

**UTILIZATION OF CONTRACEPTIVES AMONG STUDENTS OF TERTIARY  
INSTITUTIONS. A CASE STUDY OF KAMPALA INTERNATIONAL  
UNIVERSITY-WESTERN CAMPUS ISHAKA,  
BUSENYI DISTRICT, UGANDA.**

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**DECLARATION**

I, **BOMBOKKA MPAGA IVAN** declare that I am the sole author of this work and it has never been submitted for the award of a degree in any university. Any material which is not my original work has been clearly referenced.

**Sign** .....

**Date**.....

## **APPROVAL**

This work has been submitted to university examiners with my approval as university supervisor.

.....

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## **DEDICATION**

I wish to dedicate this report to my dear parents; EBONG TOMMY AKAPN AND ARIT EBONG TOMMY AKPAN for their love, care and incomparable financial and moral support.

This report is also dedicated to Mr. Mbina solomon for his continuous supervision and encouragement.

I also wish to dedicate this work to my siblings Mfonobong, Aniekanabasi, Utibeabasi, Emmanuel and Glory for their love, continuous encouragement and support which has seen this research successfully done.

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## **LIST OF ACRONYMS AND ABBREVIATION**

<b>AIC</b>	AIDS Information Center
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ANC</b>	Antenatal Care
<b>ART</b>	Antiretroviral therapy
<b>COC</b>	Combined oral Contraceptive
<b>EC</b>	Emergency Contraception
<b>ECPs</b>	Emergency Contraceptive Pills
<b>FBC</b>	Family Based Care
<b>FDA</b>	Food Drug Association
<b>FGDs</b>	Focus Group Discussions
<b>FP</b>	Family Planning
<b>HIV</b>	Human Immuno-deficiency Virus
<b>IUDs</b>	Intrauterine Devices
<b>KI</b>	Key Informants
<b>KIU-WC</b>	Kampala International University Western Campus
<b>MTCT</b>	Mother to Child Transmission
<b>PMTCT</b>	Prevention of mother to child transmission
<b>TRF</b>	Total fertility Rate
<b>UDHS</b>	Uganda Demographic Health Survey
<b>UHSBS</b>	Uganda HIV/AIDS Sero-Behavioral Survey
<b>UHSR</b>	Uganda HIV Status Report
<b>VCT</b>	Voluntary Counseling and Testing
<b>WHO</b>	World Health Organisation.

## OPERATIONAL DEFINITIONS

**Contraception:** Birth control, also known as contraception and fertility control, is a method or device used to prevent pregnancy.

**Contraceptive Utilization:** Use of any modern or traditional method by women to delay or avoid pregnancy for the past 30 days.

**Emergency contraception (EC):** birth control used after unprotected sex to help prevent pregnancy.

**Modern methods:** Female and male Sterilization, Pills, IUD, Injectables, Implants, Male condom, female condom and LAM intentional for contraception

**Traditional methods:** Periodic abstinence, withdrawal

**Fertility preferences:** Desire to have a child

**Condom:** A flexible sleeve made of latex or other impermeable material.

**Prevalence:** Refers to the occurrence of both new and old cases of a particular condition among a given population at a specified time.

**Family planning:** Ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing for their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility.

**Adolescence:** The period of transition from childhood to adulthood, during which individuals reach sexual maturity.

**Unmet need for family planning:** women with unmet needs are those who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the next child (WHO 2013).

**Acceptability:** The services meet the expectations of users in terms of cultural and norms preference, skills of the staff, stigma and gender aspect.

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## **ABSTRACT**

**Background:** Over 100 million acts of sexual intercourse take place each day in the world, resulting in around 3 million conceptions of which 50% are unplanned and 25% definitely unwanted. The proportion of young women reporting unintended pregnancy and unmet need for contraception remains high in developing countries. Unintended pregnancies are associated with increased risk of unsafe abortions, maternal morbidity and mortality.

**Objectives:** The objectives of this study was to determine the prevalence of contraceptives use, and the socio-demographic and individual factors which influence the utilization of contraceptives among students of tertiary institutions a case of KIU-WC.

**Methods:** It employed a descriptive, cross sectional study design with a sample size of 330 students from school of Allied Health sciences, faculty of Clinical Medicine and Dentistry, faculty of Education, and school of Nursing. Data was collected using a structured questionnaire. Data from the survey were statistically analyzed using the Statistical Package for Social Sciences (SPSS) (version 20.0).

**Results:** The Contraceptive Prevalence Rate (CPR) among post-secondary students was higher than national target of 50% by 2020 and it was associated with a couple of factors including; Student's age, sex/gender, marital status, academic year of study, religion, knowledge & awareness, preference for contraceptive, affordability, accessibility and availability, easy usability and safety of the a preferred contraceptive method. Better informed students on sexual rights and reproductive health are empowered to use contraceptives more than others.

**Conclusion/Recommendation:** Stake holders should Design, launch and implement inclusive youth friendly services, adolescent sexual and reproductive health programs prioritizing use of contraceptives, students' empowerment in regard to sexual rights and reproductive health, behavioral change communications, and create enabling environment for contraceptive use.

## CHAPTER ONE

### INTRODUCTION

#### 1.0 Introduction

This chapter contains the background of the study, problem statement, study objectives, research questions, scope of the study, justification of the study and the conceptual framework.

#### 1.1 Background

Contraceptives are methods or devices used to prevent pregnancy, is categorized into two types: modern and traditional methods. Modern methods include clinic and supply methods such as the pill, intrauterine device (IUD), condom and sterilization whereas traditional methods include periodic abstinence (rhythm), withdrawal and folk methods (Paul, Ayo, & Ayiga, 2016). Male condom is the most widely used barrier method, which creates a physical barrier to block sperm from reaching ovum and reduce the risk of sexually transmitted infections (Virtala, 2007). The hormonal oral contraceptives were introduced in 1960s and since then, the oral contraceptive pills have been used by over 200million ladies worldwide. They are either combined oral contraceptive pills (COCs) included high dose estrogen and progesterone or Progestin only pills which act mainly by alerting cervical mucus, to reduce sperm penetration and endometrium to reduce implantation (Virtala, 2007). Emergency contraception (EC), also called postcoital, is a method of prevention from unintended pregnancy after an unprotected intercourse. There are three types of ECPs: combined ECPs containing both estrogen and progestin, progestin-only ECPs, and ECPs containing an antiprogestin (either mifepristone or ulipristal acetate). Copper-bearing IUDs can be inserted up to 5 days after ovulation to prevent pregnancy (Trussell et al., 2018).

Over 100 million acts of sexual intercourse take place each day in the world, resulting in around 3 million conceptions of which 50% are unplanned and 25%definitely unwanted (Habitua, Yeshita, Dadi, & Galcha, 2018). The proportion of young women reporting unintended pregnancy and unmet need for contraception remains high in developing countries. Unintended pregnancies are associated with increased risk of unsafe abortions, maternal morbidity and mortality. According to World Health Organization (WHO), the lifetime risk of death due to pregnancy is 1:22 in sub- Saharan Africa, with adolescents facing a higher risk of morbidity and

mortality than older women. Apart from various social and psychological challenges, unplanned pregnancies affect students' objectives of achieving academic success (Patrick, Aziken, & Okonta, n.d.). In order to avert the unintended pregnancies and consequent adverse outcomes, contraceptive use has been prioritized as a key intervention. Improving the universal access to sexual and reproductive health services including contraceptives was a key target of the Millennium Development Goals (Nsubuga, Sekandi, Sempeera, & Makumbi, 2016). Unintended pregnancy poses a major challenge to the reproductive health of young adults in developing countries.

In Uganda, the government created its first national population policy with the aim, amongst others, to ensure that family planning services were accessible to people. However, Uganda still rates as one of the countries with the highest total fertility rates in the world (TFR = 6.2) and the median age at first sexual intercourse is 16.8 years, an age which is considered to be vulnerable to sexual and reproductive health challenges. Persistent high fertility levels have partly been attributed to high proportion of adolescents starting child bearing at an early age. In addition to the above, the population growth rate is very high at 3.4% (UDHS 2006) and the fertility rate is 6.7 which means that on average women give birth to 7 children in their whole reproductive life span (Kabagenyi et al., 2017). In 2015 Uganda had the world's fifth highest population growth rate (3.24%), the world's third highest crude birth rate (Celik, 2016). In 2015, Uganda had the eleventh highest crude number of maternal deaths in the world, and in 2013, the second greatest leading cause of death for Ugandan women ages 15-49 were pregnancy-related issues (12.25%), following HIV. These statistics shows that the reproductive health needs of young people in Uganda are not being met (Kabagenyi et al., 2017).

More than half of the world's population is less than 25 years old and approximately 85% of this demographic segment lives in low- or middle-income countries; this most of the university students who are at the age of adolescence and young adulthood. The sexual behavior of such young people has become a crucial social and public health concern, especially with regard to unintended pregnancies and sexually transmitted diseases (Mehra et al., 2012). The World Health Organization (WHO) estimated an annual total of 333 million new STD infections in adults. The World Health Organization also estimates that 110 million new cases of Chlamydia trachomatis, Neisseria gonorrhoeae, Treponema pallidum (syphilis) and Trichomonas vaginalis occurred in the African region in 2005. Globally, it is estimated that; 34 million people are

living with HIV worldwide with a greater burden in sub-Saharan Africa and especially in young women; Sub-Saharan African (SSA) with just 12% of the global population is home to about 68% of all people living with HIV/AIDS, and also accounts for 70% of new HIV infections (Tarkang, 2015); and An estimated 536 million (16.5%) sexually active adults between the ages of 15 and 49 years were infected with HSV-2 in 2003 (Kabagenyi, Habaasa, & Rutaremwa, 2017). Research studies conducted worldwide amongst university students, have shown several factors contributing to the non-utilization of contraceptives. These were, amongst others, lack of knowledge and awareness, age, culture, ethnicity, religion, poor access to contraceptive services, peer pressure, sources of information, alcohol and substance abuse and lack of partner support. (Coetzee et al., 2011)

## **1.2 Problem statement**

Over 100 million acts of sexual intercourse take place each day in the world, resulting in around 3 million conceptions of which 50% are unplanned and 25% definitely unwanted (Habit, Yeshita, Dadi, & Galcha, 2018). According to World Health Organization (WHO), the lifetime risk of death due to pregnancy is 1:22 in sub-Saharan Africa, with adolescents facing a higher risk of morbidity and mortality than older women. Apart from various social and psychological challenges, unplanned pregnancies affect students' objectives of achieving academic success (Patrick, Aziken, & Okonta, 2015). More than half of the world's population is less than 25 years old and approximately 85% of this demographic segment lives in low- or middle-income countries. The sexual behavior of such young people has become a crucial social and public health concern, especially with regard to unintended pregnancies and sexually transmitted diseases (Mehra et al., 2012).

In Uganda, 7 in 10 sexually active young Ugandan women are not using any form of contraception, including 3 in 10 who express a desire to delay childbearing. Yet, a low contraceptive use is a major risk factor exposing the youth to STDs and unwanted pregnancies given the high sexual activity of 77% Uganda's population coupled with a fertility rate of Uganda at 6.7 (Kabagenyi et al., 2017). The 2016 UDHS showed that despite massive investment in reproductive health services in the country to address unmet commitment as per MDG-5 by 2015, Ankole region still had 23.0% unmet need for family planning of 66.1% total demand for family planning, with a contraceptive prevalence rate (CPR) of 43.1% which is way below the national target of 50% by 2020, this has resulted in 1.2 million unintended pregnancies,

representing more than half of the country's 2.2 million pregnancies (Nsubuga et al., 2016); most of which are among adolescents and contribute to 24% of maternal deaths due to pregnancy complications or in attempt to do unsafe abortion (Kabagenyi et al., 2017); It has also led to high risk of HIV/AIDS among girls in the university age group (Uganda AIDS commission, 2016). This has ultimately contributed to the overall HIV/AIDS burden in Uganda, with 7.3% HIV-positive adults age 15-49 years. Hence the need to conduct a study to determine the prevalence and associated factors of contraceptive use among students of tertiary institutions.

### **1.3 STUDY OBJECTIVES**

#### **1.4 1.3.1 General objective**

To assess the utilization of contraceptives among students of tertiary institutions, a case study of Kampala International University-Western Campus Ishaka – Bushenyi district, Uganda.

#### **1.5 Specific objectives**

- i. To determine the prevalence of contraceptive use among students of tertiary institutions, a case study of KIU-WC, Ishaka-Bushenyi
- ii. To identify the socio-demographic factors influencing contraceptive use among students of tertiary institutions, a case study of KIU-WC, Ishaka-Bushenyi.
- iii. To establish the individual factors influencing contraceptive use among students of tertiary institutions, a case study KIU-WC Ishaka-Bushenyi.

#### **1.6 Research questions**

- i. What is the prevalence of contraceptive use among students of tertiary institutions?
- ii. What are the social- demographic factors influencing contraceptive use among students of tertiary institutions?
- iii. What are the individual factors influencing contraceptive use among students of tertiary institutions?

#### **1.7 Justification and significance of the study**

Studies have shown that Low contraceptive use is a major risk factor exposing the youth with high sexual activity to STDs and unwanted pregnancies, which poses a major challenge to the reproductive health of young adults in developing countries.

Findings of this study therefore are expected to provide information about the prevalence of contraceptive use among students of tertiary institutions.

Findings from this study are expected to provide data for future studies about contraceptives use in Uganda.

The findings of this study will be useful to the government, Ministry of Health and other organizations working on youth and adolescent health to design interventions, appropriate foundation programs to improve and promote the practice of contraceptives use among adolescents.

## **1.8 Study Scope**

### **1.9 Geographical scope**

The study was conducted in Kampala International University- western campus, Ishaka. The university is located in the town of Ishaka in Bushenyi District, western Uganda, approximately 330 kilometer (210 mi), by road, southwest of Kampala, Uganda's largest city and capital. The campus is also referred to as Kampala International University western Campus, to distinguish it from Kampala International University Main campus, located in Kansanga, Makindye division, Kampala. The western campus of KIU comprise of school of health sciences, Pharmacy, Nursing, science and technology, Faculty of Education and management sciences.

### **1.10 Content scope**

The study focused on the utilization of contraceptive and their associated factors among students of KIU-WC Ishaka-Bushenyi.

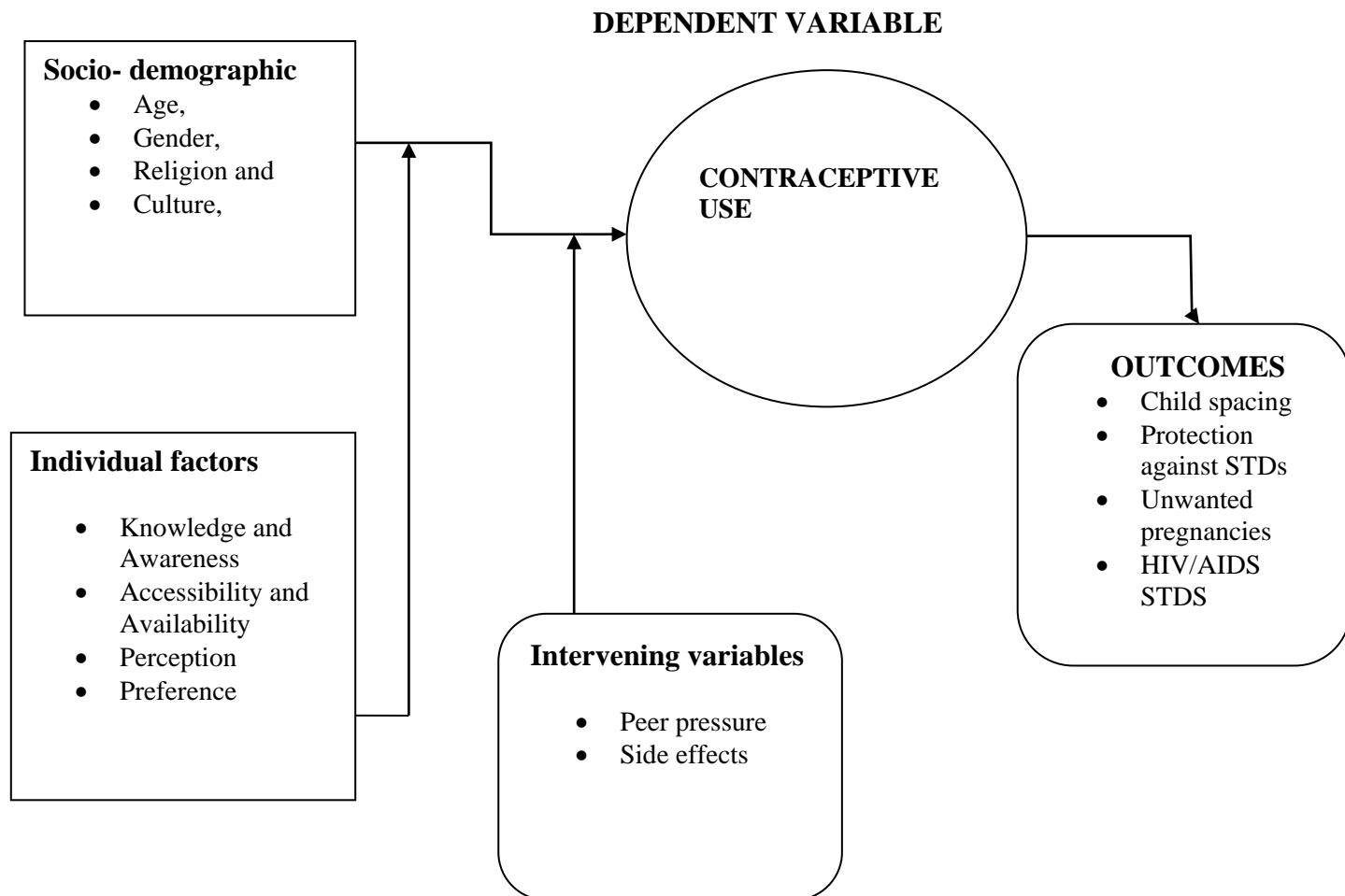
### **1.11 Time Scope**

The study was conducted between February, 2018 and April 2019.



## 1.12 Conceptual framework

### INDEPENDENT VARIABLES



## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter presents a review of literature according to the objectives of the study.

#### **2.1 Prevalence of contraceptive use among students of tertiary institutions.**

Contraceptive use prevalence in the world was estimated at 63% in 2000, with higher levels of use in developed countries at 70%, and in less developed countries at 61%. It was estimated that Africa had the lowest rate of contraceptive use in the world at only 28%. In sub-Saharan Africa, approximately 14 million unplanned pregnancies occur and a fairly large proportion of unplanned pregnancies are because of poor use of short-term hormonal methods(Coetzee et al., 2011)

Globally, modern contraceptive utilization has increased in the recent past – from 54% in 1990 to 57% in 2012(Andi, Wamala, Ocaya, & Kabagenyi, 2014) There is wide variation in contraception prevalence worldwide ranging from 8% of women aged 15-49 years in western Africa up to 78% in northern Europe (Mitchell et al, 2004). Female sterilization (32%), Intrauterine Device (22%) and the oral contraceptive pill (14%) account for more than two thirds of all contraceptive practice worldwide. In less-developing countries, 70% of contraception users rely on female sterilization and IUD in part because they are advocated by healthcare services as a result of cost effectiveness in terms of pregnancy prevention and service provision(Isabella, 2009).

In research conducted amongst female students at the National University of Lesotho, it was revealed that at the age of 24 over two thirds of young South African girls were sexually active, wherein 50% had fallen pregnant and only half have ever used contraceptives.

Studies found that the overall prevalence of contraceptive use in South Africa, during the 2003 Demographic Health Survey, was 65%(Coetzee et al., 2011).

In a study conducted in Gauteng- South Africa, about assessing the use of contraceptives by female undergraduate students in a selected higher educational institution, a total of 74% females indicated they were sexually active, 79% of who reported using contraceptives. The most common used methods were oral contraceptives at 38%, and 25% for male condoms. The most

commonly known methods were condoms at 84%, and the oral contraceptive at 68% (Coetzee et al., 2011).

A study conducted on students' perception of contraceptives in the University of Ghana, the male and female condoms were the main contraceptive types reported out of the many modern and traditional methods of contraceptives. Only two (11.1%) participants reported emergency contraceptive Pills, Intra-uterine device (IUD), withdrawal and spermicidal creams as other forms of contraceptives. This suggests that participants may not be adequately informed about several modern methods of contraception or perhaps, information sources are not effective (Appiah-agyekum & Kayi, 2013).

In a study conducted in Ethiopia, The prevalence of contraceptive use among the student was 123 (20.9 %). From contraceptive methods used by ever users, 55 (44.4%) of respondents have used condoms, 34 (27.4%) emergency contraceptive pill and 25 (21%) oral contraceptive pills. From the respondents who had sex in the past one year, 115 (64.6%) of them have used contraceptives and 63 (35.4%) did not use contraceptive during last time they had sex. The findings revealed that from the respondents who have reported that they used contraceptives last time they had sex, 45 (38.8%) of them have used condom, 43 (37.1%) used emergency contraceptive pill and 14 (12.1%) used oral contraceptive pill (Students & Soressa, 2016).

Uganda's contraceptive prevalence rate (30%), is lower than figures among neighboring countries namely Kenya (46%), Tanzania (34%) and Rwanda. With regards to the use of modern contraceptive methods, the country lags behind in comparison with the global estimates and those among the neighboring countries (Andi et al., 2014)

In a survey conducted in Uganda about Low Contraceptive Use among Young Females, the findings show that only 12% of the adolescents were using contraception at the time of the survey. The odds of contraceptive use were least among adolescents from Northern region compared to those from central region of Uganda. Use of contraception and improving access to the services is highly recommended to avert some of the unplanned births among these females (Kabagenyi et al., 2017).

## **2.1.Socio-demographic factors influencing contraceptive use among students of tertiary institutions.**

### **Religion**

Worldwide, religion has played a leading role in discouraging dissemination of information on FP use(Andi et al., 2014). Religious leaders are mentioned as leading “de-campaigners” of contraceptives. Catholics and Muslims are the religious groups to be least inclined to encourage contraceptive use. Religious leaders’ unfavorable attitudes towards contraceptive use were directed to adolescents and married couples alike. Religious leaders consider contraceptive use to be an insubordination to divine predetermination. Religious leaders had been observed to consider contraceptive use “an immorality”, “a sin”, “murder”, and “killing the gift of life”(Celik, 2016).

In countries that are predominantly Catholic (for example Brazil), the Catholic church is at the forefront of influencing government policies particularly in the area of limiting FP services available and discouraging fertility limiting behavior. The influence of religion has stiffened the transmission of adequate and accessible information via radios and televisions as well as in schools(Andi et al., 2014)

### **Gender**

Societal assumptions concerning gender affect the access that adolescents have to contraception. This may be due to the assumption that contraception is a “female” issue, thus excluding men from the responsibility or participation. Consequently, while some women may have little power and choice regarding contraceptives, they end up bearing most of the responsibility for their use. Gender empowerment has been identified as a barrier to women accessing reproductive health services, and, in turn, leading to low rates of contraceptive use and high fertility rates. For example, the contraceptive prevalence rate in DR Congo is only 7%, although the knowledge of contraceptives is 82% . Due to patriarchal family units many women do not feel empowered to seek family planning services. Some feel they do not have the sexual autonomy to make reproductive choices; rather their husbands and family members take on that role. Sexual self-efficacy is a construct being studied to measure and conceptualize the power women feel over their reproductive health. It is clear that improving access to and knowledge of family planning services, although helpful, may not enable women in sub-Saharan Africa to seek service.

Certain focus groups in Mityana and Mubende revealed gender inequalities in terms of power, roles, decision making, and negotiation for contraceptive use. The women reported lack of power in decision making as a key obstacle to use. The women recounted partner disapproval, verbal or physical abuse or even getting abandoned if found using contraceptives. In some male groups, the participants commented that women also oppose contraceptive use and react negatively when men rise (Nalwadda, Mirembe, Byamugisha, & Faxelid, 2010).

Decision making to use contraceptives by female university students involves a complex interaction of individual, social, family and peer factors. It was also depicted that respondents' attitude towards responsibility in using contraceptives also showed a significant association with contraceptive use. Respondents who believe both partners should take responsibility in deciding whether to take contraceptive were four times likely to use contraceptive than respondents who believed one (female) partner should take responsibility. Likewise, respondents who believed that the male partner should take responsibility were 99% more likely to use contraceptives than respondents who believed that the female partner should take responsibility (Students & Soressa, 2016)

### **Culture**

The societal pressures on young women also play a role in barriers to uptake of services in sub-Saharan Africa. Cultural norms that restrict contraceptive use include a women's main role of bearing children. Young women, 15-24, reported partner disapproval and fear of verbal/physical abuse from their family members or husband as barriers to contraceptive use. In contrast, men felt that having unprotected sex enhanced their reputation among their peers. Furthermore culture norms prevented parents from discussing sex and contraceptive use with their children, leading to the high level of reported misconceptions regarding contraceptives among youth ("Street, 2," 2012.). Parents discussing sexual and reproductive health with their children are still a taboo in many sub-Saharan Africa countries. Because adults oppose youth sexuality, many sexually active teens do not seek family planning and contraceptive services for fear of punishment from adults and family members, including the use of violence. As a result, only 25% of Kenyan youth, ages 15-19 were reported to be using condoms in 2009 and one quarter of the pregnancies in Uganda is contributed to teens, ages 15-19 while 41% have another child in less than 24 months (" Street, 2," 2012.)

## **2.3 Individual factors influencing contraceptive use among students of tertiary institutions**

### **Accessibility and availability**

Direct access to the modern methods of contraception is important for all types of contraception and especially for emergency contraceptives, since they are most effective within 72 hours after unprotected intercourse – the earlier it is used the more effective the result.

Common barriers to full access and utilization of underutilized contraceptives includes: insufficient supply and deficient quality; deficient regulatory practices; and knowledge gaps in both end users and service providers. As patients tend to not request contraceptives which they do not know of, providers are less likely to prescribe these contraceptives, perpetuating low awareness and demand. Low demand for contraceptives also creates low incentives for supply, research, development, and promotion of contraceptives (Celik, 2016)

Studies show that women tend to seek long lasting family planning methods such as intrauterine devices, injectables and implants which are often not readily available. A 2013 WHO study revealed that , an estimated 222 million women in developing countries who want to space or prevent child bearing lack access to modern contraceptive methods(Andi et al., 2014). The high rates of unmet need for family planning and contraception in developing countries can lead to high fertility rates and maternal mortality; due to unsafe abortions and pregnancy in young girls. International funding has helped support family planning service access in sub-Saharan Africa, for approximately 50% of the couples seeking it, but there are still a number of barriers preventing the remaining couples from accessing services (“ Street, 2,” 2012.)

In a study with a public family planning clinic in Lusaka, Zambia, 1031 women were randomly chosen to receive a voucher guaranteeing free and immediate access to a range of modern contraceptives through a private appointment with a family planning nurse. A randomized control group of 768 women received nothing. This amounted to a sudden and unexpected increase in access to long-term and relatively concealable forms of contraception, including injectables and contraceptive implants, for the women who received the vouchers.

In 1995, the Ugandan government created its first national population policy with the aim, amongst others, to ensure that family planning services were accessible to people. According to the 2011 Uganda Demographic Health Survey (UDHS), the country’s contraceptive uptake (any

method) was estimated at 30%. This figure doubled over a span of sixteen years – the contraceptive uptake in 1995 was about 15%(Andi et al., 2014).

In 2016, a research in Uganda showed that Contraceptive availability in the public health system was reported to be limited, irregular, and unequally distributed throughout the country. Some respondents indicated that the private sector had fewer stock-outs and expiries, as contraceptive counseling opportunities were plenty, and availability of contraceptives was high. However, respondents indicated that out-of-pocket-payments also made the private sector inaccessible to a large part of the population(Celik, 2016)

### **Knowledge and awareness**

Knowledge and awareness about contraceptives is thought to shape users' abilities to perceive unmet contraceptive needs. Research shows that the most popular sources of information about contraceptives, in descending order, are health-workers, peers, and media channels(Celik, 2016).

A study in a government college, Gangtok, Sikkim, in India indicated that, 98% (153/156) of the students had knowledge about family Planning and 86% (134/156) of them had heard about contraceptives. Most of them knew about condoms (85%) and contraceptive pills (40%) but knowledge about permanent methods and Cu-T was poor (average 12%). 11% of students had used some form of contraceptive in the past and 7% were currently users. The most commonly used contraceptives were condoms, followed by combined use of OCP and condom(Investigation, 2010).

Among undergraduate students in South Africa, studies found out that the most commonly known methods were condoms at 84%, and the oral contraceptive at 68% and the knowledge of condom use to prevent sexually transmitted diseases was high at 91%. However, inadequate knowledge and awareness on some contraceptive methods was found(Coetzee et al., 2011).

Among female Nigerian undergraduate students, 58% of respondents reported knowing about emergency contraception; sexually active respondents were significantly more likely than those who were not sexually active, and those who had ever practiced contraception were more likely than those who had never practiced contraception to be aware of emergency contraceptives. However, only 18% of respondents who reported knowing about emergency contraception knew the correct time frame in which emergency contraceptives must be used to be effective. Of the women who were aware of emergency contraception, fewer than half had received their information on the method from trained health providers—31% from doctors, 13% from

pharmacists and 5% from nurses. However, 33% had received their information about emergency contraceptives from female friends, 5% from their boyfriends and 14% from patent medicine dealers(Patrick et al., 2015.).

Knowledge and awareness of contraceptives was found high in sub-Saharan. For example; 90.9% of the participants (women, 18-49) in East Batu Zone, Ethiopia could mention at least two long lasting and permanent methods of contraception. A study in Ghana East District of Ghana also reported that 99.7% of women participants expressed awareness of at least one method of contraception and 55% had heard of more than three methods(“ Street, 2,” 2012.)

According to the 2006 Uganda Demographic health Survey, knowledge on family planning has remained consistently high in Uganda over the past 5 years with 97% of all women 15-49 having heard at least one method of contraception(Isabella, 2009).

A cross sectional study in Uganda showed that Knowledge of contraceptives was nearly universal (99.6 %).The most commonly known modern methods were pills (86.7 %) and male condoms (88.4 %), followed by injectables (50.3 %), IUDs (35 %) and implants (26.7 %), female condom (22.1 %), while withdraw (34.2 %) was the most commonly mentioned traditional method. The level of knowledge was also very high regarding sexually transmitted infections (98.7 %), HIV/AIDS (99.3 %) and prevention of HIV/AIDs (98.8 %) as well as its treatment (96 %)(Nsubuga et al., 2016).

### **Preferences**

It's characteristic of any consumer to want a good product or service of his choice. Contraceptive methods are quite a number and users tend to make choices of one that best works for them. This, depends on past experience, cost, side effects, influence be circumstances and conditions. Most respondents in a research done in Ethiopia including male respondents stated their preference for pills as the main contraceptive methods to use other than condoms, vasectomy, IUD and Norplant. About six out of 54 participants preferred a combination of two contraceptive methods, for instance, pills and condoms(Appiah-agyekum & Kayi, 2013).

### **Perception**

Concerning attitude towards contraceptive users, focus group discussions in the university of Ghana showed that respondents held negative, if not bad attitudes about contraceptive users especially if the user was unmarried. Generally, participants stated that contraceptive users were not stigmatized but rather perceived as bad people. While some participants were negative, other



participants viewed contraceptive users as enlightened individuals and knowledgeable of risky healthy behaviors. Others were of the view that the socio-cultural environment of Ghanaians allowed for such individuals to be branded as bad persons but not necessarily stigmatized (Appiah-agyekum & Kayi, 2013).

In a study in Uganda, nearly a quarter of the participants perceived that modern contraceptive services and commodities were not accessible, or that it was not easy to discuss sexual matters with partner (24.4 %). About one in five students perceived that contraceptives were not for poor people (21.3 %) or that it is wrong to use contraceptives (20.1 %). However, only 6 % believed that contraceptives were for females only.

## CHAPTER THREE

### METHODOLOGY

#### 3.0 Introduction

This chapter presents the research design, study population, sampling design, sample size determination, sampling procedures, data collection techniques, measurement of variables, validity and reliability, research instruments, data management and analysis alongside ethical considerations.

#### 3.1 Study design

The study design was a case study descriptive. It used both quantitative and qualitative methods of data analysis.

#### 3.2 Study area

The study was conducted at Kampala international University western campus located in Ishaka, Bushenyi district. It is predominantly a science-based institution.

#### 3.3 Study population

The study population consisted of students of Kampala international university-western campus who are pursuing different programs in the institution and willing to participate in the study.

#### 3.4. Sample size

There are 8 faculties in the university from which 50% were sampled randomly.

The sample size of students (participants) was calculated using the Kish Leslie (1965)

$$n = \frac{Z^2 PQ}{d^2}$$

Where:

n = sample size

d = acceptance error +/- 5%

Z = standard normal deviation corresponding to 95 % confidence interval which is 1.96

P = prevalence of contraceptive use was 43.1% (Kabagenyi et al., 2017).

Q= 1-P

Given that;  $Z = 1.96$ ,  $P = 0.431$ ,  $Q = 0.569$  and  $d = 0.05$

Therefore

$n = 376.8$

Thus the sample size was 377 participants.

### **3.5 Sampling technique**

The Participants were chosen according to the inclusion and exclusion criteria.

#### **3.5.1 Inclusion criteria**

All students, male and female, aged 15 and above who were in their second year and above in school of Allied Health sciences, faculty of Clinical Medicine and Dentistry, faculty of Education, and school of Nursing and have consented to participate in the study

.

#### **3.5.2 Exclusion criteria**

The research excluded all critically ill students, discontinued, those in dead semesters and those who were in their first year of study.

### **3.6 Data collection method**

Questionnaires were the main tool of data collection. The questionnaires were pretested and self administered. It included both open ended and closed ended questions.

### **3.7 Data analysis and presentation**

Data was edited, coded and checked for consistency. It was then processed and analyzed to generate useful information using Microsoft office Excel and Statistical package for social sciences (SPSS).

### **3.8 Quality control**

#### **3.8.1 Training of data collection team**

The data collection team comprised of four research assistants who were diploma and undergraduates. Two-day training was conducted by the principal investigator. The training focused on administration of questionnaires and interviewing techniques.

### **3.8.2 Pre-testing of questionnaires**

Pre-testing of questionnaires was conducted over a period of two days among students of school of pharmacy who were not sampled for this study. The questionnaires were administered to 20 students. This was done to impart practical experience to the team in administering questionnaires and to understand the pattern of answering.

### **3.8.3 Reliability and validity**

Quality of data collected was ensured through close supervision of the data collection team daily by the principal researcher. Completed questionnaires were reviewed daily for inconsistent or incomplete responses and corrected before transportation to the office for data entry. Sets of data were entered onto an excel spreadsheet. Data was entered using the Statistical Products and Service Solution (SPSS version 20.0) Data entry module version 3.0 software which has an inbuilt verification ability to check for range and logistical errors.

### **3.9 Study limitation**

We predicted that some limitations may be met such as non-compliance from some respondents, inaccurate information, fear to say out some information and lack of adequate time from respondents.

### **3.10 Ethical consideration**

A copy of an introductory letter was obtained from the faculty of clinical Medicine & Dentistry KIU western campus was collected and presented to the various Deans of the sampled faculties for permission to access the students. Respondents were first informed of the research before letting them consent. Confidentiality was maintained and the respondent's names were not captured. Respondents were also free to quit the interview at any time they wish.

## CHAPTER FOUR

### FINDINGS

#### 4.0 Introduction

This chapter presents findings and interpretation of the study. Data was obtained from 330 students from four faculties (Allied health, Clinical medicine and dentistry, Nursing and Education). The findings are presented according to the study objectives.

#### 4.1 Socio-Demographic Characteristics of the participants

**Table 1: Socio-Demographic characteristics of students (participants)**

<b>Variable</b>	<b>Category</b>	<b>Frequency (n=330)</b>	<b>Percentage (%)</b>
<b>Age (yrs)</b>	<b>15 – 17</b>	7	2.1
	<b>18 – 20</b>	99	30.0
	<b>&gt;20</b>	224	<b>67.9</b>
<b>Gender</b>	<b>Male</b>	204	<b>61.8</b>
	<b>Female</b>	126	38.2
<b>Marital Status</b>	<b>Single/in relationship</b>	276	<b>83.6</b>
	<b>Married/Cohabiting</b>	50	<b>15.2</b>
	<b>Widowed</b>	2	0.6
	<b>Divorced/Separated</b>	2	0.6
<b>Faculty/School</b>	<b>SAHS</b>	84	25.5
	<b>FCM&amp;D</b>	82	24.8
	<b>SON</b>	81	24.5
	<b>FOE</b>	83	25.2
<b>Year of Study</b>	<b>Year 2</b>	123	37.3
	<b>Year 3</b>	138	<b>41.8</b>
	<b>Year 4</b>	44	13.3
	<b>Year 5</b>	25	7.6
<b>Religion</b>	<b>Catholic</b>	88	<b>26.7</b>
	<b>Anglican</b>	107	<b>32.4</b>
	<b>Muslim</b>	20	6.1
	<b>Seventh DayA. (SDA)</b>	42	12.7
	<b>Born Again</b>	65	<b>19.7</b>
	<b>Others</b>	8	2.4

The majority 224 (67.9%) of respondents were above 20 years old, male students 204 (61.8%) and single or in a relationship 276 (83.6%). Most 138 (41.8%) of the students were in their 3<sup>rd</sup> Year of study and a great a proportion of Anglicans (32.4%) followed by Catholics (26.7%).

#### 4.1.1 socio-demographic characteristics of the respondents

**Table 2: Cross tabulation (Bi-variate analysis) of the socio-demographic factors influencing contraceptives use among students.**

	USE OF CONTRACEPTIVES			
	Yes n (%)	No n (%)	Total N (%)	P – Value
<b>Age (yrs)</b>				0.972
15 – 17	5(71.4)	2	7(2.1)	
18 – 20	68(68.7)	31	99 (30.0)	
>20	152(67.9)	72	224 (67.9)	
<b>Gender</b>				0.008
Male	150(73.5)	54	204 (61.8)	
Female	75 (59.5)	51	126(38.2)	
<b>Marital Status</b>				0.001
Single/Relationship	200(72.5)	76	276 (83.6)	
Married/Cohabiting	22(44.0)	28	50 (15.2)	
Widowed	1	1	2(0.6)	
Divorced/Separated	2	0	2(0.6)	
<b>Faculty/School</b>				0.061
Allied health	55	29	84 (25.5)	
Clinical medicine and dentistry	53	29	82 (24.8)	
Nursing	65	16	81(24.5)	
Education	52	31	83(25.2)	
<b>Year of Study</b>				0.009
Year 2	97(78.9)	26	123 (37.3)	
Year 3	89(64.5)	49	138 (41.8)	
Year 4	25(56.8)	19	44 (13.3)	
Year 5	14(56.0)	11	25 (7.6)	
<b>Religion</b>				0.021
Catholic	58	30	88 (26.7)	
Anglican	77	30	107 (32.4)	
Muslim	13	7	20 (6.1)	
Seventh Day Adventist (SDA)	36	6	42 (12.7)	
Born Again	35	30	65 (19.7)	
Others	6	2	8 (2.4)	
<b>Total N (%)</b>	<b>225(68.2)</b>	<b>105 (31.8)</b>	<b>330</b>	

The table above shows that the socio-demographic factors which significantly influenced contraceptives use among the students were gender ( $p=0.008$ ), marital status ( $p = 0.001$ ), the year of study (0.009) and religion (0.021).

#### 4.2 PREVALENCE OF CONTRACEPTIVES USE AMONG STUDENTS OF KIU-WC.

**Table 3: Prevalence of contraceptives use among students of KIU-WC.**

Variable	Category	Frequency (n=330)	Percentage
<b>Do you use contraceptives</b>	Yes	225	68.2
	No	105	31.8

From table 3 above, majority 225 (68.2%) of the students use contraceptives while 105 (31.8) of the students do not.

#### 4.3 INDIVIDUAL FACTORS INFLUENCING CONTRACEPTIVE USE AMONG STUDENTS OF KIU-WC.

**Table 4: The individual factors influencing contraceptives use among students.**

Variable	Category	Frequency (n=330)	Percentage (%)
<b>Knowledge &amp; Awareness</b>			
	<b>1) Importance of Contraceptives</b>		
	Prevent Pregnancy	262	<b>79.4</b>
	Prevent STDs	20	6.1
	Promote child spacing	48	14.5
	<b>2) Source of information</b>		
	Media(electronic)	76	23.0
	School	214	<b>64.8</b>
	Magazine	5	1.5
	Parents	4	1.2
<b>Preference of Contraceptives</b>	Friends	30	9.2
	Others	1	0.3
	Condoms	161	
	Pills	26	<b>61.2</b>
	Injectables	4	<b>9.9</b>
	Safe Days	47	1.5
	Withdrawal	22	<b>17.9</b>
	Others	3	8.4

			1.1
<b>Reason for preference</b>			
	Affordability	112	<b>42.6</b>
	Effective	23	9.0
	Easy To Use	40	<b>15.2</b>
	Accessible	12	4.6
	Convenient	2	3.4
	Safe/Less Side Effects	65	<b>19.7</b>
	Others	2	0.8
<b>Effective Contraceptive</b>			
Which of the contraceptives do you consider the most effective?	Condoms	163	<b>49.4</b>
	Pills	49	<b>14.8</b>
	Injectables	28	8.5
	IUDS	37	<b>11.2</b>
	Safe Days	32	9.7
	Withdrawal	15	4.5
	Others	6	1.8

Results in table 4 indicates that majority 262 (79.4%) of the participants feel that the importance of contraceptives is to prevent pregnancy, their source of information being the school (64.8%) and their preferred contraceptives is condom (61.2%). Most 112 (42.6%) of the participants give reasons for their preference to be affordability and the most effective contraceptive to them is condom (49.4%).

**Table 5: Bi-variate analysis of the individual factors influencing contraceptives use among KIU-WC students.**

	Use of Contraceptives			P – value
	Yes N (%)	No N (%)	Total N (%)	
<b>Preference in Contraceptives</b>				<b>&lt; 0.001</b>
Condoms	161	0	161 ( <b>61.2</b> )	
Pills	26	0	26 ( <b>9.9</b> )	
Injectables	4	0	4 (1.5)	
Safe Days	19	28	47 ( <b>17.9</b> )	
Withdrawal	15	7	22 (8.4)	
Others	0	3	3 (1.1)	
<b>Reason for above preference</b>				<b>&lt; 0.001</b>
Affordability	101	11	112( <b>42.6</b> )	
Effective	21	2	23 (9.0)	
Easy To Use	36	4	40( <b>15.2</b> )	
Accessible	11	1	12 (4.6)	
	7	2	9 (3.4)	



Convenient	49	16	65 ( <b>19.7</b> )	
Safe/Less Side Effects	0	2	2(0.8)	
Others				
<b>Effective Contraceptive</b>				<b>&lt; 0.001</b>
Condoms	131	32	163 ( <b>49.4</b> )	
Pills	31	18	49 ( <b>14.8</b> )	
Injectables	20	8	28 (8.5)	
IUDS	13	24	37 ( <b>11.2</b> )	
Safe Days	15	17	32 (9.7)	
Withdrawal	12	3	15 (4.5)	
Others	3	3	6 (1.8)	
<b>Importance of Contraceptives</b>				0.367
Prevent Pregnancy	179	83	262 ( <b>79.4</b> )	
Prevent STDs	16	4	20(6.1)	
Promote child spacing	30	18	48(14.5)	
All of the above				

Source: Field Data

The table above shows that the individual factors which significantly influenced contraceptives use among the students were preference of contraceptives ( $p=0.001$ ), reasons for preference ( $p = 0.001$ ) and effective contraceptives (0.001).

#### 4.4 MULTIVARIATE ANALYSIS OF SOCIO-DEMOGRAPHIC AND INDIVIDUAL FACTORS ASSOCIATED WITH USE OF CONTRACEPTIVES AMONG KIU STUDENTS

**Tab.6: Multivariate analysis of factors associated with use of contraceptives among KIU-WC Students.**

SOCIO-DEMOGRAPHIC FACTORS					
	USE OF CONTRACEPTIVES				
Variables	Yes n (%)	No n ( %)	Total N (%)	Odds Ratio (OR) CI = 95%	P – Value
<b>Age (yrs)</b>					<b>0.972</b>
15 – 17	5	2	7	1.049 (0.653 – 1.685)	0.852
18 – 20	68	31	99	1.011 (0.861 – 1.186)	0.897
>20	152	72	224	0.985 ( 0.843 – 1.152)	0.854
<b>Gender</b>					<b>0.008</b>
Male	150	54	204	1.235 ( 1.046 – 1.458)	
Female	75	51	126	0.654 ( 0.479 – 0.893)	
<b>Marital Status</b>					<b>0.001</b>
Single/Relationship	200	76	276 ( <b>83.6</b> )	1.602 (1.182 – 2.173)	<0.001
Married/Cohabiting	22	28	50 ( <b>15.2</b> )	0.607 ( 0.440 – 837 )	<0.001

Widowed	1	1	2(0.6)		
Divorced/Separated	2	0	2(0.6)		
<b>Year of Study</b>					0.009
Year 2	97( <b>78.9</b> )	26	123 (37.3)		
Year 3	89(64.5)	49	138 ( <b>41.8</b> )		
Year 4	25(56.8)	19	44 (13.3)		
Year 5	14(56.0)	11	25 (7.6)		
<b>Religious Acceptance</b>					<b>&lt; 0.001</b>
Yes	152	42	194( <b>58.8</b> )	1.460 (1.228 – 1.735)	
No	73	63	136(41.2)	0.467 (0.338 – 0.646)	
<b>INDIVIDUAL FACTORS</b>					
<b>Knowledge &amp; Awareness</b>					0.367
<b>3) Importance of Contraceptives</b>	179	83			
Prevent Pregnancy	16	4	262 ( <b>79.4</b> )		
Prevent STDs	30	18	20(6.1)		
Promote child spacing			48(14.5)		
<b>4) Source of information</b>	57( <b>75</b> )	19			0.034
Media	138(64.5)	76	76 (23.0)		
School	4( <b>80</b> )	1	214(64.5)		
Magazine	1	3	5		
Parents	25( <b>83</b> )	5	4		
Friends	0	1	30(9.1)		
Others			1		
<b>Perception /Option &amp; Decision</b>					
<b>1) Is it Students' Right to Use contraceptive?</b>					<b>0.032</b>
Yes	181	73	254( <b>77.0</b> )	1.226 (0.995 – 1.511)	
No	43	31	74(22.4)	0.686 (0.493 – 0.955)	
<b>2) Who decides in use of contraceptives?</b>					0.587
Male	33 ( <b>14.7</b> )	18	51	0.940 (0.756 – 1.169)	0.562
Female	14 (6.2)	9	23	0.886 (0.633 – 1.240)	0.435
Both	178 ( <b>79.1</b> )	78	256	1.105 (0.911 – 1.341)	<b>0.283</b>
<b>Source, Accessibility &amp; Availability</b>					
<b>1) Source</b>	107	N/A	107( <b>56.0</b> )		
Hospital	66	N/A	66(34.6)		
Clinic	2	N/A	2(1.0)		
Home	16	N/A	<u>16(<b>8.4</b>)</u>		
Friend			<b>191</b>		

<b>2) Accessibility to free Gov't contraceptives</b>	137	N/A	137( <b>71.7</b> )		
Yes	54	N/A	<u>54(28.3)</u>		
No			<b>191</b>		
<b>3) Shortage in contraceptives</b>	125	N/A	125 ( <b>65.4</b> )		
Yes	66	N/A	<u>66(34.6)</u>		
No			<b>191</b>		
<b>Preference in Contraceptives</b>					<b>&lt; 0.001</b>
Condoms	161	0	161 ( <b>61.2</b> )	1.594 (1.372 – 1.851)	< 0.001
Pills	26	0	26 ( <b>9.9</b> )	1.192 (1.127 – 1260)	0.024
Injectables	4	0	4 (1.5)		
Safe Days	19	28	47 ( <b>17.9</b> )		
Withdrawal	15	7	22 (8.4)		
Others	0	3	3 (1.1)		
<b>Reason for Preference</b>					<b>&lt; 0.001</b>
Affordability	101	11	112( <b>42.6</b> )	1.084 (0.984 – 1.194)	<b>0.114</b>
Effective	21	2	23 (9.0)		
Easy To Use	36	4	40( <b>15.2</b> )	1.054 (0.933 – 1.191)	0.457
Accessible	11	1	12 (4.6)		
Convenient	7	2	9 (3.4)		
Safe/Less Side Effects	49	16	65 ( <b>24.7</b> )	0.843 (0.726 – 0.979)	0.006
Others	0	2	2(0.8)		

*Source: Field data*

The results in the table above show that students who are aged 15-20 and males were likely (OR = 1.01) to use contraceptives and those who were single or in a relationship (OR=1.6). Also, students who said it is the right of the students to use contraceptives were likely (OR=1.2) as well as those who say it was the right for both partners to decide (OR=1.1). Those students who preferred condom were more likely (OR=1.6) to continue to use contraceptives than others who chose other types of contraceptives.

## **CHAPTER FIVE**

### **DISCUSSION**

#### **5.0 Introduction**

This chapter gives the discussion of the findings of this study with reference to previous studies.

#### **5.1 Prevalence of Contraceptives use among students of KIU-WC.**

From the study, the Contraceptive Prevalence Rate (CPR) among students in KIU-WC was 68.2%, which was affected by a series of factors case highlighted in the findings below. This means CPR among post secondary increased by 1.58 times from the 2016 CPR of 4.31%. It also show a positive drift towards solving a 23.0% unmet need for family planning of 66.1% total demand in Ankole sub-region of Uganda and is way above the national CPR target of 50% by 2020 (UDHS, 2016). Thus, more efforts and informed decision should be directed towards improving adolescent sexual and reproductive health.

#### **5.2 Socio- demographic factors associated with contraceptives use among students in KIU**

The study showed that Students < 20 years were found to use contraceptive more than their older fellows, this can be traced from the fact that, majority (>90%) of students < 20 years of age are single/in relationship, but not cohabiting/married and mostly in lower academic years of study. Thus, they are more likely to use contraceptives than older fellows.

Findings from this study show that male students were (OR=1.235) more likely to use contraceptives than female counterparts. This findings is in line with findings of previous studies which have shown that gender inequalities in terms of power, roles, decision making, and negotiation for contraceptive use is a great barrier. In a survey conducted in Uganda about Low Contraceptive Use among Young Females, the findings show that only 12% of the adolescents were using contraception at the time of the survey ((Kabagenyi et al., 2017). Thus, efforts to gender equity and women empowerment, through improve access sexual and reproductive health services, bridge knowledge gap on contraceptive use, can definitely increase contraceptive use, avert some of the unplanned births among these females, and prevent STDs and better female health.

Religious acceptance to use of contraceptives was found increase prevalence by 1.460 times. Otherwise, it reduced use of contraceptives if it discourages contraceptive use. This is in agreement with previous research where religion and Religious Leaders have played a leading

role in discouraging dissemination of information on contraceptive use (Andi et al., 2014). Catholics and Muslims are the religious groups to be least inclined to encourage contraceptive use. This is so, since Religious Leaders consider contraceptive use to be an insubordination to divine predetermination, “an immorality”, “a sin”, “murder”, and “killing the gift of life”(Celik, 2016). However, cases were religions lessen the weight on discouragement and resort to encouragement in use of contraceptives; there is remarkable increase in prevalence of contraceptive use as our study reveals.

### **5.3 Individual factors associated with contraceptives use among students in KIU**

The findings of the study showed that majority (79.4%) of the respondents knew that contraceptives prevent pregnancies and this could compel them to use in fear of unwanted pregnancies and overwhelming early responsibilities. The study findings also show that schools (64.5%) constitute the main source of information on use of contraceptives; however, students are proportionally compelled to use contraceptives basing on information from their friends (83%), visual-aided messages in magazines (80%) and modernized viral information on media (75%). The study showed that students who are empowered to know that it is their Sexual right to use contraceptives, were 1.226 times more likely to use contraceptives than others.

Male dominance in influencing decision to use contraceptives or not remains a deterrent and thus, the study showed reduce contraceptive use to 0.940 times (95% CI; 0.756 – 1.169) less than a mutually share decision. On the other hand, when both male and female students take part in decision making, contraceptive use increase 1.105times (95% CI; 0.911 – 1.341) than in single sex dominated decisions. Other studies have shown that decision making to use contraceptives by female university students involves a complex interaction of individual, social, family and peer factors; and that single sex dominated decision leads to unhealthy sexual and reproductive health (Students & Soressa, 2016).

Accessibility & availability of contraceptives; Direct access to the modern methods of contraception is important in achieving designated importance of contraceptives, increasing efficiency and effectiveness. In this study, students who prefer condoms were found to use contraceptives 1.594times (95% CI; 1.372 – 1.851) more than others; and female students who preferred contraceptive pills were (OR=1.192) more likely to use them than others. The compelling factors for their contraceptive preference were affordability (OR 1.084), Easy usability (OR 1.054) and safety/less side effects (OR=0.843).

## **CHAPTER SIX**

### **CONCLUSION & RECOMMENDATIONS**

#### **6.0 Introduction**

This chapter comprises of the conclusion and recommendations of the study based on the set objectives.

#### **6.1 Conclusion**

##### **6.1.1 Prevalence of Contraceptives use among students of KIU-WC.**

The Contraceptive Prevalence Rate (CPR) among students was 68.2%, which is higher than national target of 50% by 2020. and it was associated with a couple of factors including; Student's age, sex/gender, marital status, academic year of study, religion, knowledge & awareness, preference for contraceptive, affordability, accessibility and availability, easy usability and safety of the a preferred contraceptive method. Better informed students on sexual rights and reproductive health are empowered to use contraceptives more than others.

##### **6.1.2 Socio- demographic factors associated with contraceptives use among students in KIU**

Socio-demographic factors influence contraceptive use among students of tertiary institutions these factors include; age (students < 20 years), marital status (students who are single or in relationship).

##### **6.1.3 Individual factors associated with contraceptives use among students in KIU**

Students are well informed that contraceptives prevent pregnancies and this could compel them to use in fear of unwanted pregnancies and overwhelming early responsibilities and their source of information about contraceptives is the school.

Male students' dominance influence decision to use contraceptives. However, when both male and female students take part in decision making, contraceptive use increases. Most of students prefer condoms more than others while most female students preferred contraceptive pills. The compelling factors for their contraceptive preference were affordability, Easy usability safety/less side effects.

## **6.2. Recommendations**

### **6.2.1 Prevalence of Contraceptives use among students of KIU-WC.**

The researcher suggests the following recommendations to maintain or improve on contraceptives use among students of higher institution,

1. Stake holders should Design, launch and implement inclusive youth friendly services, adolescent sexual and reproductive health programs prioritizing use of contraceptives, students' empowerment in regard to sexual rights and reproductive health, behavioral change communications, and create enabling environment for contraceptive use.
2. Service providers should provide user friendly contraceptives that are preferred by users, at affordable prices, within reach and should ensure availability and safety of the a preferred contraceptive method.

### **6.2.2 Socio- demographic factors associated with contraceptives use among students in KIU**

1. The management of tertiary institutions should collaborate with the government and other stakeholders to constantly sensitize the students on the need to abstain end from unprotected sex during orientations.

### **6.2.3 Individual factors associated with contraceptives use among students in KIU**

1. The government and NGO/PNFPs should supplement private health sector in provision of youth friendly services, sexual and reproductive health care package within the context of their health care demand factors.
2. Knowledge & awareness creation programs should engage religious leaders; exploit peer groups, magazines, media and schools as suitable platforms to increase contraceptive use among students of tertiary institutions.

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## APPENDICES

### APPENDIX 1:

#### CONSENT FORM

My name is **BOMBOKKA MPAGA IVAN** a student of Kampala International University currently in my last semester in the Faculty of Clinical Medicine & Dentistry. As part of the requirements for the fulfillment of the programme I am conducting a research study titled: **utilization of contraceptives among students of tertiary institutions. A case study of Kampala international university-western campus Ishaka, Bushenyi district, Uganda.**

I hereby seek your consent to be part of this study. Your responses will be kept strictly confidential for all matters and it will only be used for the purpose of the study mentioned above.

Your name will not be mentioned to protect your confidentiality.

If you consent to participate in this study, please indicate by signing below.

I voluntarily agree to take part in this study:

Signature..... Date .....

## APPENDIX II

### QUESTIONNAIRE

**Instructions:** Please tick the appropriate answer and fill in the space provided where applicable.

#### SECTION I: SOCIO DEMOGRAPHICS

1. Sex : Male [ ] Female [ ]
2. Age : 15-17 [ ] 18-20 [ ] >20 [ ]
3. Marital status: Single [ ] Married [ ] Widowed [ ] Divorced [ ]
4. Faculty : Allied health [ ] Clinical medicine and dentistry [ ]  
Nursing [ ] Education [ ]
5. Year of study : Yr 2 [ ] Yr 3 [ ] Yr 4 [ ] Yr 5 [ ]
6. Religion: Catholic [ ] Anglican [ ] Muslim [ ] Seventh Day Adventist [ ]  
Born again [ ] Others .....

#### RELIGION

1. Does your religion accept contraceptive use? Yes ☐ No ☐  
 a) If Yes, why? .....  
 b) If No, why? .....

#### SECTION II: KNOWLEDGE AND AWARENESS

1. Contraceptives are measures used to: Prevent pregnancy ☐  
Prevent sexually transmitted diseases ☐ Promoting child spacing ☐
2. How did you get to know about contraceptives? ☐  
Media ☐ School ☐ Magazine ☐ Parents ☐ Friends ☐ Others.....
3. Which is the most effective contraceptive method you know? Condoms ☐ Pills ☐  
Injecta ☐ IUD ☐ Safe days ☐ Withdrawal ☐ Others.....

#### SECTION III: PREVALENCE

1. Do you use contraceptives? Yes ☐ No ☐
2. Which contraceptives do you use; Condoms ☐ Pills ☐ Injectables ☐  
Natural methods ☐ Safe days ☐ Withdrawal ☐ Others, specify.....
3. The method above is preferred because it is;  
Affordable ☐ Effective ☐ Easy to use ☐ Safe ☐ Accessible ☐  
Convenient ☐ Less side effects ☐ Others.....

#### SECTION IV: ACCESSIBILITY

1. Where do you get your contraceptives from?  
Hospital ☐ Friends ☐ Clinics ☐ Home ☐
2. Do you ever run short of contraceptives? Yes ☐ No ☐
3. Do you have access to the free government contraceptives? Yes ☐ No ☐

#### SECTION V: PERCEPTION

1. Do you think it is right for students to use contraceptives? Yes ☐ No ☐
2. How would you rank the ;
  - a) Efficiency of contraceptives in preventing pregnancies? 10-40 ☐ 50-80 ☐ 80-100 ☐
  - b) Condoms in preventing sexually transmitted diseases? 10-40 ☐ 50-80 ☐ 80-100 ☐
3. In a relationship, who do you think should be responsible to decide whether or not to use contraceptive? Male ☐ female ☐ Both ☐

#### SECTION VI: PEER PRESSURE

1. Do you discuss about contraceptives with your peers? Yes ☐ No ☐
2. What are their opinions about using contraceptives? Encouraging ☐ Discouraging ☐

#### SECTION VII: SIDE EFFECTS

Do you get any side effects while using contraceptives? Yes ☐ No ☐

If yes, which one? .....

Thank you.

**APPENDIX II**  
**BUDGET ESTIMATION**

<b>ITEM</b>	<b>Unit cost</b>	<b>Amount</b>
Labor	20000	240,000
Printing	30000	70,000
Type setting	1000	10,000
Internet	2000	10,000
Miscellaneous		100,000
Total		430,000/=

### APPENDIX III

#### WORK PLAN

	2018-2019					
ACTIVITY	AUG, 2018	SEPT. 2018	SEPT. 2018	OCT- NOV 2018	JAN- MARCH 2019	APRIL, 2019
PROPOSAL WRITING						
APPROVAL OF RESEARCH PROPOSAL						
DATA COLLECTION						
DATA ANALYSIS						
REPORT WRITE UP						
REPORT ADMISSION						

## MAP OF STUDY AREA



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