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Uptake and Factors Affecting Utilization of Contraceptives Among Females of Reproductive Age in Western Division, Bugiri Municipality, Eastern Uganda

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ABSTRACT

The aim of this study was to assess the level of contraceptive uptake and factors associated with the use of contraceptives among women of reproductive age in the western division of Bugiri Municipality, Eastern Uganda. This study was a cross-sectional descriptive study which employed both quantitative and qualitative data collection methods and involved 409 women of reproductive age was used. The level of contraceptive uptake was low (45%), as well as utilization of contraceptives and it was associated with a couple of factors including; women's age(years) at first coitus 15-17(183), contraception use at first coitus (24%), religion; Anglicans (53%), religious acceptance (46%), gender, marital status: singles being the majority (166), education level; primary (40%), knowledge and awareness (100%): health workers being the prime (36%) source of information. Contraceptive accessibility and availability (59%), shortage of contraceptives (65%), preference contraceptive method: condoms (51%), affordability (174), easy usability (66) and safety (80) of the preferred contraceptive method. Other factors; decision making: both male and female (58%), peer influence (85%) and side effects (25%). Better informed women on sexual rights and reproductive health are empowered to use contraceptives more than others. Stakeholders should design, launch and implement inclusive women-friendly services, sexual and reproductive health programs prioritizing the use of contraceptives, women empowerment in regard to sexual rights and reproductive health, behavioural change communications and create an enabling environment for contraceptive use.

Keywords: Sexual intercourse, Conceptions, Unintended pregnancies, Use of contraceptives, Sexual and reproductive health programs.

INTRODUCTION

Contraception is defined as the use of a contraceptive method to prevent pregnancy by interfering with ovulation, fertilization and/or implantation [1]. Contraceptives are defined as methods or devices used to prevent pregnancy. They help women plan when and how many children to have. Contraceptive methods are categorized into two types: modern and traditional methods. Modern methods include clinic and supply methods such as the pill, intrauterine device (IUD), condoms, injections, sterilization, spermicides and implants [2]. Traditional methods include periodic abstinence (rhythm), withdrawal and folk methods [3]. The male condom is the most widely used barrier method, which creates a physical barrier to block sperm from reaching the ovum and reduce the risk of sexually transmitted infections [4]. The hormonal oral contraceptives were introduced in 1960s and since then, the oral contraceptive pills have been used by over 200 million 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 [4]. Emergency contraception (EC), also called postcoital, is a method of prevention from

unintended pregnancy after unprotected intercourse. There are three types of ECPs: combined ECPs containing both estrogen and progestin, progestin-only ECPs, and ECPs containing an anti-progestin (either mifepristone or ulipristal acetate). Copper-bearing IUDs can be inserted up to 5 days to prevent pregnancy [5].

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 [6, 7]. Globally, studies on women's sexual behaviour show that their premarital sexual encounters are generally unplanned, infrequent and sporadic. This pattern predisposes them to unplanned pregnancy [8]. According to World Health Organization (WHO), the global unmet need for contraceptives is still high despite much efforts to reverse the situation. So many sexually active individuals are not using any contraceptive methods more so in the majority of the world's poorest countries where it has been observed that contraceptive utilization is low and the unmet need for family planning is high [9, 10, 11]. Despite the global progress in increasing availability and coverage of family planning services, most of the contraceptive needs of women of reproductive age are largely unmet [12]. In developing countries, the woman's decision on which contraceptive method to use, if any at all, is either a collective decision with the sexual partner or is completely dependent on the male partner's choice and preference [13, 14, 15]. Currently, there are conflicting messages about contraceptive use; the promotion of sexual involvement on one extreme and the urging of chastity on the other makes females feel guilty, uncertain or indecisive about contraception [16].

As of 2019, there was an estimated 14.3 million births worldwide as a result of unwanted pregnancies; 2.5 million women worldwide have an unsafe abortion annually [17]. Globally, women in reproductive age face a high unmet need for contraception further predisposing them to unplanned pregnancy and risk of unsafe abortion [8]. According to UNICEF, women of reproductive age account for 23% of the total population in Africa [18]. Sub-Saharan Africa has the greatest proportion of women who have begun childbearing [19]. According to the latest Uganda Demographic and Health Survey (DHS), 24.8% of girls aged 15–19 had already begun childbearing. Furthermore, Uganda has one of the lowest contraceptive prevalence rates in the region. From Uganda Demographic Health Survey (UDHS) of 2016, one out of four (25%) of all women, according to the findings aged 15-49 years have either a child or are pregnant, representing a 1% increase in unwanted pregnancy rates over the previous 2011 survey [20]. Uganda's fertility rate stands at 5.9 children per woman, above the Sub-Saharan average of 4.8 [21]. This high fertility rate is attributed to low use of contraceptives, however, high levels of child marriages and early child bearing also play an important role, which remains a public health concern that should be averted. Assessing the levels of contraceptive awareness and use helps to identify potential areas of intervention or barriers hindering utilization of the contraceptive among reproductive aged women. Exploring fertility preferences in relation to contraceptive use can increase the understanding of future reproductive behavior and unmet family planning needs. This knowledge can help assist women in meeting their reproductive goals in the study area. Hence this study seeks to assess the level of uptake and the factors affecting utilization of contraceptives among females.

METHODOLOGY

Study Design

This was a cross-sectional descriptive study which used both quantitative and qualitative data collection methods [22] to determine the contraceptive uptake and factors affecting utilization of contraceptives among women of reproductive age in western division, Bugiri municipality. This design was selected because it assisted in easy getting of the required data for the study.

Area of Study

This study was conducted in Bugiri municipality located in Bugiri district in

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Eastern region of Uganda. Bugiri Municipal is located in the South Eastern part of Uganda. It lies between longitudes 33 Degrees 10 minutes east and 34 degrees 0 minutes east and latitudes 0 degrees 06 minutes north and 1 degree 12 minutes north. Bugiri Municipal is surrounded by Kapyanga Sub - county in Bugiri District Local Government. The Municipality is 150 km away from the Capital City Kampala. The Municipal Headquarters are located in Bugiri Municipal Council along the Jinja Tororo High way. As of first July 2016, it had a population of 28,747 with total male population of 13,420 and females 15,327. Bugiri municipality has two divisions that is the eastern and western division. Western division has nine wards which include: Busanzi, Bwole, Musongola, Kimumbasa, Muyenga, Ndeba, Kireka, Ndifakulya and Kamwokya. It also includes Bugiri general hospital a 100 bed, government-owned hospital which serves Bugiri district and parts of the district of Iganga, Busia, Namayingo, Mayuge and Namutumba. The hospital is located on the Jinja-Tororo highway, about 71kilometers east of jinja regional referral hospital. The main ethnic groups are Basoga, and Basamya. The major economic activity in the area is agriculture.

Study Population

The study population comprised women of reproductive age from 15 to 49 years in western division, Bugiri Municipality in Eastern Uganda.

Inclusion criteria

All women of reproductive age who gave a written informed consent to participate in the study.

Exclusion criteria

i. Women of reproductive age who were not psychologically stable and those that were critically ill.
ii. Pregnant women.
iii. Women below 15 years of age and above 49years of age.

Sample size determination

The minimum sample size for the study was estimated using Kish Leslie formula (1965)

$$n = (Z^2PQ)/d^2$$

Where:

n = minimum sample size.

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

P= prevalence of contraceptive use was 41.2% average in Busoga region (MOH, 2019).

Q= 1-P

d= acceptable margin of error at 5%

Given that; Z=1.96, P= 0.412, Q= 0.569 and d=0.05

Therefore,

n=372

The minimum required sample size was 372.

However, allowing for 10% non-response the sample size was adjusted upwards to 409.

Sampling Procedures

Simple random sampling method was used where every individual in the target population had equal chance of being selected. Also, convenient sampling method to select women of reproductive age into the study until a desired sample size (409) is reached was used. This method is easy, rarely biased when used with a homogenous population.

Data collection

The researcher used closed and structured questionnaire focusing on socio-demographic factors, knowledge on contraceptives, contraceptive utilization and perception on contraceptives. Both open ended and closed ended questions were included in the study. The interview was structured and focused on women of reproductive age in western division, Bugiri municipality. The questionnaires were interpreted using local language for those who did not understand English. Four research participants who were acquainted with the contents of the questionnaire were chosen to help the respondents in interpreting in their local language. Data management involved checking the questionnaire and sorting incomplete and improperly filled questionnaires. Completely filled questionnaires were kept in the cupboard locked for safety and confidentiality and later taken for analysis. All questions in the questionnaires were coded for easy analysis and also further help to reduce the data into manageable proportions.

Quality control

About 10 questionnaires were pre-tested amongst willing women in western division in Bugiri municipality and these were not included in the final sample. The research assistants were trained as per the requirements of the study and objectives to be met. All questions that were not clear were adjusted for clarity to ensure that quality data required for research was the one collected. Only women that fit the inclusion criteria participated in the study. Respondents were guided on how they can correctly fill in their answers. Privacy and confidentiality were maintained throughout the process of data collection. The collected data was checked immediately after finalizing the questionnaire for completeness and consistency of information collected.

Data analysis

Data from the questionnaires was analyzed manually. Equivalent responses were pooled to arrange the responses in different categories. Data was then transferred to Microsoft Excel 2010 for the graphical presentation of results and was presented in both graphs and charts. For objective one; uptake of contraceptives was calculated as proportion of women of reproductive age on contraception with in current three months among all women recruited in the study and expressed in percentage and presented in a pie-chart. For objective two; factors affecting utilization of contraceptives, data was presented in pie charts, graphs, tables and figures.

RESULTS

Demographic Characteristics of the Respondents Age

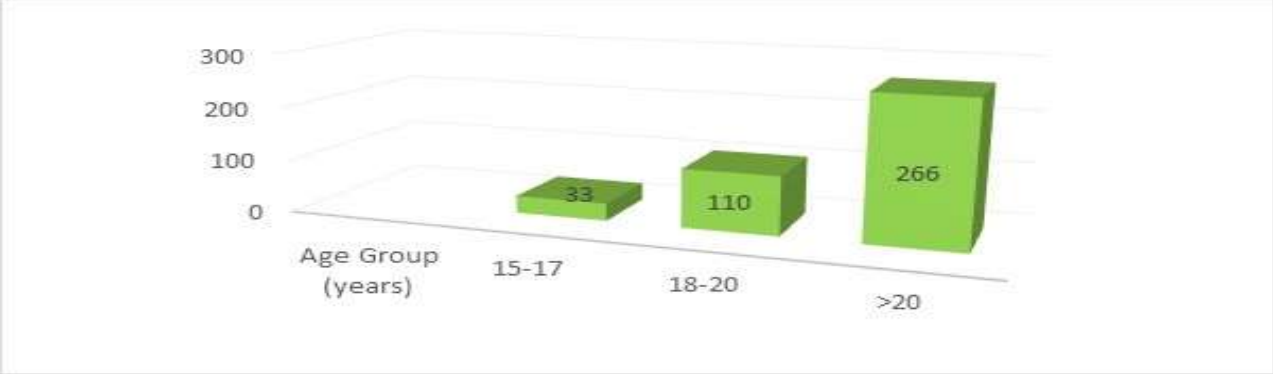

Figure 1: Graph showing the different age groups of the respondents.

Majority of the respondents (266) were above 20 years of age. Only 33 of the respondents were aged 15-17 years of age.

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Religion

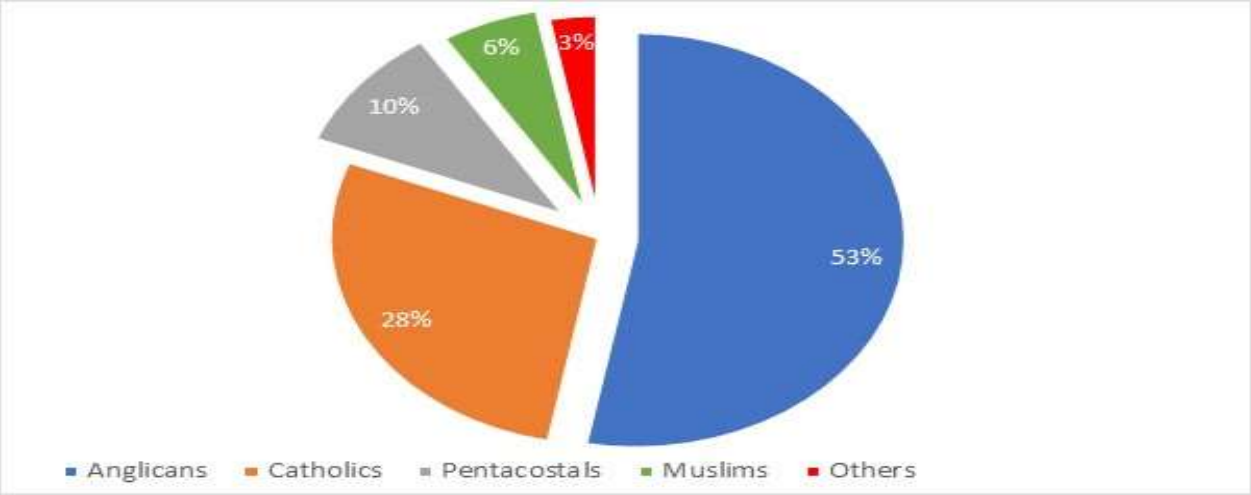

Figure 2: Pie chart showing the different religions of the participants

Among the participants, majority were Anglicans. More than half (53%) were Anglicans, less than half (28%) Catholics and less than a quarter (10% and 6%) of participants were Pentecostals and Muslims respectively. Others (3%) like the SDA and Jehovah's witness were the least.

Marital Status

Table 1: Showing marital status of the respondents

Single	Married	Co-habiting	Divorced/separated
166	89	103	51

Most of the participants (166) in this study were single. Over 103 were co-habiting, 89 were married and 51 0f the respondents were divorced/separated.

Tribe

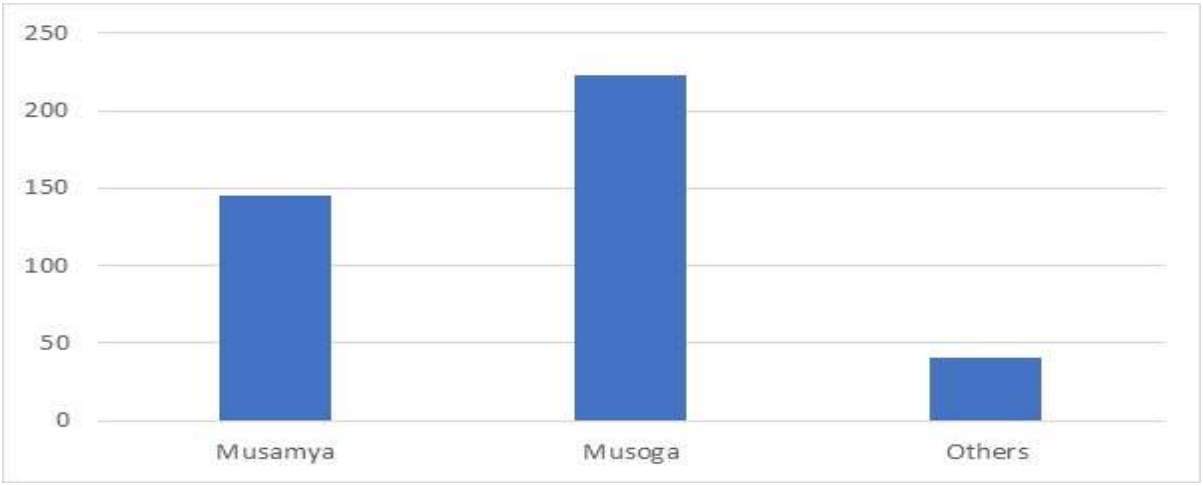

Figure 3: Graph showing the respondents' tribes

Basoga were the majority (223) because they are the natives of the study area, followed by Basamya and others like Bagwere, Bagishu, Basiki and Balamogi were the least of all the respondents.

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Occupation

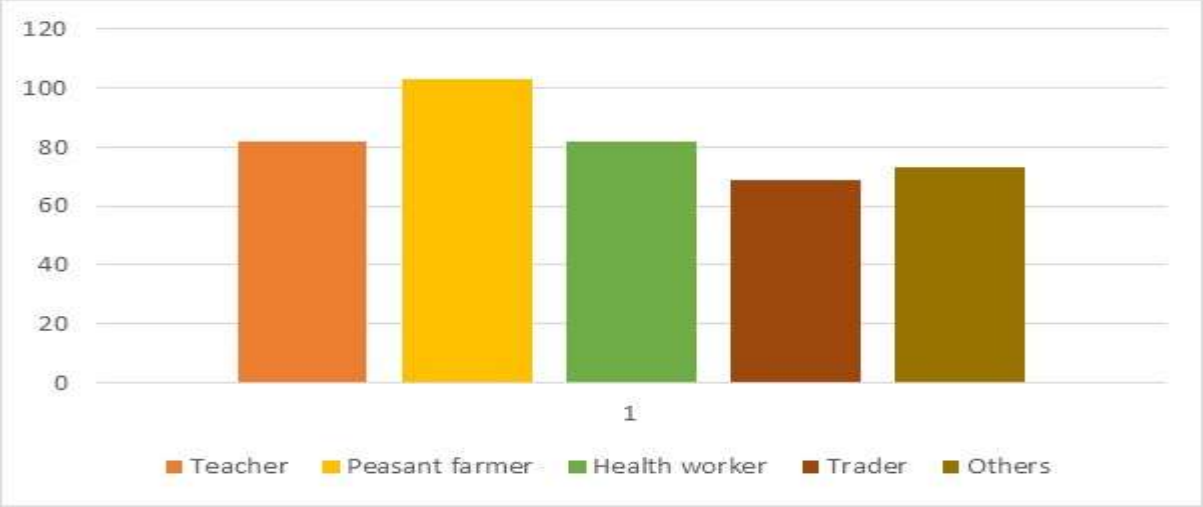

Figure 04: A graph showing occupation of respondents

Peasant farmers were the majority (103) with working classes almost of equal numbers

Education Level

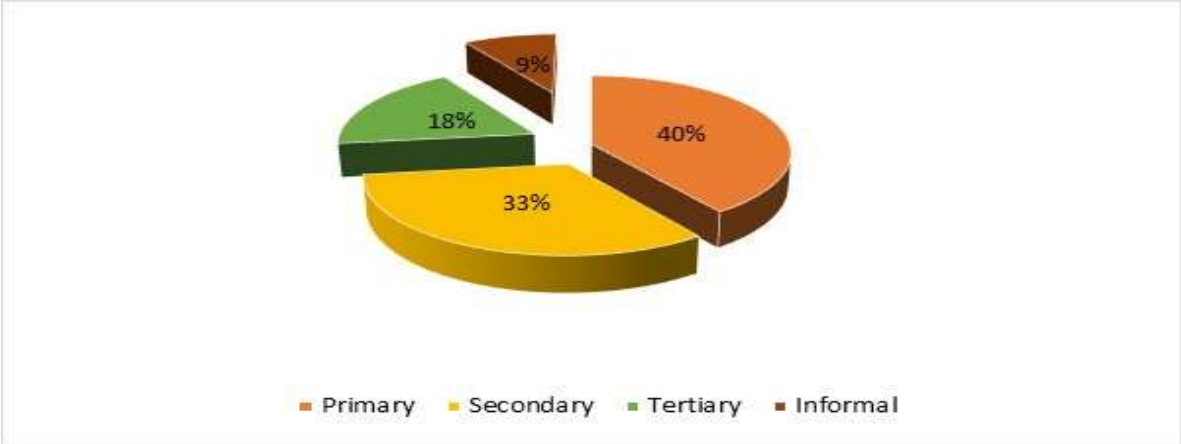

Figure 5: Pie chart showing education level of the respondents

Majority (40%) of the participants were primary school leavers while 33% had reached secondary level of education. Less than a quarter (18%) of participants had gone to tertiary institutions and those with informal education (9%) were the least.

Level of contraceptive uptake

Respondents on Contraception within Current Three Months

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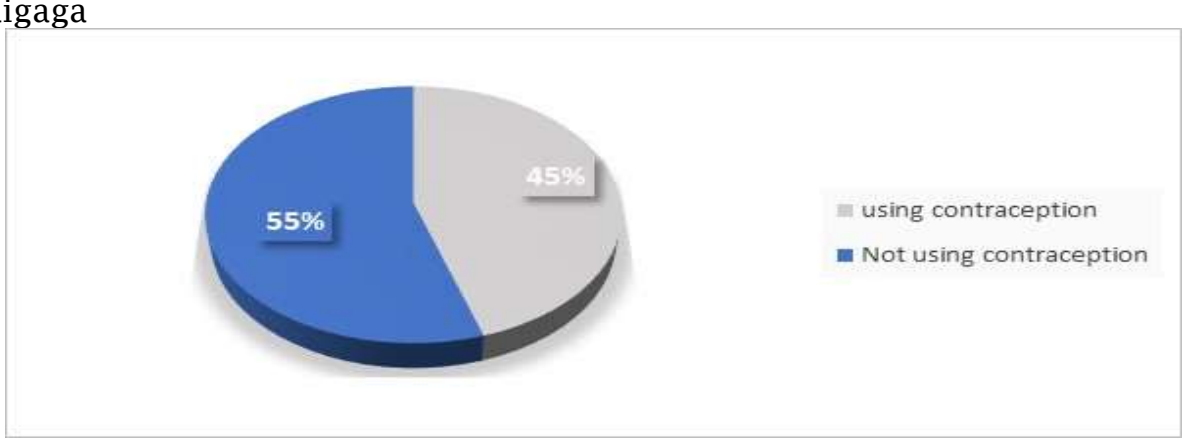

Figure 6: Pie Chart Showing Respondents on FP

Majority of respondents (55%) were not on contraception. Less than half of respondents (45%) were currently on contraception.

Factors Affecting Utilization of Contraceptives

- Socio-demographic factors
- Age of female at first coitus

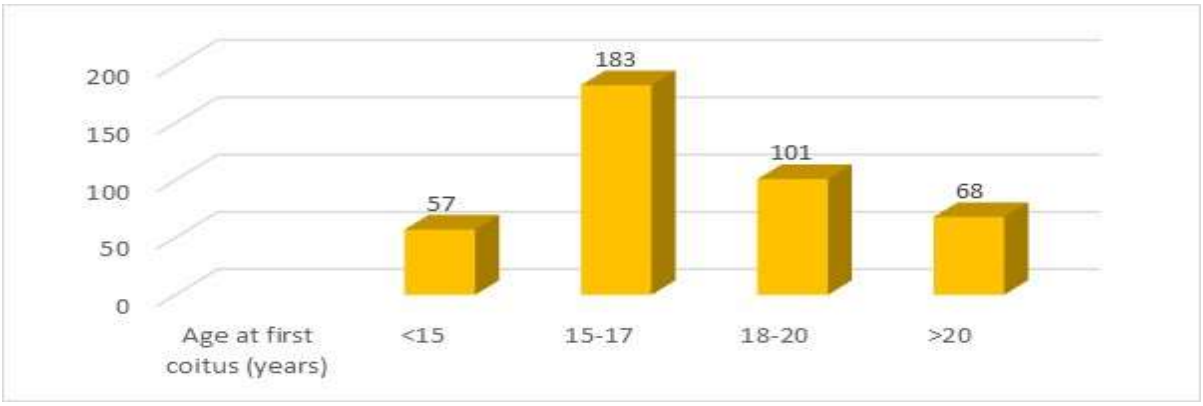

Figure 7: Graph showing age of respondents at first coitus

All the respondents had ever indulged in sexual intercourse at different age groups. At least 57 of respondents had coitus before age 15 years. However, majority (183) of respondents had their first sexual intercourse at the age of 15-17 years, 101 respondents engaged in first sexual intercourse at 18-20 years of age and over 68 of respondents had first coitus at the age of more than 20 years.

Use of contraception at first coitus

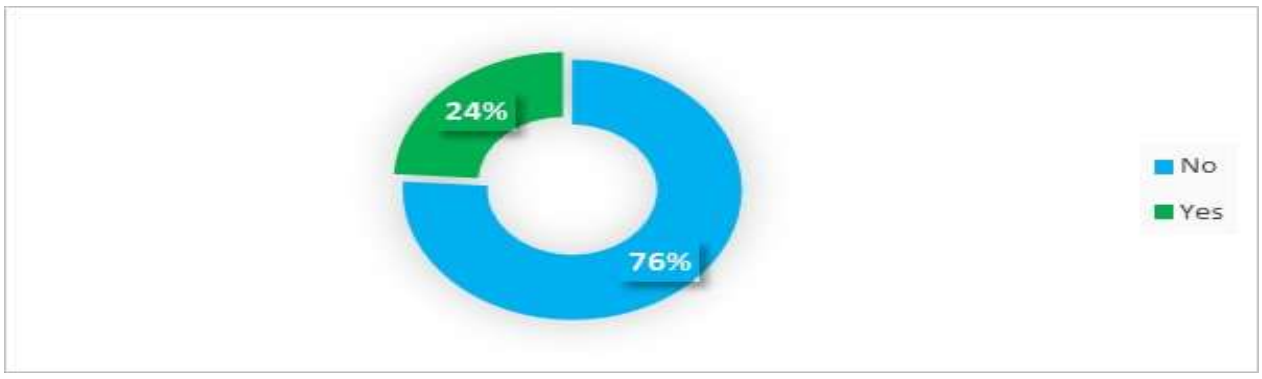

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Figure 8: Doughnut showing the use of contraception at first coitus.

Majority (76%) of the respondents did not use any method of contraception at first intercourse. Only 24% of respondents claimed to have used contraception at first coitus.

Methods of contraception used at first intercourse

Table 2: Showing the method of contraception used at first coitus

Method of contraception used	Frequency
Safe days	22
Condom	35
Emergency pill	35
Oral contraceptive pills	7
Total	**99**

Majority (35) of the respondents who used contraception at first coitus used either a condom or emergency pill. While 22 of the respondents used safe days, a few of them used oral contraceptive pills.

Reasons for not using contraception at first coitus

Table 3: Showing the reasons why respondents did not use contraception at first coitus

Reasons	Frequency	Percentage (%)
Lack of knowledge/ Contraception	199	64
Not accepted by religion	60	19
Not accepted by culture	51	17
Total	**310**	**100**

More than half 199(64%) of respondents attributed not using contraceptives at first coitus to lack of knowledge/contraception. Less than a quarter 60(19%) and 51(17%) of respondents asserted religion and culture unacceptance respectively as the reason for not using contraception at first coitus.

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Religion

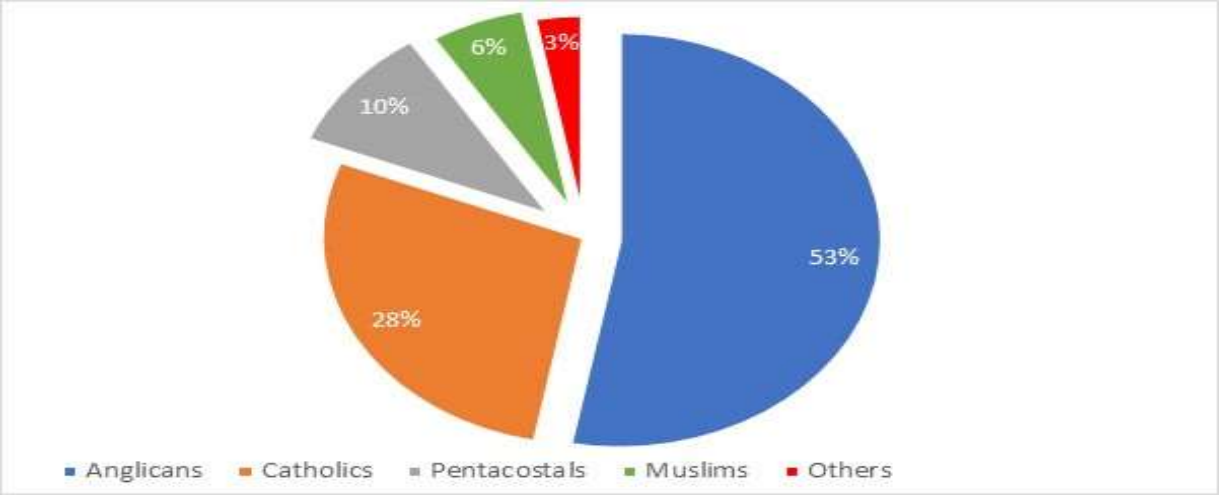

Figure 9: Pie chart showing the different religions of the participants

Among the participants, majority were Anglicans. More than half (53%) were Anglicans, less than half (28%) Catholics and less than a quarter (10% and 6%) of participants were Pentecostals and Muslims respectively. Others (3%) like the SDA and Jehovah's witness were the least.

Religious acceptance

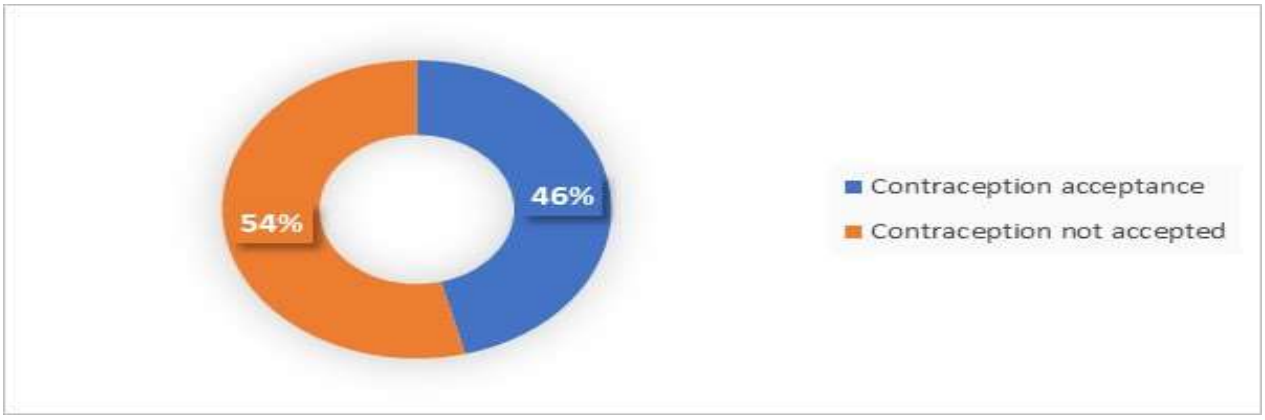

Figure 10: Doughnut showing religious acceptance of contraception among the respondents

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Most of the participants asserted that contraceptives were not allowed in their religion. Cntraceptive use was not acceptable (54%) by most religions. Less than half (46%) of the participants reported contraceptive acceptance.

Cultural acceptance

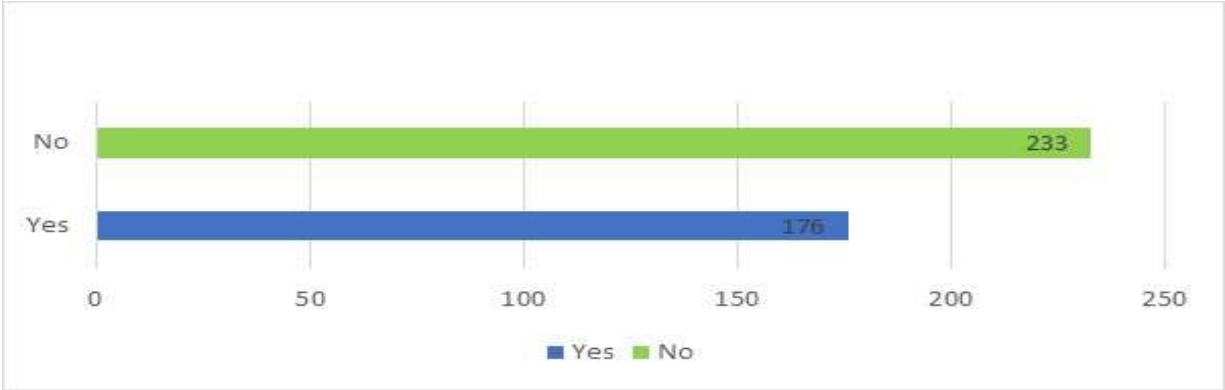

Figure 11: Graph showing cultural acceptance of contraception among respondents

Majority (233) of the repondents asserted that their culture forbids contraception although they use it. However, some (176) respondents reported acceptance of contraception by their culture.

Individual Factors

- Source, accessibility and availability
- Source of contraceptives

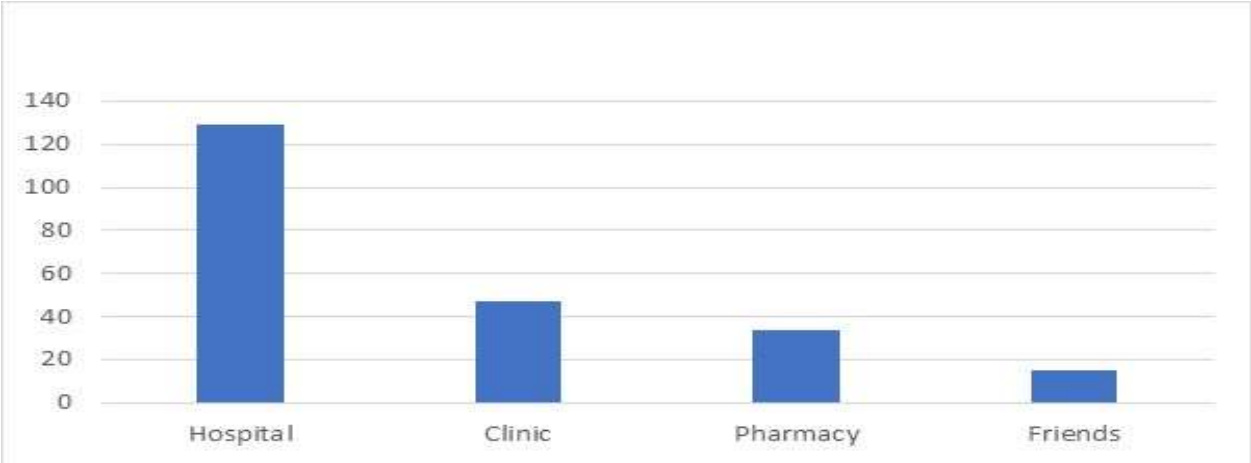

Figure 12: Graph showing the source of contraceptives among the respondents on contraception

Majority of the respondents (129) get their contraceptives from the hospital and the least number get from friends.

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Accessibility to free government contraceptives

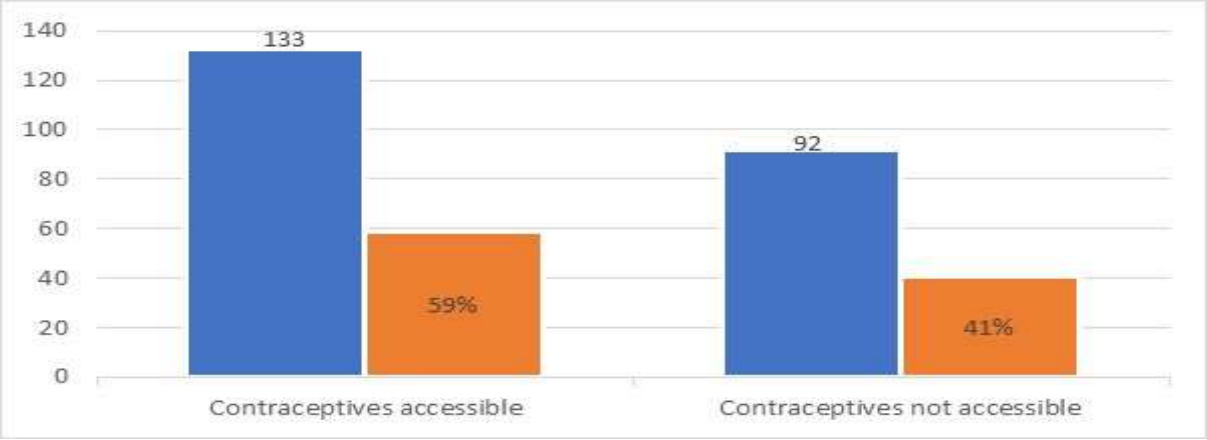

Figure 13: Graph showing accessibility to free government contraceptives among women who used contraception

More than half of the respondents 133(59%) asserted that there is access to free government contraceptives while less than half of the respondents 92(41%) asserted that free government contraceptives are not accessible.

Shortage in contraceptives

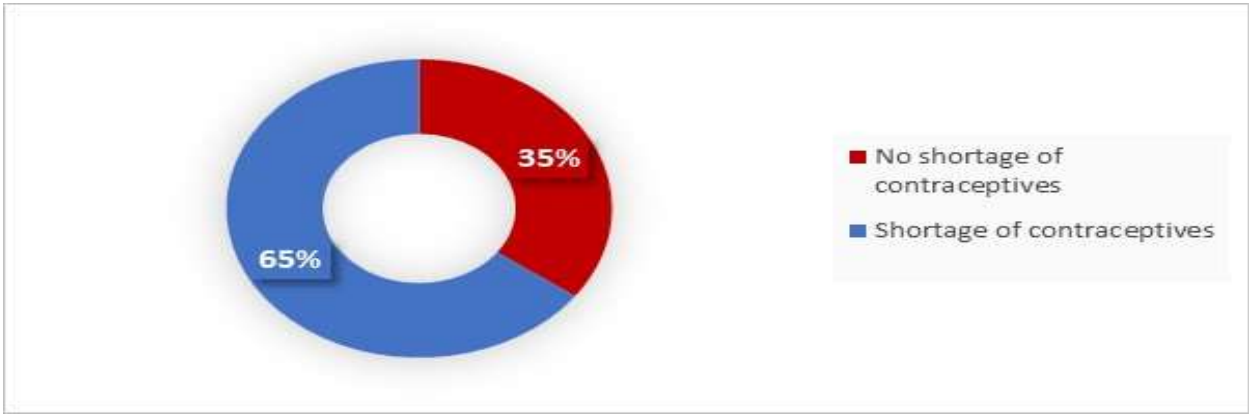

Figure 14: Doughnut showing shortage of contraceptives

Over 65% of respondents reported shortage of contraceptives while less than half of respondents 35% reported no shortage of contraceptives.

Knowledge and awareness
All the participants had knowledge and were aware about contraception
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Importance of contraception

Table 4: showing the importance of contraception

Importance of contraception	Number of respondents	Percentage (%)
Prevent pregnancy	204	50
Prevent STDs	60	15
Promote child spacing	145	35
Total	**409**	**100**

All the respondents knew the importance of contraception. Majority of respondents knew more than one of the importance of contraception. Half 204(50%) of respondents asserted that the importance of contraception was to prevent pregnancy. Less than half 145(35%) of respondents attributed the importance of contraception to promoting child spacing and less than a quarter 60(15%) reported prevention of sexually transmitted diseases (STDs).

Source of information

Table 5: Showing source of information

Source of Information	Frequency	Percentage (%)
Health workers	146	36
Media	78	19
Peers	110	27
Parents	22	5
School teacher	43	11
Others	**10**	**2**

Majority 146(36%) of respondents heard about contraception through a health worker. Some respondents knew contraception through peers 110(27%), media 78(19%), school teachers 43(11%), parents 22(5%) and least of respondents knew contraception through other means like friends.

Preference Method of contraception

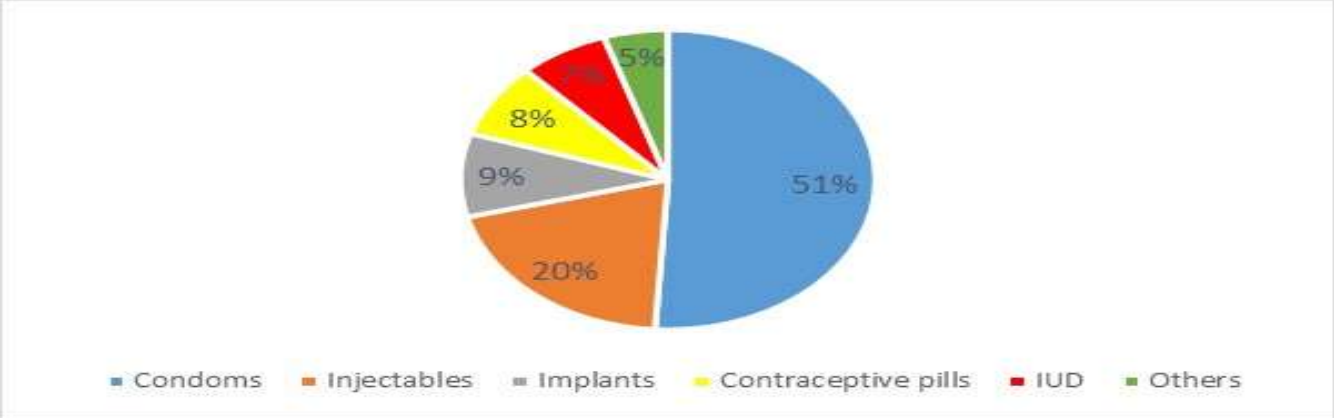

Figure 15: Pie chart showing methods of contraception used by the respondents

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Majority of the respondents (51%) were using condoms as preferred method of contraception. Less than a quarter of respondents were using injectables (20%), implants (9%), contraceptive pills (8%), IUD (7%) and other methods (5%) like safe days, withdraw as method of contraception.

Reasons of preferred method of contraception

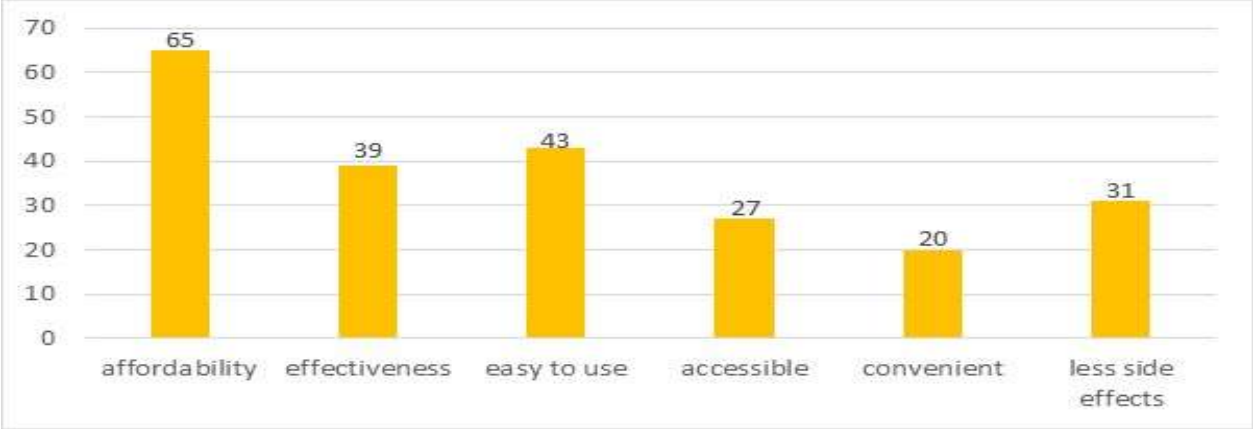

Figure 16: Graph showing reasons for preferred method of contraception

Majority of respondents (65) reported affordability as a reason behind their preferred method of contraception. Convenience was the least (20) reported.

Perception/Option and decision

Female's right to use contraceptives

Table 6: Showing the right of women to using contraception

Right to use contraception	Frequency	Percentage (%)
Yes	284	69
No	125	31
Total	**409**	**100**

The majority 284(69%) of respondents affirmed that they have a right to using contraception. Less than half 125(31%) of the respondents reported no right to using contraception.

Decision in the use of contraceptives

Table 7: Showing who should decide the use of contraception in a relationship

Who decides on the use of contraception	Number of Respondents	Percentage (%)
Male	106	26
Female	67	16
Both	236	58

Majority of the respondents 236(58%) asserted that the decision to use a contraception should be determined by both. However, less than half 106(26%) and less than a quarter 67(16%) of respondents asserted that the decision should be made by female alone.

Peer Influence/Pressure

Discussion of contraceptive use with peers

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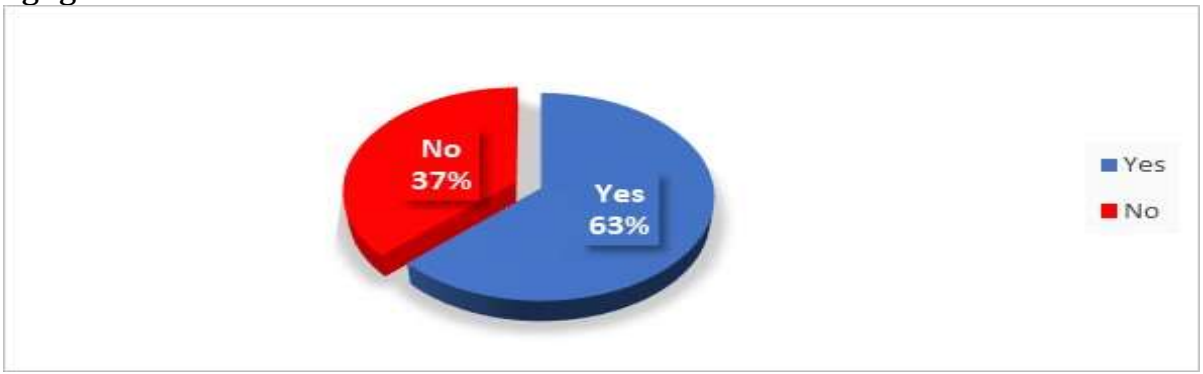

Figure 17: Showing whether the respondents discuss contraception with peers

The majority of the respondents (63%) could discuss contraception with their peers. Less than half (37%) of the respondents could not discuss contraception with their peers.

Nature of opinions from peers about contraceptive use

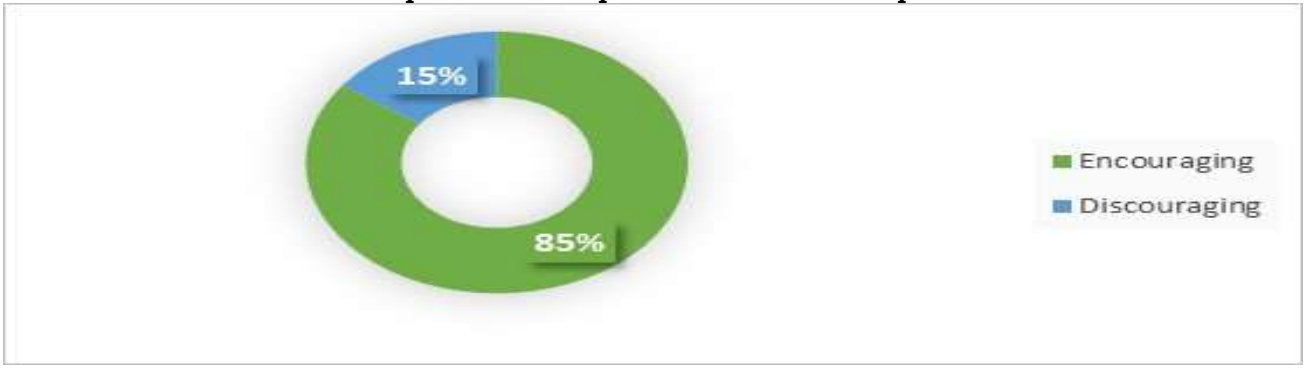

Figure 18: Doughnut showing peers' opinion about contraception

More than ¾ of the respondents (85%) reported encouraging opinion by their peers. However, less than a quarter (15%) of respondents asserted a discouraging opinion about contraception use by their peers.

Side effects

Table 8: Showing if respondents get side effects while using contraceptives

Side effects	Frequency	Percentage (%)
Yes	57	25
No	168	75
Total	**225**	**100**

DISCUSSIONS

Demographic Characteristics of Respondents

The study showed that majority (266) of respondents were above twenty years of age. Only 110 and 33 of the respondents were aged 18-20 years and 15-17 years respectively. These findings in the study further indicates that the age category of greater than 20years were willing to use contraception methods. It also showed that they were mature and were able to understand the benefits of contraception. According to the research findings, Catholics 68(58%) and Anglicans 79(52%) had the majority of respondents on contraception since they were majority in the area. The study revealed that most (166) of the respondents were single, although

some were cohabiting (103), married (89) and divorced/separated (51). The study showed that most (223) respondents were Basoga because they were the natives of the study area, followed by the Basamya. The study still revealed that peasant farmers were the majority (110) followed by respondents in working classes like teachers and health workers and the least of respondents being traders and others like mechanics. According to the study findings, most of the respondents (40%) had reached primary level of education while 33% of respondents went to secondary level and only 18% and 9% of participants had studied up to tertiary level and informal education respectively. These results indicate that most of the respondents were able to comprehend the benefits of the different contraception methods since they had attended basic education. None (0%) of those with no formal education, 13% of those with a primary level, 29% of those with a secondary level and 58% of those with a tertiary level of education were on contraceptives. This showed that the more educated the woman of reproductive age was, the more likely they would take up contraception.

Level of Contraceptive Uptake

The study showed that less than half (45%) of the respondents were using contraception within the current three months and were able to mention it. The majority (55%) of respondents were not using any method of contraception with in the current three months. This meant the level of contraceptive uptake among reproductive women in the study was found to be below. Several studies conducted in Africa in the past have tabled similar results. In Tanzania, the uptake of family planning is still low despite that there is slight steady increase (TDHS-MIS, 2015-2016). The low uptake of contraception was attributed to religious beliefs, low education levels, rural residence and poverty. This study is in line with a study conducted in Nigeria which showed that the uptake of family planning is much lower in rural areas compared to urban areas [23]. A survey conducted in Uganda about factors that contribute to low family planning uptake which included poverty, low education, less exposure to media, rural residence lack of antenatal visits and not delivering at the health care facility [24]. Therefore, encouraging use of contraception, more dissemination of information regarding contraception use and improving access to the services is highly recommended to avert this low level of contraceptive uptake.

Factors affecting contraception utilization

Socio-demographic factors

In the study findings we find that all participants in the study were not virgins and the majority (183) of them had their first intercourse at the age of 15-17 years, and over 101 women had first coitus at the age of 18-20 years. A few (68) of the women had their first coitus at age greater than 20 years. This is in line with [25] who stated that the mean age at first sex was 16.2 years, as most of the respondents were aged 15-17 years. In addition, the women gave reasons for not using contraception at first coitus which included; lack of knowledge 163(53%), lack of contraceptives 87(28%) and religious belief 60(19%). This implies that there is more need to spread information about the importance of contraception among women of reproductive age in the study area. Although some respondents 103(46%) on contraception reported religious acceptance, the majority 122(54%) of respondents on contraception reported that contraception was not accepted in their religion. This study is in agreement with previous research where religion and religious leaders have played a leading role in discouraging the dissemination of information on contraceptive use [26]. Catholics and Muslims are 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”, “sin”, “murder” and “killing the gift of life” [27]. However, cases where religions lessen the weight on discouragement and resort to encouragement in use of contraceptives; there is remarkable increase in contraception use as our study reveals.

From the study findings, culture forbids use of contraception as reported by the majority (233) of respondents. The reason being that women have to give birth to children as a pride to the family and contraception is not accepted by majority of their husbands. This rhymes 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 [28]. The study is also in line with Brunson et al.,2010 who stated that cultural barriers in particular traditional preferences and desires for more children and lineage, have been highlighted as affecting the uptake of family planning. Thus, efforts to gender equality and women empowerment, through improved access to 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.

Individual factors

Source, accessibility and availability: Direct access to the modern methods of contraception is important in achieving designated importance of contraceptives, increasing efficiency and effectiveness. According to the study, majority (129) of the respondents obtain contraception from the hospital as reliable source, although others in decreasing order obtain from the clinic, pharmacy and the least from friends. More than half of the respondents 133(59%) have access to free government contraceptives. However, some of the respondents 92(41%) asserted that free government contraceptives are not accessible. The study also identified that more than half of respondents 147(65%) had a shortage of contraception. This explains the high unmet need for contraception among females of reproductive age in the study area. It also translates into irregularities in use of contraceptives and increased risk of unwanted pregnancies, unsafe abortions and contraction of STDs; thus, creating a gap in meeting sexual and reproductive health services.

Knowledge and awareness about contraception is thought to shape users' abilities to perceive unmet contraceptive needs. According to the study, all the respondents had knowledge and were aware of contraception. Most 204(50%) of the respondents knew that contraceptives prevent pregnancy and this could compel them to use in fear of unwanted pregnancies and overwhelming early responsibilities. The research discovered that health workers 146(36%) dominated in disseminating information on use of contraceptives; however, women are proportionally compelled to use contraceptives basing on information from their peers 110(27%), media 78(19%), school teachers 43(11%), parents 22(5%) and the least through other means like friends 10(2%). This is in line with [27] who stated that the most popular sources of information about contraceptives in descending order are health workers, peers and media channels. The Preference of contraceptive method influences its use: Demand of sexual and reproductive health services and supplies is compelled by consumer preference/choice. Since contraceptive methods are numerous and users opt for certain methods basing on experience, cost, side effects, influence of the circumstances and conditions. In this study, women who prefer condom use were the majority (51%), followed by injectables (20%), implants (9%), contraceptive pills (8%), IUD (7%) and a few preferred natural methods (5%). The compelling factors for their contraceptive preference were affordability (174), less side effects (80), easy usability (66), effectiveness (41) and a few reported the accessibility (26) and convenience (22). Perception/Option and decision: Majority 284(69%) of the women reported to have a right to using contraception while a few 125(31%) still believed they had no right to contraception use. According to the study, majority of respondents 169(61%) on contraception agreed that the decision to use contraception should be by both partners. However, some of the respondents 35(46%) affirmed that the male should decide on the use of contraception and decision by females was the minority 67(16%). Although

the percentage of women who agreed that the decision to use contraception is still low, this study is still in line with some previous findings. Respondents who believe both partners should take responsibility in deciding whether to take contraceptive were 4 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. Positive peer pressure increases contraceptive use: among the women on contraception, the majority (63%) were free to discuss contraception with their peers while less than half (37%) of them did not have the freedom for contraceptive discussion. More still, encouraging peers increase the use of contraceptives to 85% more than discouraging peers (15%).

CONCLUSION

From the study findings, the researcher made the following conclusions:

Despite the fact that all respondents had knowledge about contraception, the level of contraceptive uptake and utilization was still low and it was associated with a couple of factors including; women's age, age at first coitus, religion, culture, gender, marital status, education level, religion, knowledge and awareness, preference for contraceptive, affordability, accessibility and availability, easy usability and safety of the preferred contraceptive method. Better informed women on sexual rights and reproductive health are empowered to use contraceptives more than others. Lack of men participation in family planning also contributed to low utilization of contraceptive methods

Recommendations

The researcher proposes the following recommendations to increase contraceptive uptake and utilization among women of reproductive age in western division as well as in the whole of Bugiri district. Stake holders should design, launch and implement inclusive women friendly services, sexual and reproductive health programs prioritizing use of contraceptives, women empowerment in regard to sexual rights and reproductive health, behavioral change communications and create enabling environment for contraceptive use. 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 preferred contraceptive methods. Knowledge & awareness creation programs should engage religious leaders, exploit peer groups, magazines, media and schools as suitable platforms to increase contraceptive use among women of reproductive age. Family planning should be free in order to attract many couples or people to use family planning/services

The Ministry of Health in partnership with NGOs, should use available media to give health talks on contraception, to sensitize the public on the importance of family planning and avoid cultural and religious beliefs on contraceptives.

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