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INDIVIDUAL FACTORS CONTRIBUTING TO EARLY DISCONTINUATION OF IMPLANON AMONG WOMEN AGED 18-49 YEARS ATTENDING WAKISO HEALTH CENTER IV, WAKISO DISTRICT. A CROSS-SECTIONAL.

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Abstract

Background

The aim of this study was to identify individual factors contributing to the early discontinuation of Implanon among women aged 18-49 years attending Wakiso Health Center IV in Wakiso District.

Methodology

A descriptive cross-sectional study using a quantitative approach, where data were gathered at only one point at a time. Data was analyzed manually by use of tally sheets, a scientific calculator, and systematically computed into frequency and percentages using Microsoft Excel to generate tables and figures for easy presentations.

Results

The majority (34%) never went to school, most (52%) of the respondents were in the aged bracket(36-49yrs), (62%) confirmed with a yes about having ever used Implanon and knew Implanon and its effectiveness, (46%) of the respondents ever used Implanon or got knowledge about its effectiveness from Wakiso health center IV. (50%) Some of the respondents have had their Implanon inserted by a midwife clinician. Most (48%) of the respondents experienced a side effect of reduced libido. (64%) Of the respondents agreed to having had the desire to get pregnant during the course of using Implanon, and on the other hand, (56%) of the respondents confirmed with a yes, implying that they were satisfied with the service, (70%) of the respondents responded with a yes to having discussed with the partner before deciding to use the Implanon.

Conclusion

The study established that the individual factors contributing to early discontinuation of Implanon among women aged 18-49 years were a lack of knowledge on the effectiveness of Implanon.

Recommendation

Local authorities to work together with the health workers at Wakiso Health Center IV, Wakiso district, and conduct a formal training of women aged 18-49 years on the importance of continuous use of Implanon.

Keywords : *Individual factors, Early discontinuation of Implanon, Women aged 18-49 years, Wakiso health center IV, Wakiso district.*
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Background

Contraceptive practice is a basis of fertility and plays a significant role in minimizing maternal morbidity and mortality among women of reproductive age under Family Planning Methods (FPMs), which is among the Sustainable Development Goals (SDGs). A study on the Prevalence and factors associated with the early discontinuation rate of Implanon utilization among women who have ever used Implanon in Kucha District, Gamo Gofa Zone, Southern Ethiopia, was conducted. Implanon contraceptive device users were selected using a cross-sectional community-based survey from January to March 2018. A total of 430 women were selected, and data were collected through face-to-face interviews by using a pre-tested structured questionnaire. The result of this study revealed that the overall discontinuation rate of Implanon in the study was 34%. Variables having statistically significant association with Implanon discontinuation were women who never use a contraceptive method other than Implanon, women who didn't discuss with a partner, poor counseling and follow-up, fear of side effects, and poor satisfaction of service (Mamecha Mesha et al., 2021). In East Africa, specifically Kenya, the overwhelming uptake of contraception at 58% suggests huge potential for a continued increase, but discontinuation threatens efforts to achieve new targets. Further increases in contraceptive prevalence will depend more on continuation and readoption amongst past users because unintended pregnancies would increasingly result from discontinuation. Eliminating discontinuations due to side effects and method failure could increase continuation rates by 10% (Kungu et al., 2022).

In Uganda, according to the Uganda Demographic Health Survey (UDHS), Uganda has a high fertility rate of 5.4,

which is the highest in East Africa (NPC, 2022). Uganda family planning costed plan (UFPCP) noted a high number of unplanned pregnancies amongst rural, poor, and less educated people. Also, a higher 32% of sexually active unmarried women compared to 28% of currently married women have an unmet need for family planning. The use of implants alone is as low as 6% among married women, and improper use of contraception contributes to high maternal mortality rates of 336/100,000 women. The unmet need for contraception among married women worldwide is 10.7% (Belay et al,2024). More than 200 million women around the world have an unmet need for contraception. Although contraception improves women's lives and public health, many clients discontinue contraceptive use because of dissatisfaction related to side effects, contraceptive failure, or other factors. This hindered the Family Planning 2020 aim of having an additional 120 million women and adolescents receiving family planning services by 2020 (Gerald Ssebatta et al., 2020). This study aimed to identify individual factors contributing to the early discontinuation of Implanon among women aged 18-49 years attending Wakiso Health Center IV in Wakiso District.

Methodology

Study design

A descriptive cross -sectional study design was employed with a quantitative approach where data were gathered at only one point at a time. This design was preferred for this study because it considered issues, for instance, economy, rapid data collection, and the ability to understand the population from a part of it.

Study area

The study was carried out from Wakiso health center IV which is located in Wakiso district central part of Uganda with approximately 13 kilometers from Kampala district. It receives 500 patients on average per day and it has the following departments which include; OPD, Maternity, Antenatal, Impatient wards, ART clinic, ENT clinic, Dental clinic and Eye clinic.

Study population

The study population consisted of women aged 18-49 years who had ever used Implanon, and this was obtained from Wakiso Health Center IV in Wakiso district, who consented to participate in the study.

Sample size determination

The sample size was determined using Burton's formula (1965)

Sample size (N) = QR/O

Were,

Q- Total number of days taken for data collection

R- Maximum number of respondents who were interviewed per day

O- Maximum time taken on each respondent per day.

Values: Q= 10 days

R=5 respondents.

O=1 hour (Time duration was from 8 am- 1 pm each day)

Therefore, n= QR/O

N= (10x5)/1

=50 Respondents

Therefore, the sample size was 50 respondents who took part in the study.

Study variables

Early discontinuation of Implanon was the dependent variable whereas individual factors, community related factors and health facility-based factors are the independent variables.

Inclusion criteria

The study comprised women aged 18-49 years at Wakiso Health Center IV who had ever used Implanon and who were attending Wakiso Health Center IV who consented voluntarily during the time of data collection.

Exclusion criteria

All women below 18 years and those above 49 years and above but not using Implanon or have never were excluded from the study.

Sampling technique

Simple random sampling was used to select the sample from the source population. The technique was preferred because it ensured freedom from human bias and each member of the target population had an equal and independent chance of being included.

Data collection tool

Semi-structured questionnaires consisting of both closed and open-ended questions written in the English language and later translated into the local language (Luganda) by the research assistant were used to collect data. The researcher considered questionnaires as the most convenient way of collecting data from respondents because it made it easy for the researcher to administer and obtain data within a short time from a large number of respondents.

Pretesting of the questionnaire

A questionnaire was pretested by getting 10 members randomly from the community near the health facility Wakiso health center IV for its validity and accuracy.

Data collection procedure

An introduction letter was obtained from the Kampala School of Health Sciences and delivered to the head of the research department at Wakiso Health Center IV, Wakiso District, seeking permission to conduct the study. When permission was granted, two research assistants with good knowledge of the local language, which is Luganda, were trained on research methodology and study objectives before data collection. All those who fulfilled the inclusion criteria were interviewed for a period of about 30 minutes from a quiet and private place, preferably at the hospital

Journal of World Health Research
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Original Article

premises. The procedure was repeated each day until the sample size of 50 respondents was obtained.

Quality control
The filled questionnaires were checked for completeness at the interview site before leaving the place. Partially filled questionnaires were handed back to the respective respondents for completion before being resubmitted to the supervisor.

Data analysis and presentation
Data was analyzed manually by use of tally sheets, a scientific calculator, and systematically computed into frequency and percentages using Microsoft Excel to generate tables and figures for easy presentations.

Ethical considerations
After approval of the proposal by the supervisor, permission to collect and obtain data from the Wakiso health center iv was sought by help of introductory letter from the current school attended which is Kampala School of Health sciences administration to the health center; once permission was granted, the researcher explained the study objectives to the participants and a consent form were signed by each respondent before collecting data. Information obtained from the respondents was kept confidential. This was done to ensure that the research ethics were observed throughout the study.

Results
Demographic data
Table 1: shows distribution of respondents according to demographic data. (N=50)

Variables	**Categories**	**Frequency**	**Percentages**
Age of women (in years)	18-25 26-35 36-49	13 11 26	26 22 52
Total		**50**	**100**
Occupation	Teacher peasants others	12 20 18	24 40 36
Total		**50**	**100**
Education levels	Never went to school Primary Secondary College/ university	17 08 12 13	34 16 24 26
Total		**50**	**100**
Marital status	Married not married others	15 21 14	30 42 28
Total		**50**	**100**
Tribe of the caretaker	Muganda Muyankole Musoga Others	17 08 13 12	34 16 26 24
Total		**50**	**100**

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Original Article

Table 1, most (52%) of the respondents were in the age bracket(36-49 years), and the least (22%) were in the age bracket of (26-35 years). (40%) were teachers, whereas the minority (24%) were peasants**.** (34%) never went to school, least (16%) went up to the primary level. (42%) were not married and (28%) had no belonging to marriage or were not married**.** (34%) were Baganda, whereas the minority (16%) were Banyankole.

Individual factors contributing to early discontinuation of Implanon among women aged 18-49 years

Table 2: shows distribution of respondents according to use of Implanon by respondent or knowledge on its effectiveness.

(N=50)

Response	**Frequency(f)**	**Percentages (%)**
Yes	19	38
No	31	62
Total	**50**	**100**

Table 2, (62%) confirmed with a yes about having ever used Implanon and knew Implanon and its effectiveness, and (38%) knew its effectiveness.

Figure 1: shows distribution of respondents according to place where respondent got know about Implanon from or ever used it from.

(N=50)

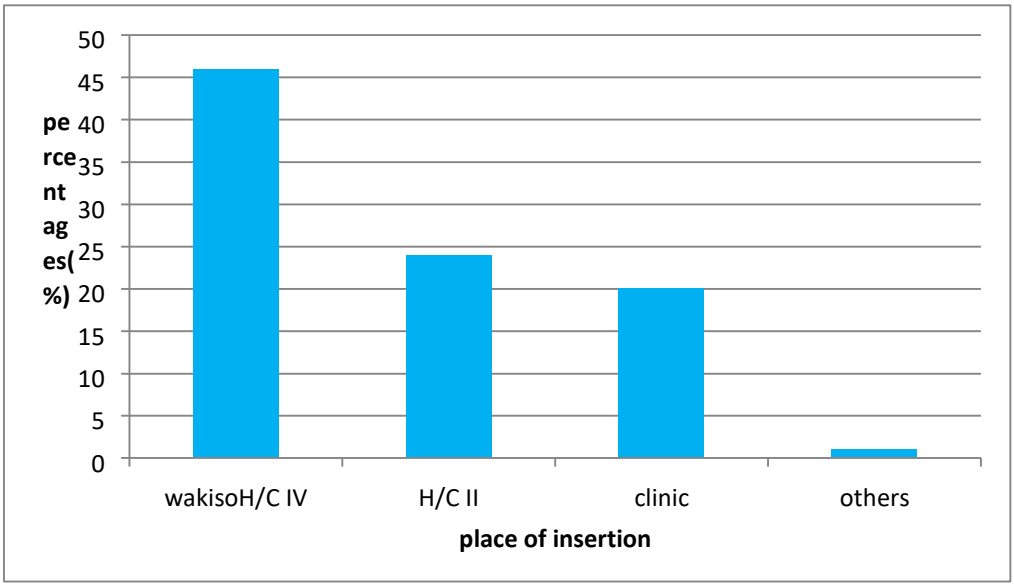

Figure 1, (46%) of the respondents ever used Implanon or got knowledge about its effectiveness from Wakiso health center iv and on the other hand least (1%) from other places.

Figure 2: shows distribution of respondents according to which health worker inserted the Implanon for them if have ever used it.

(N=50)

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Original Article

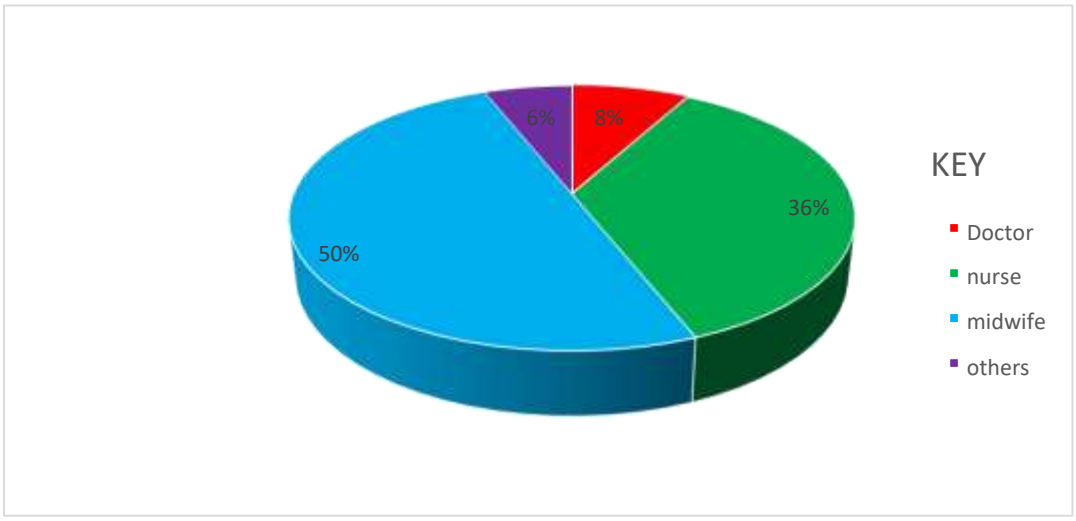

Figure 2, (50%) of the respondents have had their Implanon inserted by a midwife, and the least (6%) of the respondents had it inserted by other health workers, such as a clinician.

Figure 3: shows distribution of respondents according to side effects of Implanon. (N=50)

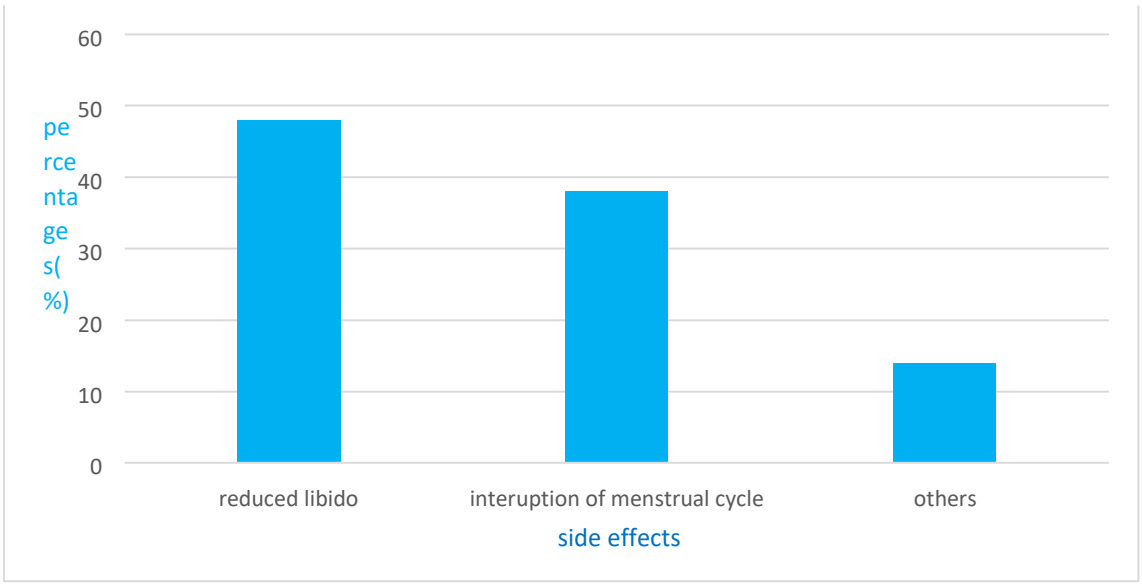

Figure 3, most (48%) of the respondents experienced side effects of reduced libido, whereas the least (14%) had other side effects, for example, weight changes like gain or loss.

Table 3: shows distribution of respondents according to desire to get desire to get pregnant. (N=50)

Response	**Frequency(f)**	**Percentage (%)**
Agree	32	64
Disagree	18	36
Total	**50**	**100**

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Original Article

Table 3, (64%) of the respondents agreed to having had the desire to get pregnant during the course of using Implanon, and on the other hand, a minority (36%) of the respondents disagreed.

Figure 4: shows distribution of respondents according to satisfaction with the services.
(N=50)

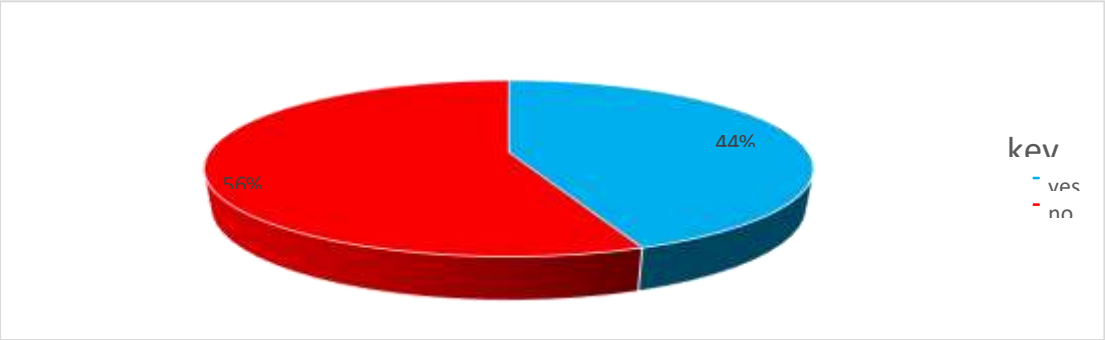

Figure 4, (56%) of the respondents confirmed with a yes, implying that they were satisfied with the service, whereas the least (44%) replied no, implying that they were not satisfied with the service.

Table 4: shows distribution of respondents according to whether they discussed with their partner before starting to use the Implanon.

(N=50)

Response	**Frequency(f)**	**Percentages (%)**
Yes	15	30
No	35	70
Total	**50**	**100**

Table 4, (70%) of the respondents responded with a yes to having discussed with their partner before deciding to use the Implanon, and a minority (30%) of the respondents had not discussed with their partner.

Discussion

Individual factors contributing to early discontinuation of Implanon among women aged 18-49 years.

The study discovered that the majority (62%) of the respondents confirmed with a no about having ever not used Implanon and had knowledge of Implanon and its effectiveness. This could be a result of using other methods like condoms and contraceptives. This is in line with the study conducted on Discontinuation rate and associated factors among contraceptive implant users in Kersa district, southwestern Ethiopia, where results showed that one hundred and ten (23.2 %) contraceptive implant users requested removal before 2.5 years of use. The main reasons for the discontinuation were followed by a desire to switch to another contraceptive method. Discontinuation was associated with a lack of information before insertion on the effectiveness of modern contraception (Nega et al, 2021).

The study also revealed that half (50%) of the respondents have had their Implanon inserted by a midwife. This could have led to removal, as the midwives did not provide the proper technique for insertion. This is in line with In Kersa District, a study carried out in Kersa District, Discontinuation rate and associated factors among contraceptive implant users in Kersa district, southwestern Ethiopia, which showed that one hundred and ten (23.2 %) contraceptive implant users requested removal before 2.5 years of use. The main reasons for the discontinuation are being served by a midwife or nurses (Nega et al, 2021).

The study further revealed that the most (48%) of the respondents experienced side effects of reduced libido, and this strongly confirms that participants experienced side effects of reduced libido that led to early discontinuation. This could be that side effect of reduced libido interrupted with their sex life so couldn't enjoy and decided to discontinue, the results were in agreement with the study that was carried out In Spanish Women, Implant discontinuation was documented in 17.1% of implant users before 12 months where the factors that increase the risk of implant removal are decreased libido (50.0%). Findings from the study showed that the majority (64%) of the respondents agreed to having had the desire to get pregnant during the course of using Implanon. This could be that the women saw their fellows pregnant, so they got peer influence to get pregnant, which made them remove the method to get pregnant. This was in line with the study carried out in Kersa District on Discontinuation rate and associated factors among

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contraceptive implant users in Kersa district, southwestern Ethiopia, and results showed that one hundred and ten (23.2 %) contraceptive implant users requested removal before 2.5 years of use. The main reasons for the discontinuation were side effects, followed by a desire for pregnancy (Nega et al, 2021).

In regard to individual factors, the study findings showed that the most (56%) of the respondents confirmed that they were not satisfied with the service given to them. This could be because the health workers concerned did not display their skills to their best as far as Implanon use is concerned, hence the client's dissatisfaction. Variables having a statistically significant association with Implanon discontinuation were women's poor satisfaction with the service. In relation to this, the study findings revealed that the majority (70%) of the respondents responded with a no, having not discussed with the partner before deciding to use the Implanon. This could be because partners who were not involved in the decision whether to use the method didn't agree, which ignited conflicts between most couples, and partners wanted their women to reproduce instead of forcing them to remove it, hence discontinuation. This was in agreement with the study on Prevalence and factors associated with early discontinuation rate of Implanon utilization among women who ever used Implanon in Kucha District, Gamo Gofa Zone, Southern Ethiopia, which was conducted, where the result of this study revealed that the overall discontinuation rate of Implanon in the study was 34%. Variables having a statistically significant association with Implanon discontinuation were women who didn't discuss with a partner (Mamecha Mesha, 2020).

Conclusion

The study established that the individual factors contributing to early discontinuation of Implanon among women aged 18-49 years were lack of knowledge on the effectiveness of Implanon, availability of the service at health centers, side effects encountered, desire to get pregnant, dissatisfaction with the service provided, and not having discussed with the partner

Recommendation

Local authorities to work together with the health workers at Wakiso Health Center IV, Wakiso district, and conduct a formal training of women aged 18-49 years on the importance of continuous use of Implanon.

The Ministry of Health should intensify its efforts to make sure that there is a continuous supply of Implanon to health facilities and good services offered to women aged 18-49 years during the period of use.

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List of Abbreviations

FPM: Family planning method.
SDGs: Sustainable Developmental Goals.
UDHS: Uganda Demographic and Health Survey.
UFPCP: Uganda family planning costed plan.
H/C: Health center
NPC: National population council

Source of funding

The study was not funded.

Conflict of interest

Author reported no conflict of interest.

Author contributions

Patience Apio Peace, collected data during the study.
Sania Nakasolo, supervised all phases of the study.

Ethical considerations

Permission to collect and obtain data from the Wakiso health center IV was sought with the help of an introductory letter from the current school attended, which is Kampala School of Health Sciences administration to the health center.

Informed consent

A consent form was signed by each respondent before collecting data; information obtained from the respondents was kept confidential. This was done to ensure that the research ethics were observed throughout the study.

Data availability

Data was available on request.

Author Biography

Patience Apio Peace, a student of clinical medicine from Kampala School of Health Sciences
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