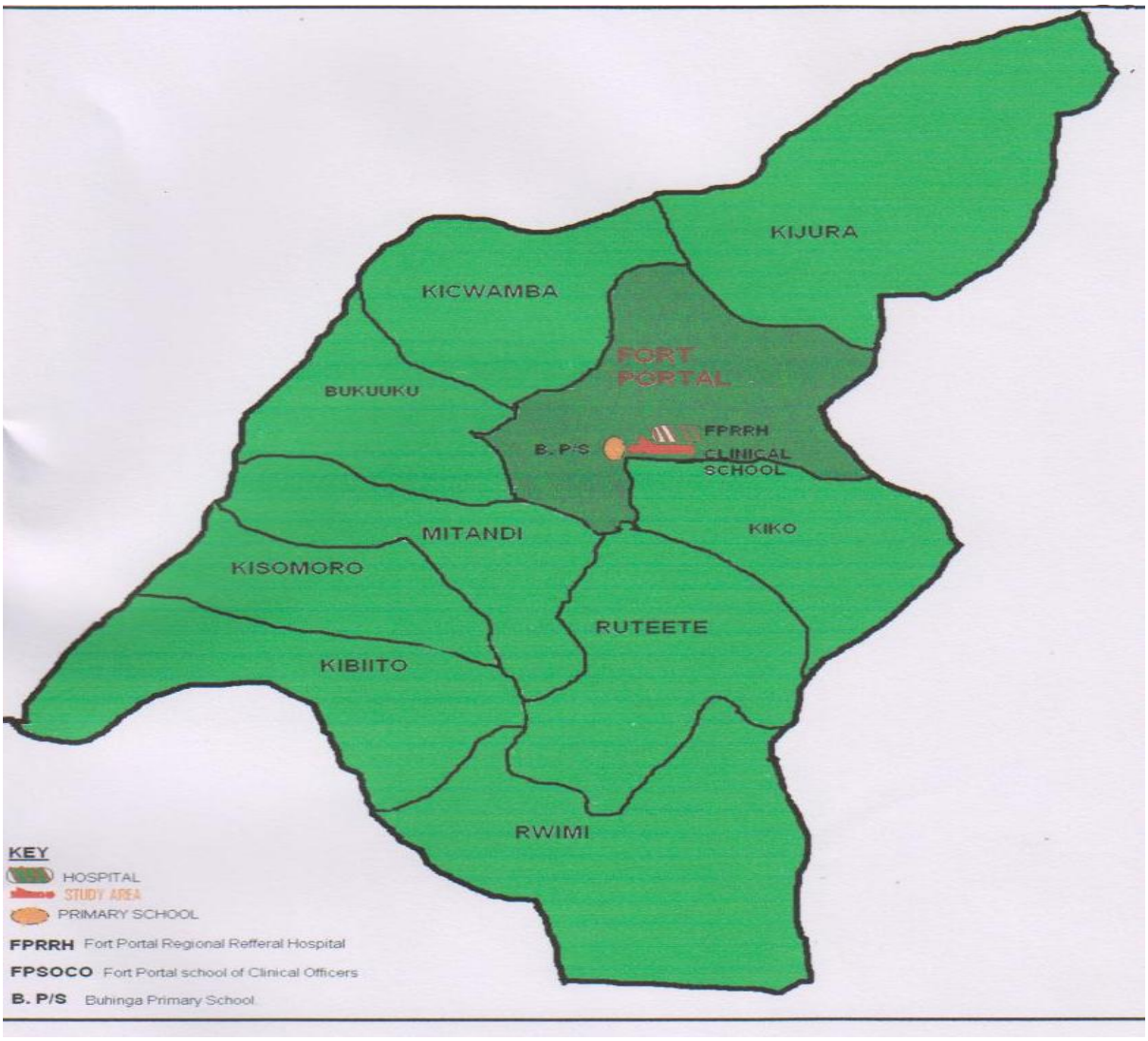
Supervisor: Dr. Ddamulira Adam

Any assistance given will be appreciated.

20 SEP 2017

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

APPENDIX THREE: MAP OF KABAROLE SHOWING THE STUDY AREA



APPENDIX FOUR: MAP OF UGANDA LOCATIONG FORT PORTAL