

# Contraceptive Uptake in Eastern Uganda: Was the 2020 Target of 50% Modern Contraceptive Rate Achieved?

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## Abstract

**Background:** Contraception is a worthwhile and cost effective investment that has potential to spur national development. It is important in averting significant maternal and childhood morbidity and mortality. No wonder countries with low contraceptive prevalence rates (CPR) have poor maternal and childhood health indicators. Consequently, during the 2012 London conference Uganda set a target of improving modern CPR (mCPR) to 50% by 2020. We report how eastern Uganda is faring on this commitment and identify the factors associated with contraceptive uptake.

**Methods:** Using a cross-sectional study design, we recruited 418 sexually active women aged 15-49 years who had come to nurse their sick ones in a tertiary hospital. We used systematic sampling to recruit participants. Data was collected using an interviewer administered pretested questionnaire, analyzed using STAT version 19.

**Results:** Of the 418 women respondents, 15.6% were teens while 50% were aged 20-29 years. Significantly, 64.59% were married. The majority, 78.7% were informally employed, and more than 62% were Christians. Moreover, 97.8% were formal educated and 52.2% had 1-4 living children.

The overall contraceptive prevalence was 33.7% while mCPR was 30.86%. Significantly whereas 36.6% had ever used contraception, 29.7% had never. The top contraceptives choices were injectables (56.7%), implants (27%), calendar method (6.4%) and abstinence (2.8%).

Significantly, 99.8% were aware of contraception and, radio (91%) and health workers (82%) being major sources of information. Significant factors affecting uptake include age and marital status, youngest child's age, decision when to have next child, history of sexually transmitted disease, partner's age and support.

**Conclusion:** The contraceptive prevalence rates are below the

national average and the London target despite significant awareness among women. Efforts to increase uptake should include male involvement, continued dissemination of information and reinforcing sexual and reproductive health education in schools. This will help to demystify misconceptions, misapprehensions and myths about contraceptives.

**Keywords:** Contraception, London 2012 summit, Male support, Uganda

## Introduction

Contraceptive use permits women in reproductive age to reach their desired number of children, plan the intervals between pregnancies and avert morbidity and mortality. Contraception is the intentional prevention of pregnancy as a result of sexual intercourse through use of artificial or modern methods and the Natural or Traditional methods. Furthermore, the prevalence of contraceptive use is defined as "the percent of women of reproductive age who are utilizing (or whose sexual partner is utilizing) a contraceptive method at any particular point of time, almost always calculated for married women" [1].

Among the 1.9 billion Women of Reproductive Age group (WRAG) 15-49 years, worldwide in 2019, 57.9% (1.1 billion) had a need for family planning yet only 44.3% (842 million) were using contraceptive methods. It was also ascertained that 270 million have an unmet need for contraception [2] yet contraceptive use has been associated with benefits to mother, child and family at large [3].

Embracing contraceptive uptake has been associated with significant reduction in maternal and perinatal morbidity and mortality. For example, marked increase in uptake in the Western world reduced percentage of unintended pregnancies and the reduction of maternal mortality by 40% [3]. The benefits of increased prevalence of contraception have been demonstrated in both developed and developing countries [3]. Therefore investing and embracing modern contraception would be a very cost effective route to attainment of sustainable development goals 1, 2, 3,4 and 5 [4].

However, despite increase in contraceptive use in many parts of the world such as at 61.8% in Asia and 66.7% in Latin America, it is still low in SSA at only 28.5% [5] yet the later contributes to 68% of the global maternal mortality ratio [6]. Moreover, countries with the low contraceptive uptake have poor maternal and child health indicators compared to those with a higher contraceptive uptake. For example United States of America (USA) with Contraceptive Prevalence Rate (CPR)

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