

Assessment of the Use, Knowledge and Attitude Regarding Hormonal Contraceptives among Women of Reproductive Age Attending Hoima Regional Referral Hospital

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ABSTRACT

Hormonal contraceptives play a significant role in family planning and reproductive health. Understanding the patterns of use, knowledge levels, and attitudes towards hormonal contraceptives among women of reproductive age is crucial for effective healthcare provision and policy-making. This cross-sectional study was conducted at Hoima Regional Referral Hospital to assess the utilization, knowledge, and attitudes regarding hormonal contraceptives among women of reproductive age. A structured questionnaire was administered to a sample of women attending the hospital's reproductive health clinic. The study revealed diverse patterns of hormonal contraceptive use among the respondents, with variations in knowledge levels and attitudes towards these methods. Factors influencing utilization, knowledge, and attitudes were explored, including socio-demographic characteristics, educational background, and previous contraceptive experience. The findings underscore the importance of tailored educational interventions and improved access to reproductive healthcare services to enhance awareness and promote positive attitudes towards hormonal contraceptives among women of reproductive age. Such initiatives are vital for empowering women to make informed choices about their reproductive health and family planning needs.

Keywords: Hormonal contraceptives; Women of reproductive age; Attitude; Knowledge; Assessment

INTRODUCTION

Family planning is very important to the control of population growth, reducing pressure on the environment, and economic development [1] because the use of contraceptive methods is associated not only with improvement of health related outcomes such as reduced maternal and child mortality, but also with improvements in schooling and economic outcomes especially for girls and women. This has led most governments to collaborate with other agencies in promoting family planning; various global and local organizations, private sectors and governments are still aiming to maximise contraceptive use [2]. Contraceptive methods can broadly be divided into hormonal and non-hormonal methods. Hormonal methods include combined hormonal contraceptives (COCs, ring, and patch) and progestin-only methods (the mini - pill), and they are all reversible. The non-hormonal methods include the copper intrauterine device, condoms, withdrawal, and natural family planning, which are all reversible [3]. The range of hormonal contraceptive methods has expanded to include products that are specifically formulated for the treatment of acne and to regulate the menstrual cycle and to manage dysmenorrhea and adolescent girls and young women are therefore using these products, even before becoming sexually active [4]. Studies have proved that beyond their primary role of preventing pregnancy, hormonal contraceptives provide a number of non-contraceptive benefits including a reduction in menstrual pain and bleeding, improvement in acne and a decrease in the lifetime risk of cancer of the ovaries and endometrium [5]. They are also widely used in the management of a number of gynecological conditions like endometriosis, premenstrual syndrome and polycystic ovary syndrome. Although the risks may outweigh the benefits, most women have concerns about the use of hormonal contraceptives. In addition to this, frequent media scares have left many women wondering whether they have exposed themselves to long-term harm by using some methods of contraception [6]. It is therefore important for contraceptive providers to maintain their knowledge as evidence continues to emerge in this area [5]. Despite renewed emphasis on family planning services in Uganda through global partnerships such as Family Planning 2020 and local efforts committed to promoting gender inclusiveness by organizations such as Reproductive Health Uganda, low contraceptive uptake and high unmet need for contraception remain significant issues in Uganda compared to neighboring countries such as Kenya, Ethiopia, and Rwanda [7]. After realizing the importance of contraceptive use and family planning, the World Health Organization prioritized the need for family planning, which was reflected in the United Nations' Millennium Development Goals in 2000. However, the 2005 Millennium Development Goal progress report

reflected that the goal of increasing contraceptive use was still elusive in Sub-Saharan Africa [8]. According to the Demographic and Health Survey in 2011 about one-third of married women had an unmet need for family planning. The survey also reported that both women and men had inadequate knowledge of their contraceptive method and over 50% of women lacked comprehensive knowledge of these methods, including awareness of side effects, and only 59% were given information about other methods by a health worker. Nationally, a majority of both men and women receive family planning messaging from the radio and more men than women report seeing messages on television or in print media [9]. Overall, there is a clear need for continued efforts to promote contraceptive knowledge and use in Uganda [7]. Many factors such as women's age, education and socio-economic status, number of living children in the family and positive attitude towards modern contraceptives have been linked to contraception use [2]. The topics of the use, knowledge and attitude towards contraception among young women are commonly investigated in economically disadvantaged groups in developed countries as well as in developing nations [4]. The aim of the study is to assess the use, knowledge and attitudes regarding hormonal contraceptives among women of reproductive age attending Kampala International University Teaching hospital. It is estimated that maternal deaths could fall by as much as 25% if unintended pregnancies were prevented. In fact, estimates suggest that approximately 18% of the global burden of disease is due to reproductive and sexual health issues, 32% of which occur in women of reproductive age [2]. Moreover, women under the age of 18 are more likely to die in childbirth because their bodies are not fully grown, they are not physically or emotionally (even if financially) ready to carry and care for a child, and their babies tend to have low birth weight and face a variety of illnesses which cause a greater chance of dying before reaching their second birthday [8]. Many scientists determined that most of these complications, especially pregnancy complications and deaths, could be prevented by proper family planning because family planning has great advantages for the mother, children, father and the family [10]. Contraception is one of the key components of family planning, and can therefore help stave off poor health of women and children, as well as household food insecurity [11]. According to the Demographic and Health Survey (2011), the uptake of contraceptive services in developing countries has remained and will remain low until researchers explore the lived experience of women's relationships with contraception. Since many factors such as women's age, education and socio-economic status, number of living children in the family and positive attitude towards modern contraceptives have been significantly associated with contraception use [2], the topics of the use, knowledge and attitude towards contraception among young women are commonly investigated in economically disadvantaged groups in developed countries as well as in developing nations [4]. This study will aim at assessing the use, knowledge and attitudes regarding hormonal contraceptives among women of reproductive age attending Hoima Regional Referral hospital. This study aimed at assessing the use, knowledge and attitude regarding hormonal contraceptives among women of reproductive age attending Hoima Regional Referral hospital.

METHODOLOGY

Study Design

A quantitative cross section study approach was used in order to determine the factors influencing malnutrition among women of reproductive age attending Hoima Regional Referral Hospital.

Area of Study

The study was conducted in the Obstetrics and Gynecology OPD at HRRH, which is found in Western Uganda approximately 200km from Kampala, Uganda's Capital city. The hospital stands opposite Boma Grounds right in the middle of the city, in Hoima district. It has a catchment area of more than 1 million people and it has a bed capacity of about 400. The major services offered at the hospital include Surgery, Pediatrics & Child Health, Gynecology and Obstetrical care, Medicine, Dentistry, Ophthalmology, Dermatology, Radiology and Orthopedics. Therefore, interviews will be conducted in the Obstetrics and Gynecology OPD.

Study Population

The study was conducted among women of reproductive age attending Hoima Regional Referral Hospital

Inclusion Criteria

It included all women of reproductive age attending the hospital who were willing to participate in the study.

Exclusion Criteria

Women of reproductive age attending Hoima Regional Referral Hospital who declined to participate in the study.

Sample Size Determination and Rationale

The sample size was determined using the Kish Leslie's formula [12]

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

Where n is the required sample size, Z is the value at $\alpha = 1.96$, p proportion women of reproductive age attending Hoima Regional Referral Hospital, and e is the permissible error in the estimate. Since there is no available literature on p, p was conveniently taken to be 0.5

$$n = \frac{(1.96)(1.96) \times 0.5 \times 0.5}{(0.1 \times 0.1)}$$

$$= 106 \text{ participants}$$

Sampling Methods

A convenient sampling technique was used to select participants until the calculated sample size is reached because of the limited time of data collection

Data Collection Method

Interviewer-administered questionnaires were used. The researcher used a structured questionnaire and participants were asked similar questions and from options, they picked the best alternative. A pen and paper were used to record the necessary information. The data in the questionnaire was checked for completeness, cleaned and sorted to eliminate obvious inaccuracies and omissions. The data was then coded and entered into a computer.

Data Analysis

Data was entered into the Microsoft Excel program for analysis. Descriptive tests were done to determine the percentages, frequencies (proportions) of the different variables.

Ethical Considerations

Ethical approval will be obtained from the School of Medicine and Surgery, KIU-WC and a letter of introduction will be obtained from the faculty Dean to be presented to Kampala International University Teaching Hospital administration. Permission to carry out the research was also sought from the administration at Kampala International University Teaching Hospital to gain access to the study site. Participants were given information regarding the research to seek consent. Each participant's choice to participate or not was respected and data collected from participants was kept confidential. The participants' names were not included while filling out the questionnaire to maintain privacy. It was clearly communicated that the information obtained from the participants would be kept under lock and key to only be used for research purposes

RESULTS

Demographic Characteristics

The age, marital status, education level, income status, religion, occupation among others were the demographics quantified in this Study. All the above would have a direct influence on the Study Objectives and so it was necessary to put them in the questionnaire to obtain statistics on them. The table below is a summary of the obtained results where the different demographic groups were further subdivided into subgroups or categories, according to the local livelihood, culture and general welfare of the population in Hoima City as a whole. The table below is of the different demographics attained from the respondents that have an influence on the overall use, knowledge and attitude on the hormonal contraceptives. Majority of the women were aged between 15-17 years as seen (30%). And most were Christian (76%), with most earning less than half a million per month (76%), though a good number of 31 respondents out of 106 the total had attained education up to a tertiary level.

Table 1: Demographic Characteristics

| Variable | | Frequency | Percentage N=106 |
|----------------------|----------------|-----------|------------------|
| Age | 15-17 years | 32 | 30 |
| | 18-20years | 23 | 22 |
| | 21-30 years | 26 | 25 |
| | 31-40 years | 17 | 16 |
| | 41-49 years | 8 | 8 |
| Marital status | Married | 56 | 53 |
| | Single | 50 | 47 |
| Religion | Christian | 81 | 76 |
| | Muslim | 23 | 22 |
| | Others | 2 | 2 |
| Education level | Primary | 23 | 22 |
| | Secondary | 52 | 49 |
| | Tertiary | 31 | 29 |
| Residency | Rural | 80 | 75 |
| | Urban | 26 | 25 |
| Occupation | Farmer | 45 | 42 |
| | Business woman | 28 | 26 |
| | House wife | 5 | 5 |
| | Other | 29 | 27 |
| Monthly income (UGX) | <0.5 million | 81 | 76 |
| | 0.5-1 million | 17 | 16 |
| | >1 million | 8 | 8 |

Knowledge and Use of Hormonal Contraception

The Table below shows the frequencies of the Knowledge on the different types of hormonal contraceptives, the source of information, and the number of respondents who know about family planning in general. All the respondents knew about or had ever heard of Family Planning, with majority of these having heard about Injectables (40%), and 42% of them found out about Family Planning methods from health worker's advice.

Table 2: knowledge and use of hormonal contraception

| Variable | Category | Frequency | Percentage |
|---|--------------------------|-----------|------------|
| Have you ever heard of Family planning? | Yes | 106 | 106 |
| | No | 0 | 0 |
| Which methods have you heard of? | Oral contraceptive pills | 25 | 24 |
| | Injectables | 42 | 40 |
| | Implants | 12 | 11 |
| | Intrauterine system | 15 | 14 |
| | Other | 6 | 6 |
| | None | 6 | 6 |
| How did you learn about the family planning method that you have ever used? | Health worker's advice | 45 | 42 |
| | From a friend | 21 | 20 |
| | Radio and TVs | 18 | 16 |
| | Newspapers | 0 | 0 |
| | Other | 22 | 21 |

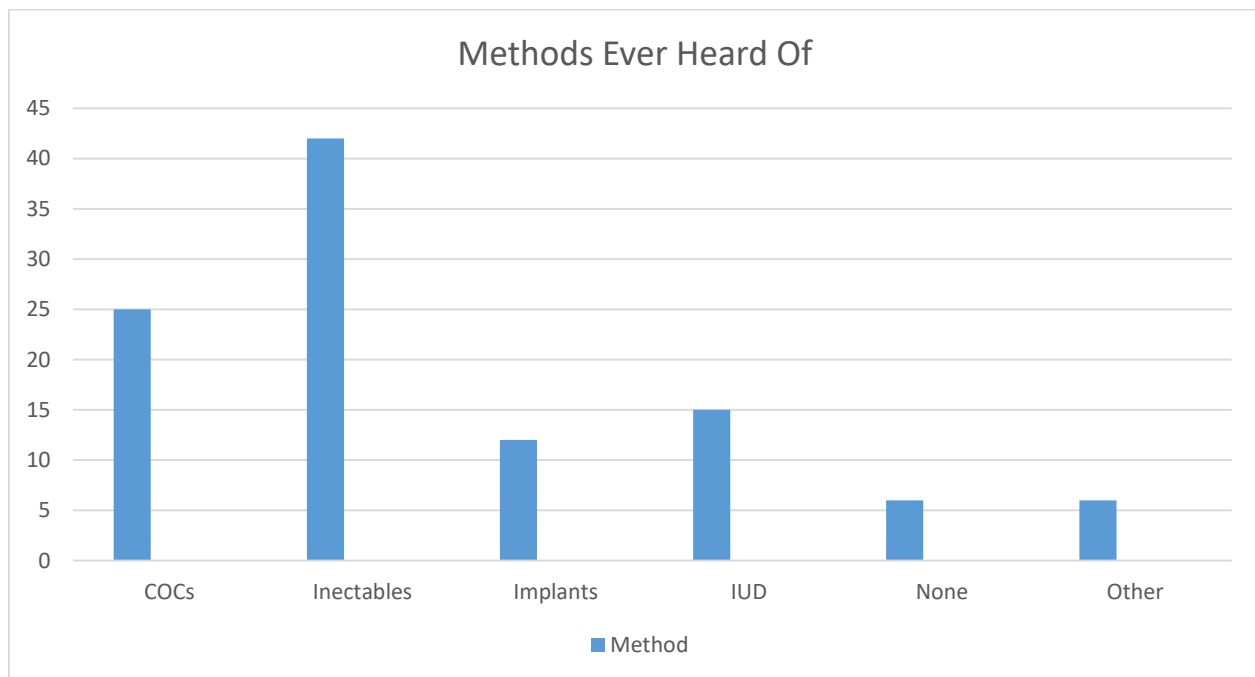


Figure 1: The Graph shows the different contraceptive methods the respondents had ever heard of with Injectables being the most known at a frequency of 42 respondents.

Attitude Towards Hormonal Contraceptives**Table 3: Attitude towards hormonal contraceptives**

| <i>Variable</i> | <i>Category</i> | <i>Frequency</i> | <i>Percentage</i> |
|--|-----------------|------------------|-------------------|
| Family planning is important | Yes | 93 | 88 |
| | No | 2 | 2 |
| | Don't know | 9 | 8 |
| Hormonal contraceptives are safe to use | Yes | 43 | 41 |
| | No | 24 | 24 |
| | Don't know | 39 | 39 |
| Women should be given free access to Hormonal contraceptives | Yes | 82 | 77 |
| | No | 16 | 15 |
| | Don't know | 8 | 7 |
| Women should freely discuss contraception with their peers | Yes | 63 | 63 |
| | No | 26 | 23 |
| | Don't know | 17 | 12 |
| Women who use contraceptives are immoral | Yes | 10 | 9 |
| | No | 82 | 77 |
| | Don't know | 14 | 13 |
| Women should be discouraged from using HC | Yes | 19 | 18 |
| | No | 75 | 71 |
| | Don't know | 12 | 11 |

From the study, the attitude of women towards family planning was generally positive. When asked questions to determine their attitudes towards family planning, almost all the respondents 93 (88%) said family planning was important and only 2 (2%) said it was not important. Forty-three women said hormonal contraceptives are safe to use while 24 said they are not. Eighty-two respondents thought women should be given free access to Hormonal contraceptives while 63 respondents thought that women should freely discuss contraception with their peers. On the issue of morality, only 9 respondents thought that women who use contraceptives are immoral while 19 thought that women should be discouraged from using hormonal contraceptives.

Table 4: The use hormonal contraceptives

| Variable | Category | Frequency | Percentage (%) |
|--|----------------------------|-----------|----------------|
| Have you ever used a method of family planning? | Yes | 62 | 58 |
| | No | 44 | 42 |
| If yes, which method(s) have you ever used? | Oral contraceptive pills | 30 | 48.3 |
| | Injectables | 20 | 32.3 |
| | Intrauterine system | 05 | 8.1 |
| | Other | 07 | 11.3 |
| Are you currently using a method of family planning? | Yes | 46 | 46 |
| | No | 54 | 54 |
| If yes, which method(s) are you using? | Oral contraceptive pills | 19 | 41.3 |
| | Injectables | 23 | 50 |
| | Intrauterine system | 01 | 2.2 |
| | Other | 03 | 6.5 |
| Where do you get the family planning services that you are currently using from? | Family planning clinic | 23 | 50 |
| | Pharmacy/ Drug shop | 03 | 6.5 |
| | Government health facility | 20 | 44.3 |
| How often do you visit the family planning service center each month? | Once | 60 | 60 |
| | 1-3 times | 12 | 12 |
| | More than 3 times | 02 | 02 |
| | First time to visit | 26 | 26 |
| If you have never used a modern method of family planning, why? | Spouse does not agree | 07 | 18.4 |
| | It has bad side effects | 15 | 39.5 |
| | I am not at risk | 03 | 7.9 |
| | Religion does not accept | 08 | 21.1 |

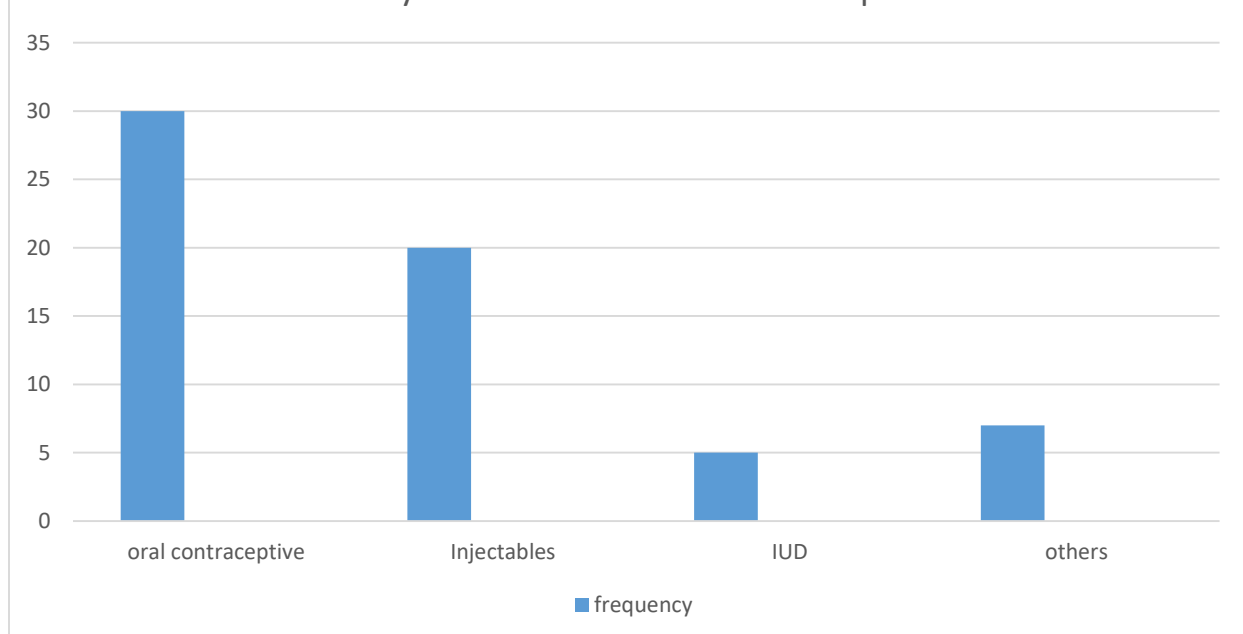
History of use of Hormonal Contraceptives

Figure 2: Of the 62 respondents that were still using hormonal contraceptives, the majority, (30) were using oral contraceptives, followed by injectables with 20 users. Only 5 of the respondents was using intrauterine systems while only 7 were using other methods.

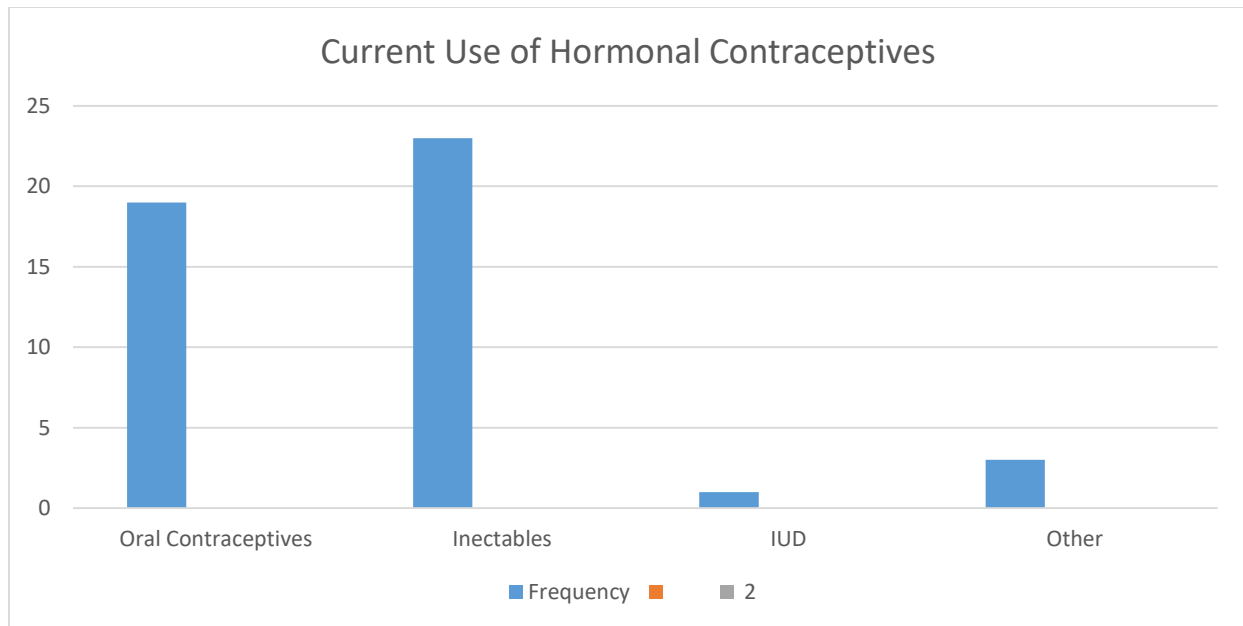


Figure 3: Of the 46 respondents that were still using hormonal contraceptives, the majority, (23) were using injectables, followed by oral contraceptives with 19 users. Only 1 of the respondents was using intrauterine systems while only 3 were using other methods.

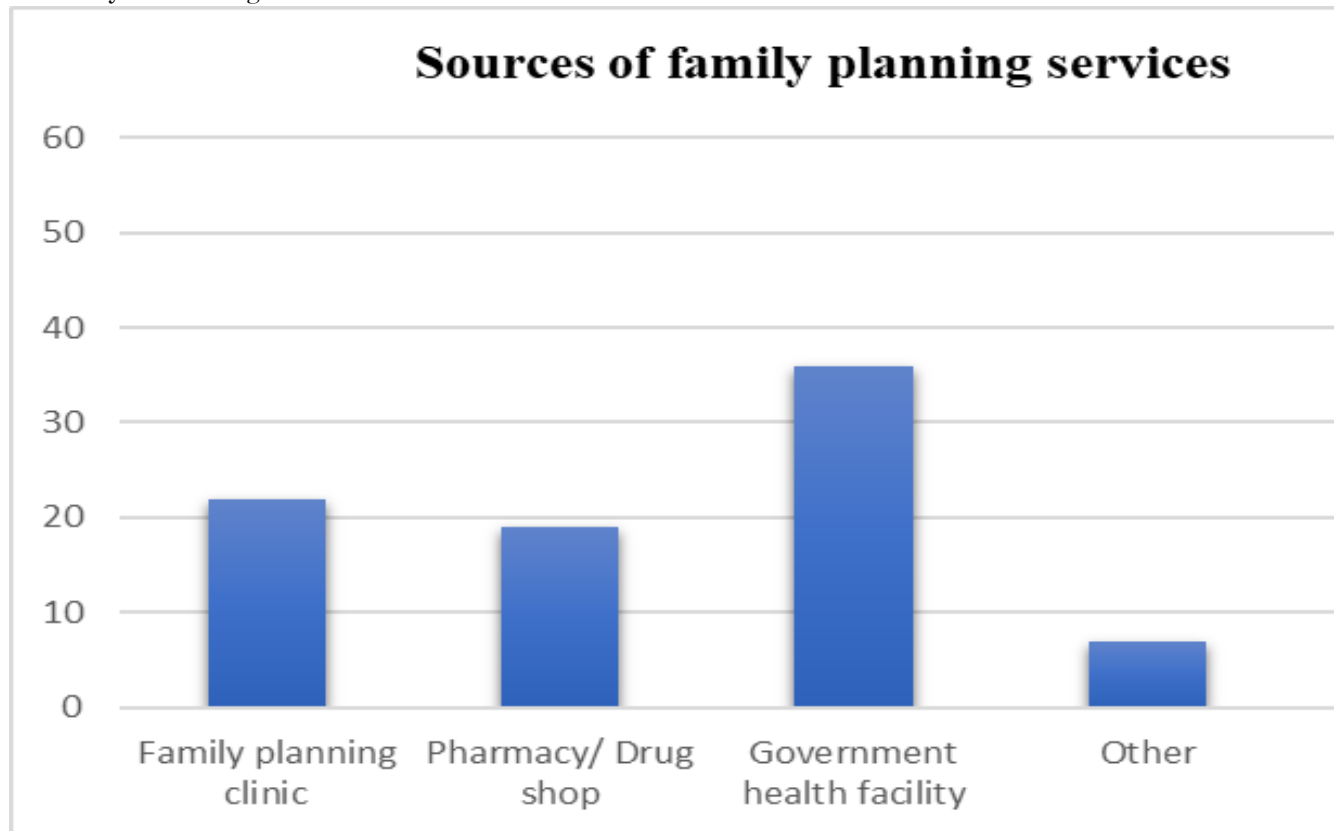


Figure 4: Most of the women (36) reported that they received family planning services from Government health facilities, 22 from Family planning clinics, 19 from the Pharmacy/ Drug shop and 07 from other sources.

Results showed that 62 respondents had ever used a form of hormonal contraception, while 44 had never used any. Of the 62 respondents, 53 had ever used oral contraceptive pills, 45 had ever used Injectables, 21 had ever used Intrauterine system and 33 had ever used other methods. Out of the respondents that had ever used contraception, only 30 were currently using a method of family planning while the rest were not. Of the 30 respondents that were still using hormonal contraceptives, the majority, (18) were using injectables, followed by oral contraceptives with (10) users. None of the respondents was using intrauterine systems while only 2 were using other methods. Most of the women (36) reported that they received family planning services from Government health facilities, 22 from Family planning clinics, 19 from the Pharmacy/ Drug shop and 07 from other sources. Women in this study had different reasons for not using family planning methods. Nine women claimed their spouse did not agree, 18 said it was due to bad side effects, 10 claimed they were not at risk of getting pregnant, 8 said their religion forbids them from using contraceptive methods, while 4 had other reasons.

DISCUSSION

From the study, it was found that 32% of participants were aged 15-17 years, 23 were aged 18-20 years, 20% were aged 21-30 years 17% were aged 31-40 years and 8% were aged 40-49 years. More than a half (53%) of the participants were married while less than a half (47%) of the participants were single. Majority (75) of the participants were Christians whereas only 25 belonged Islam and other religions like SDA and born again. Furthermore, it was found that majority (52%) of the participants had only secondary level of education whereas only 23% of the participants had attained primary level of education and 25% had attained a tertiary level. This low level of female education is a barrier to changing reproductive behavior in Ishaka as most illiterates have a traditional strong belief in very large families. Illiterates are also unable to use the information in the mass media quite well as the highly educated. These findings agree with those by Bledsoe et al (1993) who revealed that the higher the level of education, the better the attitude of contraception. Regarding income level, more than a half 74% of the participants earned <0.5M UGX whereas only 8% of the participants could earn >1M UGX. Majority (45%) of the participants were farmers, 21% were business women while only 5% were house wives. More than a half 74% of the respondents were residing in rural areas while 26% of the respondents were residing in urban setting. The rationale for promotion of family planning to delay conception after a recent birth is a best practice that can lead to optimal maternal and child health outcomes. However, uptake of family planning services remains low in sub-Saharan Africa [13]. Results from this study showed that 62 respondents had ever used a form of hormonal contraception, while 38 had never used any. The percentage of ever users is higher than that reported in a population-based cross sectional study among women in Uganda, where [13] noted that among the 3298 women of reproductive ages who participated in the study, more than a quarter (28%) of the women had ever used modern family planning. In another study whose aim was to assess the use, knowledge and attitudes regarding hormonal contraception of female first-year students it was determined that 23.0% of the female students were using hormonal contraceptive products. Of these, only 23.3% claimed to use the products for contraception purposes, while 7.3% were reported to be using other forms of contraception [4]. In a population-based survey, [14] reported that of 6217 women between the ages of 15 and 24, two-thirds were sexually active of whom 52.2% used contraception. In the current study, of the 62 respondents who had ever used a form of hormonal contraception, 53 had ever used oral contraceptive pills, 45 had ever used injectables, 21 had ever used Intrauterine system and 33 had ever used other methods. Out of the respondents that had ever used contraception, only 30 were currently using a method of family planning while the rest were not. Of the 30 respondents that were still using hormonal contraceptives, the majority, (18) were using injectables, followed by oral contraceptives with (10) users. None of the respondents was using intrauterine systems while only 2 were using other methods. In a population-based survey, [14] reported that among contraceptive users, 25.5% used male condoms and 66.6% only hormonal contraceptives, while 6.8% used dual methods. In another population-based survey across four provinces in South Africa among sexually active youth, [15] found 89.1% of sexually active women using contraception, 57.6% using male condoms, 25.6% using injectables, 5.2% IUDs and 5.5% emergency contraception. In a study by [16] comprising 400 women at a tertiary institution, 74% of participants were sexually active, of whom 79% used contraception: oral contraceptives were preferred by 38% and male condoms by 25%. An earlier study by [17] showed a preference for male condom use among unmarried women due to the stigma of using pills or visiting the clinic for injections. Most of the women (36) reported that they received family planning services from Government health facilities, 22 from Family planning clinics, 19 from the Pharmacy/ Drug shop and 07 from other sources. Women in this study had different reasons for not using family planning methods. Nine women claimed their spouse did not agree, 18 said it was due to bad side effects, 10 claimed they were not at risk of getting pregnant, 8 said their religion forbids them from using contraceptive methods, while 4 had other reasons. When [18] asked women about reasons for non-use of contraceptives, the majority of the respondents, 52(52%) mentioned wanting to become pregnant, 27(27%) motioned lack of knowledge about F/P, while 10(10%) feared side effects. However, these findings do not agree with results from Mbereka's 1993 findings that the most important factors hindering F/P services in Uganda are lack of enough knowledge about F/P and fear of side effects. Hormonal contraception in its many forms can provide reliable prevention of unintended pregnancy,

as well as a broad range of non-contraceptive benefits [19]. For some women, these may form the primary indication for recommending one particular method over another, such as in the treatment of menstrual disorders or acne [20]. However, a balanced and evidence-based discussion of non-contraceptive benefits should form part of any contraceptive choice consultation and it is important for contraceptive providers to maintain their knowledge as evidence continues to emerge in this area [5]. Women in this study showed awareness of modern contraceptives with a positive attitude though actual use was still low. The majority of the respondents, 98% had ever heard about family planning while only 2% had never. This means that most of the respondents were aware of family planning or had some level of knowledge about hormonal contraceptives. Knowledge of hormonal contraceptives was defined operationally as having heard of at least one method. Fifty nine percent (59%) of the women had inadequate knowledge (i.e. ability to identify one to three hormonal contraceptive methods) and 41% had adequate knowledge, about one-third of currently married women had an unmet need for family planning. The survey also reported that both women and men had inadequate knowledge of their contraceptive method and over 50% of women lacked comprehensive knowledge of these methods, including awareness of side effects, and only 59% were given information about other methods by a health worker. In their study to assess the use, knowledge and attitudes regarding the use of hormonal contraception, [4] reported that most of the participants (70.4%) regarded themselves as having 'a moderate amount of knowledge' regarding hormonal contraception and only 18.5% admitted to having 'very little knowledge'. The researchers determined that the population were aware of the majority of methods, yet lacked knowledge when more detailed questions were asked. Participants ranked combined oral contraceptives as the most effective form of hormonal contraception, followed by the injectable hormones. Of the respondents who knew about family planning and hormonal contraceptives, 45(45%) got their knowledge on from health centres/clinics, 21% from friends, 15% from radios and TVs while none had heard about it from newspapers. This disagrees with Grindlay et al, who reported that a majority of both men and women receive family planning messaging from the radio and more men than women report seeing messages on television or in print media [9]. Overall, there is a clear need for continued efforts to promote contraceptive knowledge and use in Uganda [7]. Most of the respondents, 72 knew about injectables, (62) knew about oral contraceptives, 31 knew about Intrauterine devices and (21) knew implants. Other methods were known by few respondents (22) while 7 did not know any method. The study findings agree with those established by Ferguson A. 1999 where pills were the best-known method. According to a study done in Uganda in 2017, awareness of contraceptive methods in both urban and rural participants was high. Participants were less familiar with IUD and sterilization methods than other forms of contraception. More urban participants than rural participants correctly identified both short-acting methods and long-acting methods. All participants correctly stated how at least one method is used, but very few, especially at rural centers were able to state how all the listed methods are used [21]. In another study, [22] conducted a survey among undergraduate students at a university and of the 360 participants, 95% knew about condoms; 79.2% about the pill; 75.6% about injectables; and 61.4% about emergency contraception. This study concluded that a considerable percentage of participants may be at risk of unintended pregnancies because of contraceptive failure, as only 36.2% of participants knew that some medication, such as antibiotics, certain diet pills and tuberculosis medication could lower the effectiveness of hormonal contraceptives. [23] reported that women who selected IUDs and implants were more likely to have accurate knowledge concerning the effectiveness of their method of contraception, while 60% of users of contraceptive pills and condoms overestimated the efficacy of their method of contraception. Before implementing any family planning programme, the attitude regarding the usage of contraception amongst the population should be assessed [24]. Despite renewed emphasis on family planning services in Uganda through global partnerships such as Family Planning 2020 and local efforts committed to promoting gender inclusiveness by organizations such as Reproductive Health Uganda, low contraceptive uptake and high unmet need for contraception remain significant issues in Uganda compared to neighboring countries such as Kenya, Ethiopia, and Rwanda [7]. From the current study, the attitude of women towards family planning was generally positive. When asked questions to determine their attitudes towards family planning, almost all the respondents 93 (93%) said family planning was important and only 2 (2%) said it was not important. Forty-one women said hormonal contraceptives are safe to use while 24 said they are not. Eighty-two respondents thought women should be given free access to Hormonal contraceptives while 63 respondents thought that women should freely discuss contraception with their peers. On the issue of morality, only 9 respondents thought that women who use contraceptives are immoral while 19 thought that women should be discouraged from using hormonal contraceptives. Studies have determined that some Ugandan women feel that bearing children is necessary to maintain their husband's respect, stabilize their relationship, and provide economic support; losing the ability to have children thus poses a significant threat to social, economic, and relationship survival. Therefore, for many young women, or women with few children, preserving fertility is of most importance, even if contraceptive methods could help with birth spacing, making pregnancy and birth safer for both the mother and child [8] Alege et al., [25] conducted a study among 162 young women and almost a third (27%) of them indicated that emergency contraception should not be used at all. In another study by [4], a high percentage of participants indicated that emergency contraception is acceptable only when used

as an emergency contraceptive, or is completely unacceptable. Of the total respondents in a study by [26], 95% replied that they had heard of emergency contraception; however, only 53% were considered to have good knowledge, and 55% had negative attitudes towards its use. Another aspect that influences the use of contraceptive methods is the religious affiliation, which could influence the attitudes towards to use hormonal contraception and for the young women with medical knowledge, the advice of a healthcare professional seems to be quite important, because they are aware of the risks of improper use of hormonal contraceptives. Although religious doctrines affect the decision to use hormonal contraception, it is not always taken into account [27]. In a cross-sectional survey to assess the knowledge, attitude and practice of emergency contraceptives among women in Mekelle town, Ethiopia 45% of the respondents were knowledgeable towards emergency contraceptives, and about 46.4% of the students had positive attitude towards emergency contraceptives. The study indicated low level of knowledge; very low level of practice and majority showed negative attitude towards emergency contraceptives [28]. Furthermore, [29] noted low awareness and uptake of subdermal implants which was ascribed to lack of training of nursing staff and lack of access at government hospitals. A study by [2] found that administrative division, place of residence, religion, number of household members, woman's age, occupation, body mass index, breastfeeding practice, husband's education, wish for children, living status with wife, sexual activity in past year, women and amenorrhoeic status were significantly associated with contraception use. Attitudes towards contraceptive methods were assessed in a study done in various health facilities in Uganda and it was determined that majority of participants believed that long-acting contraceptive methods were more effective than short-acting methods. However, when it came to ranking individual methods, implants and injectables were ranked as the most effective methods. There was a slight disagreement regarding how participants from urban and rural centers ranked methods as least effective. While the largest number of urban participants (51.7%) ranked the withdrawal method as least effective, followed by oral contraceptive pills (34.2%), a larger number of rural participants (36.7%) ranked oral contraceptive pills as the least effective [21].

CONCLUSION

The respondents had low levels of knowledge about family planning services. Women in this study showed awareness of modern contraceptives with a positive attitude though actual use was still low. Factors affecting utilization of family planning in this study include stigma, fear of side effects, wanting to have children, fear of infertility, religion, and intermittent bleeding.

REFERENCES

1. Department of Economic and Social Affairs Population Division December: World Marriage Patterns. Popul. Facts. (2011)
2. Hossain, M.B., Khan, M.H.R.: Identifying factors influencing contraceptive use in Bangladesh: evidence from BDHS 2014 data. 1–14 (2018). <https://doi.org/10.1186/s12889-018-5098-1>
3. Macgregor, E.A.: Review Article Contraception and Headache. (2013). <https://doi.org/10.1111/head.12035>
4. Zyl, P.M. Van, Brisley, C., Halberg, L., Matthyssen, M., Toerien, M., Joubert, G., Group, F.: The use, knowledge and attitudes regarding hormonal contraceptive products of female first- year students in a Faculty of Health Sciences The use, knowledge and attitudes regarding hormonal contraceptive products of female first-year students in a Facu. 6190, (2019). <https://doi.org/10.1080/20786190.2019.1643197>
5. Michelle, C., Katie, B.: Non-contraceptive benefits of hormonal contraception. 1, 394–399 (2019)
6. Iversen, L., Sivasubramaniam, S., Lee, A.J., Fielding, S., Hannaford, P.C.: Lifetime cancer risk and combined oral contraceptives: the Royal College of General Practitioners' Oral Contraception Study. Am. J. Obstet. Gynecol. 216, 580.e1–580.e9 (2017). <https://doi.org/10.1016/j.ajog.2017.02.002>
7. Thummalachetty, N., Mathur, S., Mullinax, M., Decosta, K., Nakyanjo, N., Lutalo, T., Brahmabhatt, H., Santelli, J.S.: Contraceptive knowledge, perceptions, and concerns among men in Uganda. 1–9 (2017). <https://doi.org/10.1186/s12889-017-4815-5>
8. Blackstone, S.R., Nwaozuru, U., Iwelunmor, J.: Factors Influencing Contraceptive Use in Sub-Saharan Africa : A Systematic Review. (2017). <https://doi.org/10.1177/0272684X16685254>
9. Grindlay, K., Turyakira, E., Kyamwanga, I.T., Nickerson, A., Blanchard, K.: The experience and impact of contraceptive stockouts among women, providers and policymakers in two districts of Uganda. Int. Perspect. Sex. Reprod. Health. (2016). <https://doi.org/10.1363/42e2016>
10. Division, F.P., Welfare, F.: Reference Manual for Oral Contraceptive Pills Reference Manual for Oral Contraceptive Pills. (2016)
11. Khan, G.N., Turab, A., Khan, M.I., Rizvi, A., Shaheen, F., Ullah, A., Hussain, A., Hussain, I., Ahmed, I., Yaqoob, M., Ariff, S., Soofi, S.B.: Prevalence and associated factors of malnutrition among children under-five years in Sindh, Pakistan: A cross-sectional study. BMC Nutr. (2016). <https://doi.org/10.1186/s40795-016-0112-4>
12. Wiegand, H.: Kish, L.: Survey Sampling. John Wiley & Sons, Inc., New York, London 1965, IX + 643 S., 31 Abb., 56 Tab., Preis 83 s. Biom. Z. 10, 88–89 (1968). <https://doi.org/10.1002/bimj.19680100122>

13. Rutaremwa, G., Kabagenyi, A., Wandera, S.O., Jhamba, T., Akiror, E., Nviiri, H.L.: Predictors of modern contraceptive use during the postpartum period among women in Uganda : a population-based cross sectional study. 8–14 (2015). <https://doi.org/10.1186/s12889-015-1611-y>
14. MacPhail, C., Pettifor, A.E., Pascoe, S., Rees, H. V.: Contraception use and pregnancy among 15–24 year old South African women: A nationally representative cross-sectional survey. *BMC Med.* (2007). <https://doi.org/10.1186/1741-7015-5-31>
15. Seutlwadi, L., Peltzer, K., Mchunu, G., Tutshana, B.O.: Contraceptive use and associated factors among South African youth (18 - 24 years): A population-based survey. *South Afr. J. Obstet. Gynaecol.* (2012). <https://doi.org/10.7196/sajog.504>
16. Coetzee, M.H., Ngunyulu, R.N.: Assessing the use of contraceptives by female undergraduate students in a selected higher educational institution in Gauteng. *Curationis.* (2015). <https://doi.org/10.4102/curationis.v38i2.1535>
17. Oyediji, O.A., Cassimjee, R.: A gendered study of young adult contraceptive use at one university in KwaZulu-Natal. *Curationis.* (2006). <https://doi.org/10.4102/curationis.v29i3.1088>
18. RONALD, O.: FACTORS CONTRIBUTING TO UNDER UTILIZATION OF MODERN. (2014)
19. Wiebe, E., Mackay, J., Wiebe, E., Mackay, J.: Mood and sexual side effects of hormonal contraception Effets indésirables des contraceptifs hormonaux sur l' humeur et l' activité sexuelle. 58, 677–683 (2012)
20. Gupta, S., Singh, A., Gupta, N., VI, S.: Family Planning Knowledge and Practices among Women in a District Hospital. 52, 159–161 (2012)
21. Tibajjuka, L., Odongo, R., Welikhe, E., Mukisa, W., Kugonza, L., Busingye, I., Nabukalu, P., Ngonzi, J., Asiimwe, S.B., Bajunirwe, F.: Factors influencing use of long-acting versus short-acting contraceptive methods among reproductive-age women in a resource-limited setting. *BMC Womens Health.* (2017). <https://doi.org/10.1186/s12905-017-0382-2>
22. Akintade, O.L., Pengpid, S., Peltzer, K.: Awareness and use of and barriers to family planning services among female university students in Lesotho. *South Afr. J. Obstet. Gynaecol.* (2011). <https://doi.org/10.7196/sajog.328>
23. Eisenberg, D.L., Secura, G.M., Madden, T.E., Allsworth, J.E., Zhao, Q., Peipert, J.F.: Knowledge of contraceptive effectiveness. *Am. J. Obstet. Gynecol.* (2012). <https://doi.org/10.1016/j.ajog.2012.04.012>
24. Patel, R., Panchal, P., Mehta, A., Shah, S.: A knowledge, attitude and practice study of contraception amongst immediate post-partum patients in a tertiary care institute 2016. *Curr. Med. Res. Pract.* (2017). <https://doi.org/10.1016/j.cmrp.2017.06.003>
25. Alege, S.G., Matovu, J.K., Ssensalire, S., Nabiwemba, E.: Knowledge, sources and use of family planning methods among women aged 15–49 years in Uganda: a cross-sectional study. *Pan Afr. Med. J.* 24, 39 (2016). <https://doi.org/10.11604/pamj.2016.24.39.5836>
26. Kgosiemang, B., Blitz, J.: Emergency contraceptive knowledge, attitudes and practices among female students at the University of Botswana: A descriptive survey. *Afr. J. Prim. Health Care Fam. Med.* (2018). <https://doi.org/10.4102/phcfm.v10i1.1674>
27. Ősz, B.E., Ștefănescu, R., Tero-Vescan, A., Sălcudean, A., Boca, C.D., Jîtcă, G., Vari, C.E.: Medical knowledge, religious beliefs, and free will: Attitudes and opinions of various undergraduate female respondents regarding oral contraception. a questionnaire-based study. *Int. J. Environ. Res. Public. Health.* (2021). <https://doi.org/10.3390/ijerph18073502>
28. Gebrehiwot, H., Gebrekidan, B., Berhe, H., Kidanu, K.: Assessment of knowledge, attitude, and practice towards emergency contraceptives among female college students at Mekelle town, Tigray region, Ethiopia: A cross sectional study. *Int. J. Pharm. Sci. Res.* (2013)
29. Rees, H., Pillay, Y., Mullick, S., Chersich, M.F.: Strengthening implant provision and acceptance in South Africa with the 'any woman, any place, any time' approach: An essential step towards reducing unintended pregnancies. *S. Afr. Med. J.* (2017). <https://doi.org/10.7196/SAMJ.2017.v107i11.12903>

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