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Original Article

A cross-sectional study on factors contributing to low uptake of long acting reversible contraceptives among women of reproductive age attending Mukono general hospital, Mukono district.

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Abstract

Background

Family planning means simply preventing unwanted pregnancies by safe methods of prevention, which is considered to be part of the basic human rights of all individuals or couples. This study determined the factors contributing to low uptake of long-acting reversible contraceptives among women of reproductive age attending Mukono General Hospital, Mukono district.

Methodology

A descriptive cross-sectional study design was used, and data was collected on a sample of 50 respondents. The respondents were selected by using a simple random sampling method, and a semi-structured questionnaire with open-ended questions written in English was used as a data collection tool. Data was analyzed manually by use of tally sheets and entered into the computer using the Microsoft Office Excel computer program, which was also used to illustrate the data using graphs and figures.

Results

(36%) were aged between 25-29 years, (40%) had attended secondary school, (64%) of the respondents had not previously used LARCs, (37.5%) reported fear of side effects as the major reason for non-use, (46%) of the respondents were fairly informed about LARCs. (42%) Of the respondents reported that people in their community generally supported the use of LARCs, (56%) reported the presence of myths and misconceptions about LARCs. (54%) Of the respondents reported ease of access to health facilities, and (58%) reported a distance of more than 15km from their home to the health facility.

Conclusion

The study findings revealed that the individual and community-related factors were the major contributors to low uptake of LARCs among women of reproductive age, whereas the health-related factors contributing to low uptake of LARCs were somehow fair.

Recommendations

Mukono General Hospital should do outreaches, trainings, and recruit more personnel in order to promote the uptake of LARCs among women of reproductive age.

Keywords: *Long acting reversible contraceptives, Low Uptake, women of reproductive age, Mukono General Hospital.*
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Background

Family planning means simply preventing unwanted pregnancies by safe methods of prevention, which is considered to be part of the basic human rights of all individuals or couples (Teka et.al., 2016) and long acting reversible contraceptives are a form of modern family planning methods in which the length of action ranges from 3-12 years while protecting the user from getting pregnant and return fertility soon after discontinuation (Ayikobua et.al., 2023). Low rates of LARC use indicate a gap between demand and access to sexual and reproductive health care services among women of reproductive age who would like to control child bearing that is to say, there is unmet need for contraception and the proportion of women of reproductive age who have their need for family planning satisfied with modern methods (SDG indicator 3.7.1) is 77% globally, a 10% increase since 1990. This progress occurred in spite of the fact that the number of women with a need for family planning has increased from 0.7 billion in 1990 to 1.1 billion today (UN, 2022).

Globally, the WHO estimates that about 214 million women of reproductive age in developing regions who want to avoid unwanted pregnancies are not using modern contraceptive methods, preferably LARCs (Kyatusimire, 2023), and that approximately 41% of pregnancies occurring worldwide are unintended (Stephanie, 2018). The use of modern contraceptive methods would therefore prevent unintended pregnancies, which are associated with many negative health

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consequences (Bazarganipour, 2019). According to a report released by the Guttmacher Institute and UNFPA in 2012, approximately 54 million unintended pregnancies resulted in a million abortions, 79,000 maternal deaths, and 1.1 million infant deaths, which would have been prevented if women of reproductive age used modern contraception (Srikanth, 2020).

In Sub-Saharan Africa, the proportion of women who have their need for family planning satisfied with modern methods (SDG indicator 3.7.1) continues to be among the lowest in the world at 56 per cent (UN, 2022). While LARC use has been increasing globally, uptake remains suboptimal, especially in low- and middle-income countries in SSA. The overall prevalence of LARC use among sexually active women who desire no more children in SSA is very low, with only one in five reproductive age women using LARC in high fertility SSA countries. The prevalence of LARC use varies widely across SSA countries, ranging from 1.66% in Angola to 55.8% in Mali (Sambah et al., 2022).

In East Africa, despite the high effectiveness of LARCs, their use is still very low compared to other modern contraceptive methods. Uganda, like other East African countries, has a high total fertility rate at 5.4 births per woman (UNFPA, 2021), and this keeps the population growth rate the highest in the region, coupled with the ever-increasing unwanted pregnancies, associated complications like abortions increase, and hence increased maternal deaths. The government through the MoH has therefore put in place the national family planning 2030 target which focuses on increasing the provision of LARCs as the most effective method of family planning from 30.4% in 2020 to 39.6% in 2025 and the unmet need from 17% in 2020 to 15% in 2025, this will help to reduce the population growth rate from 3.2% to 2.4% to curb the ever increasing population of the country as a key step in the attainment of the 2040 vision (Ministry of Health, Uganda, 2020)

Data from Mukono General Hospital HMIS records as analyzed by the researcher showed that out of the 128 women in reproductive age who visited the facility for family planning services for the period from November 2023 to December 2023, only 14 opted for LARCs and of these, 9 chose to use an IUD and 5 chose implants (Mukono General Hospital HMIS). The present study was therefore carried out to determine the factors contributing to low uptake of long-acting reversible contraceptives among women of reproductive age attending Mukono General Hospital, Mukono district.

Methodology

Study Design

A descriptive cross-sectional study design was used to enable the researcher to obtain information about the situation at hand and show the current situation of the condition under study in the desired population.

Study site

This study was conducted at Mukono General Hospital, a public health facility located in Mukono municipality, Mukono District in the central region of Uganda. Mukono General Hospital provides primary health care services and maternal and child health services to the residents of the catchment area and the neighboring counties.

Study Population

The target and study population consisted of women of reproductive age attending Mukono General Hospital, Mukono district.

Sample Size determination

The sample was calculated using the Kish and Leslie formula (1965), for cross-sectional studies which is presented as;

$N = z^2pq/d^2$

Where;

N -Represents the desired sample size

d- Represents a precision of the study, a precision of 9.5% will be used due to limited resources and time of the study.

z- Represents standard normal deviation corresponding to 95% confidence interval which is 1.96

p- Represents proportional characteristics which have been estimated at 50%. (Kalichman, 2015).

q- Represents (1-p) which is (1-0.5) = 0.5.

$N = \frac{1.96^2 \times 0.5 \times 0.5}{0.095^2}$ N = 106.42

Therefore, the sample size for the study would have been 106 respondents but due to financial and time constraints, 50 respondents were used.

Sampling Method

A simple random sampling method was employed to identify the participants for the study, and it involved the identification of the women and collection of data from participants who were identified by use of the sampling method from the OPD, MCH clinic, and In-Patient wards at the health facility.

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Sampling Procedure

All women who met the inclusion criteria were requested to randomly pick a pre-prepared paper from a box containing other pieces of paper with words "**yes**" and "**no**" once without replacement. Anyone who picked a paper with the word "**yes**" would be part of the sample, and this was done on every day of data collection until the desired respondents were obtained.

Study variables

Dependent Variable

The dependent variable of this study was the uptake of long-acting reversible contraceptives among women of reproductive age.

Independent Variables

The independent variable was factors contributing to low uptake of long-acting reversible contraceptives among women of reproductive age.

Selection Criteria

Inclusion Criteria

The study included all women of reproductive age attending Mukono General Hospital who voluntarily agreed to participate and had with sound mind given informed consent.

Exclusion Criteria

The study excluded all women within the study age groups who were unable to give their consent to participate in the study due to sickness or any other reasons best known to them.

Data collection method

The study employed a survey data collection method, where a questionnaire was administered to 50 women who met the inclusion criteria at the study site and were selected through a random selection, and each of them participated in the study once.

Data collection tool

Questionnaires were administered for respondents to fill.

Data collection procedure

The respondents were examined using researcher-administered questionnaires to ensure that the data collected was accurate. Both the researcher and the research assistant would introduce themselves to the in-charge of the study site and the women at the OPD, MCH clinic, and in-patient wards during the days of data collection, where they would get access to the respondents to collect data. The exercise of actual data collection would always commence at 08:00 am and end at 02:00 pm every day from Monday to Friday for the 10 days of data collection. The evening hours were always utilized for passing through the research questionnaires, which were answered to check for completeness.

Pilot Study

A randomly selected sample of 5 women was used for the pilot study at Mukono General Hospital. Here, the questionnaires were pre-tested for the effectiveness of data collection by interviewing the 5 women. Repetitions, overlapping response options, and other inconsistencies in the tool were identified, and corrections were made to ensure that relevant data was collected. Findings of the pilot study were not used in writing the research report.

Training the Research Assistant

One research assistant with a medical background was trained as an interviewer, and the selection was based on the ability to speak good English and Luganda. The assistant was trained on how to administer questionnaires during data collection, and the main aim of the training was to achieve appropriate techniques in questioning approaches and proper filling of the questionnaires.

Data analysis and presentation

Data was analyzed manually and by using Microsoft Office Excel, and then used the same to present it into tables, graphs, and pie charts, and was also subjected to content analysis where the obtained data, having been summarized, was analyzed per specific objective and question.

Results

Demographic data

Table 1: Shows the distribution of respondents according to demographic data (N=50)

Characteristics		Frequency (f)	Percentage (%)
Age	15-19	5	10
	20-24	12	24
	25-29	18	36
	30-34	9	18
	35-39	4	8
	40-44	1	2
	45-49	1	2
Highest level of education	Never went to school	3	6
	Primary	19	38
	Secondary	20	40
	Tertiary/University	8	16
Marital status	Single	18	36
	Married	21	42
	Separated/Divorced	8	16
	Widowed	3	6
Tribe	Muganda	18	36
	Musoga	8	16
	Munyankore	7	14
	Langi	11	22
	Other	6	12
Religion	Protestant	7	14
	Catholic	11	22
	Muslim	6	12
	Other	26	52
Employment status	Employed	11	22
	Self employed	17	34
	Un employed	10	20

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	Student	12	24
Residence	Urban	28	56
	Rural	22	44

Table shows that, majority of the respondents (36%) were aged between 25-29 years whereas the least (4%) were aged 44-49 years, In regards to the highest level of education, majority of the respondents (40%) had attended secondary school and minority (3%) had never attended any level of education.

The study findings also revealed that the majority of the respondents (42%) were married, whereas a minority (6%) was widowed. In regard to the tribes of the respondents, the majority (36%) were Baganda, whereas the least of the respondents (12%) belonged to other tribes.

In addition to that, the findings revealed that more than half (52%) of the respondents were affiliated with other religions, whereas the least (12%) were Muslims. It was also revealed by the study findings that the majority of the respondents (34%) were self-employed, whereas the least (20%) were unemployed, and more than half of the respondents (56%) resided in urban areas, whereas the rest (44%) resided in rural areas.

Individual factors contributing to low uptake of long acting reversible contraceptives among women of reproductive age

Figure 1: Shows the distribution of respondents according to whether they had ever used LARCs (N=50).

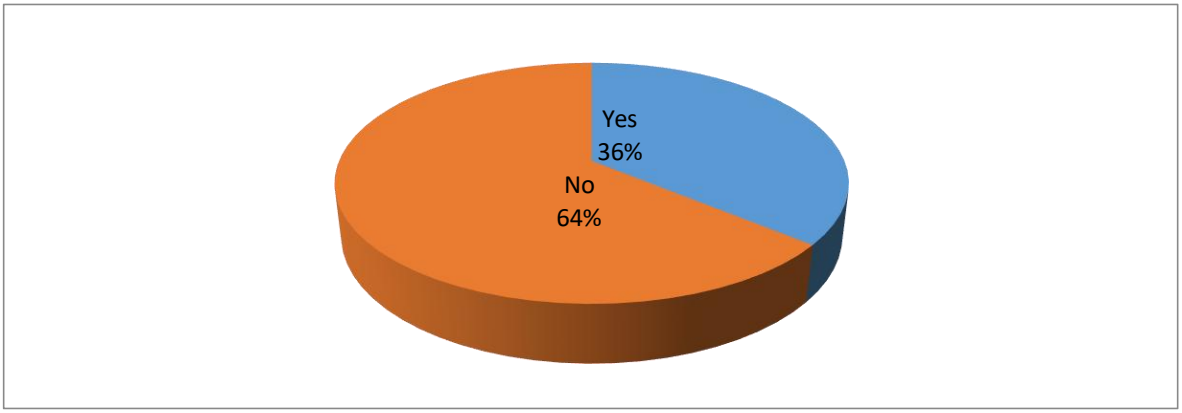

Figure 1shows that the majority of the respondents (64%) had never used LARCs, whereas a minority (36%) had ever used LARCs

Figure 2: Shows the distribution of respondents according to whether they had ever used LARCs (N=32)

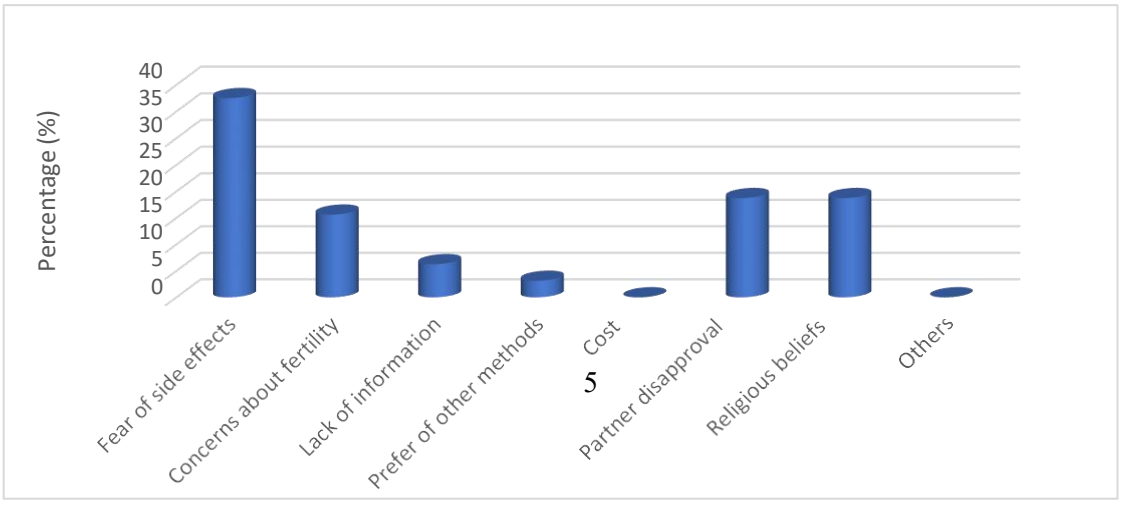

Figure 2 shows that the majority of the respondents (37.5%) reported fear of side effects as the major reason why they had never used LARCs, and a minority of the respondents (3.125%) reported a preference for other methods as the reason why they didn't use LARCs.

Table 2: Shows the distribution of respondents based on how informed they felt about LARCs (N=50).

Response	Frequency	Percentage
Very informed	6	12
Fairly informed	23	46
Not informed at all	21	42
Total	**50**	**100**

Table 2 shows that nearly half of the respondents (46%) were fairly informed about LARCs, whereas a minority of the respondents (12%) were very informed about LARCs

Figure 3: Shows the distribution of respondents according to their ability to identify LARCs (N=29).

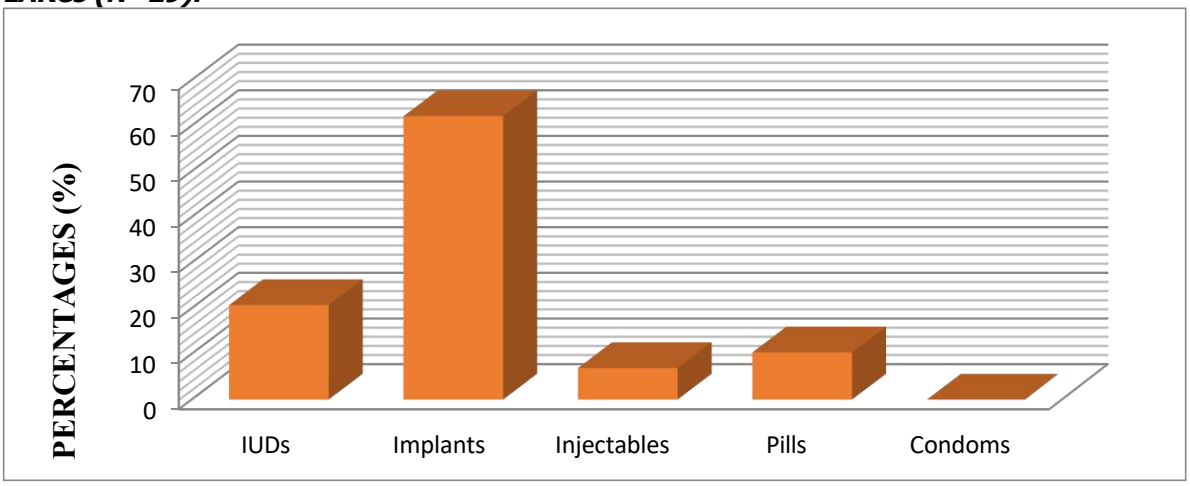

Figure 3 shows that, when asked about the examples of LARCs, more than half of the respondents (62.07%) mentioned implants, and a minority (6.90%) mentioned injectables. It was also noted that none of the respondents mentioned condoms as a type of LARC method.

Table 3: Shows the distribution of respondents according to where they usually obtained information about contraceptives (N=50)

Response	Frequency	Percentage
Health care providers	11	22
Family and friends	27	54
Media	8	16
Other	4	8
Total	**50**	**100**

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Table 3 shows that more than half of the respondents (54%) mentioned family and friends as their usual source of information about contraceptives, whereas the least number of respondents (8%) cited other sources of information, like the internet.

Figure 4: Shows the distribution of respondents according to whether they were comfortable discussing contraceptive options with their health care providers (N=50)

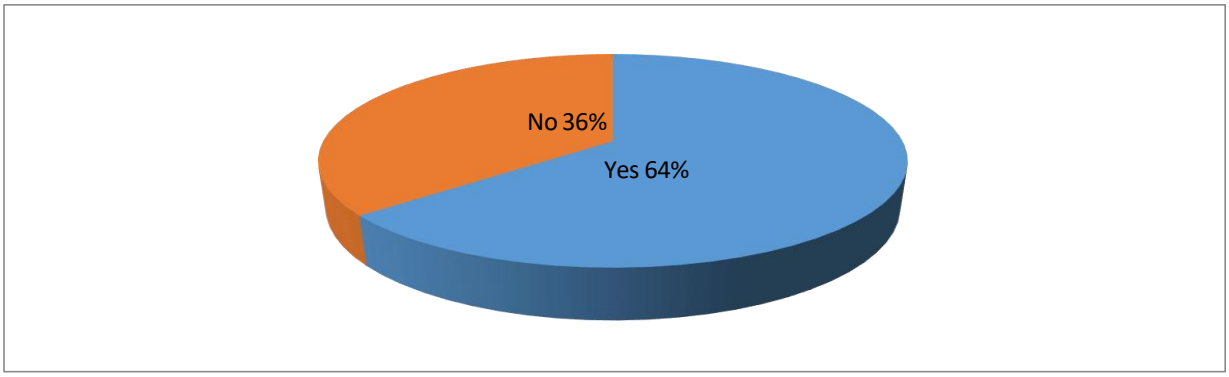

Figure 4 indicates that the majority of the respondents (64%) were comfortable with discussing contraceptive options with their health providers, whereas a minority (36%) were not comfortable with it

Community related factors contributing to low uptake of long acting reversible contraceptives among women of reproductive age

Table 4: Shows the distribution of respondents according to whether people in their community generally support use of LARCs (N=50).

Response	**Frequency**	**Percentage**
Yes	21	42
No	13	26
Don't know	16	32
Total	**50**	**100**

Table 4 indicates that, majority of the respondents (42%) reported that people in their community generally support use of LARCs whereas minority (26%) reported that LARCs use was not supported by people in the community.

Figure 5: Shows the distribution of respondents according to whether there were any myths or misconceptions about LARCs in their community *(N=50)*

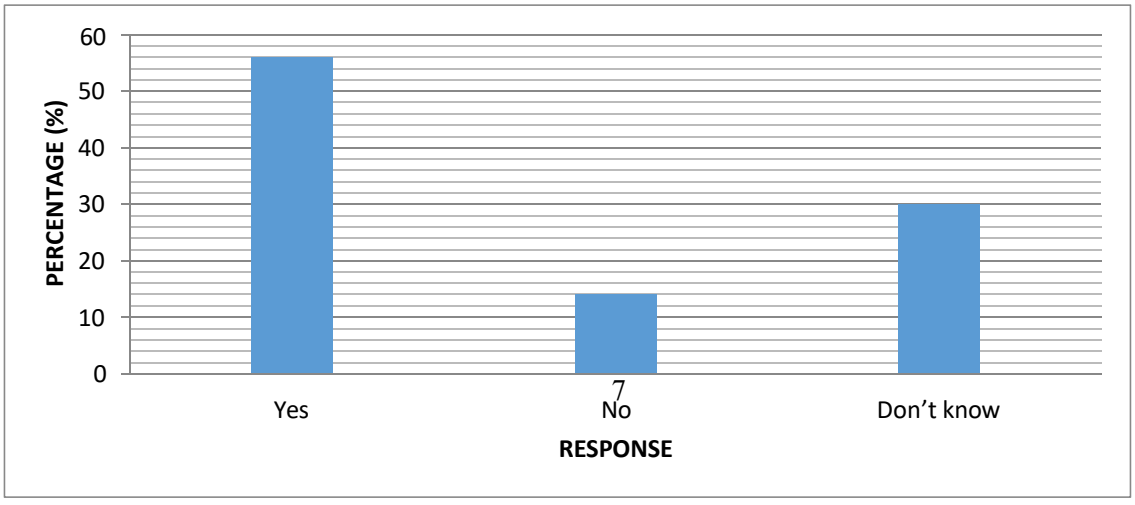

Figure 5 shows that more than half of the respondents (56%) reported the presence of myths and misconceptions about LARCs in their communities, and a minority (14%) reported no myths and misconceptions in their communities regarding LARC use.

Table 5: Shows the distribution of respondents according to whether community leaders' opinions were influential in their contraceptive choices (N=50).

Response	Frequency	Percentage
Very influential	29	58
Fairly influential	18	36
Not influential at all	3	6
Total	**50**	**100**

Table 5 shows that more than half of the respondents (58%) reported that the opinions of community leaders about their contraceptive choices were influential, whereas a minority of the respondents (6%) said they were not influential at all.

Table 6: Shows the distribution of respondents according to whether they thought other women in their communities were using LARCs (N=50).

Response	Frequency	Percentage
Yes	18	36
No	32	64
Total	**50**	**100**

Table 6 shows that the majority of the respondents (64%) didn't think other women in their communities were using LARCs, whereas a minority (36%) thought they did.

Figure 6: Shows the distribution of respondents according to presence of stigma associated with LARCs use in their communities (N=50).

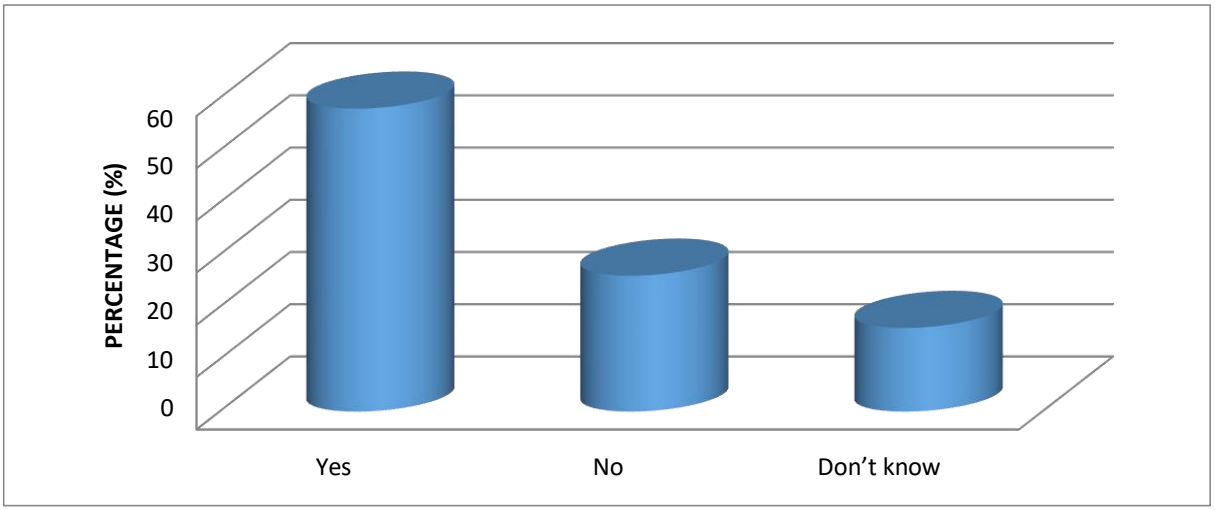

Figure 6 indicates that more than half of the respondents (58%) reported that there was stigma in the community associated with LARCs' use, whereas a minority (16%) reported they didn't know

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Table 7: Shows the distribution of respondents based on ease of access of health facilities in their area (N=50).

Response	Frequency	Percentage
Yes	27	54
No	23	46
Total	**50**	**100**

From table 7 above, more than half of the respondents (54%) reported ease of access to health facilities in their area, whereas a minority (46%) reported difficulty of access.

Figure 7: Shows the distribution of respondents according to distance of the health facility from their homes (N=50).

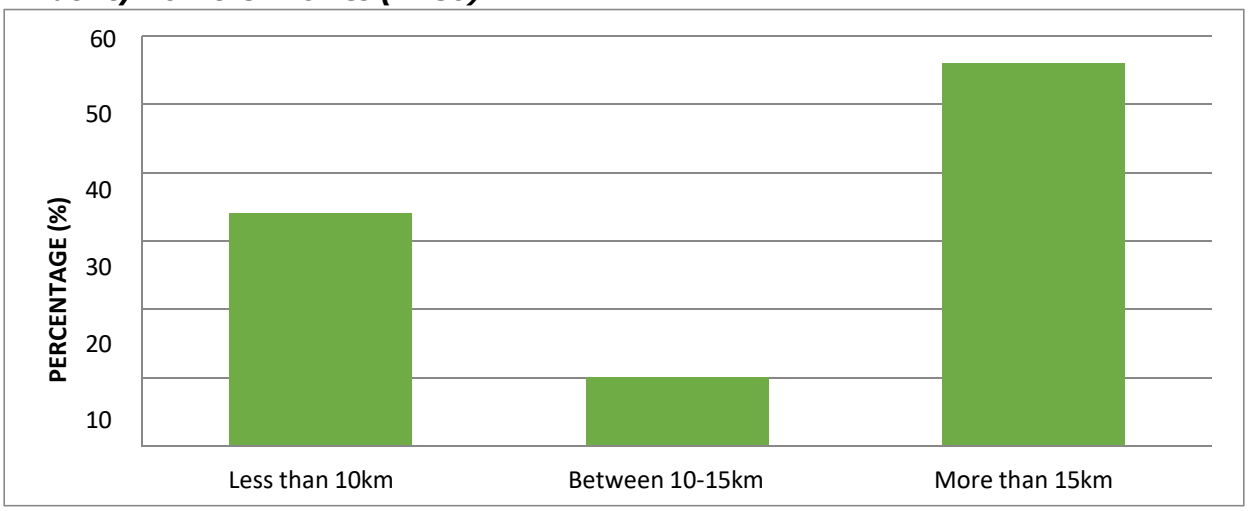

Figure 7 indicates that the majority of the respondents (58%) reported a distance of more than 15km from their home to the health facility, whereas the minority reported it to be between 10-15 km.

Figure 8: Shows the distribution of respondents according to how they would rate the availability of LARCs in their health facility (N=50)

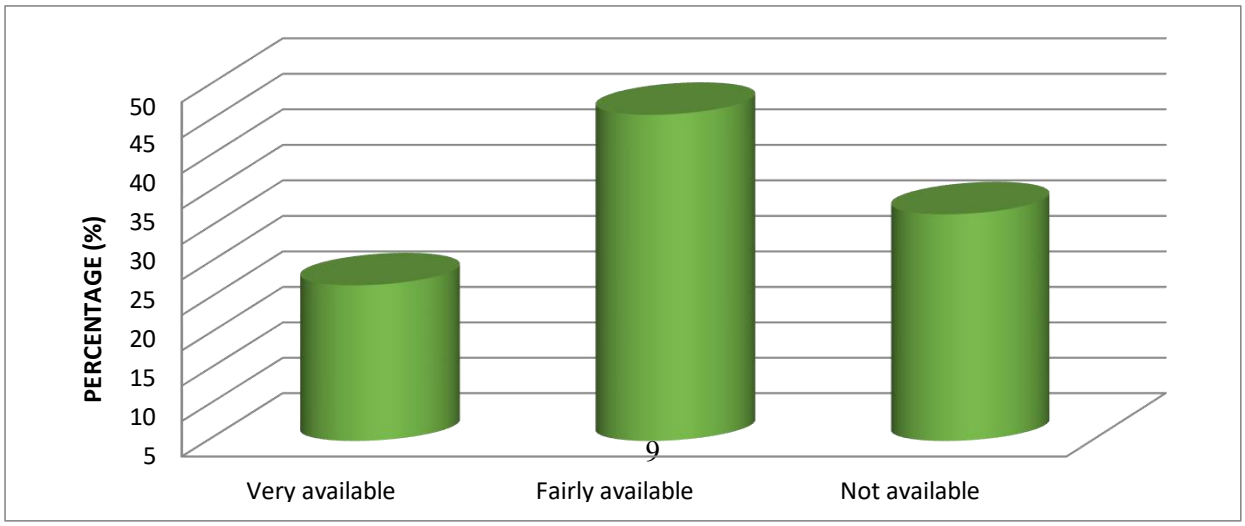

Figure 8 indicates that almost half (46%) of the respondents reported that LARCs were fairly available at their local health facility, and a minority (22%) reported LARCs to be very available at the health facility.

Table 8: Shows the distribution of respondents according to whether they had ever been counseled about LARCs use by any health care provider (N=50).

Response	Frequency	Percentage
Yes	30	60
No	20	40
Total	**50**	**100**

Table 8 indicates that the majority of the respondents (60%) reported having ever been counseled about using LARCs by a health care provider, while the minority (40%) reported not having been counseled before about LARC use.

Figure 9: Shows the distribution of respondents according to how they perceived the attitude of health care providers towards use of LARCs (N=50).

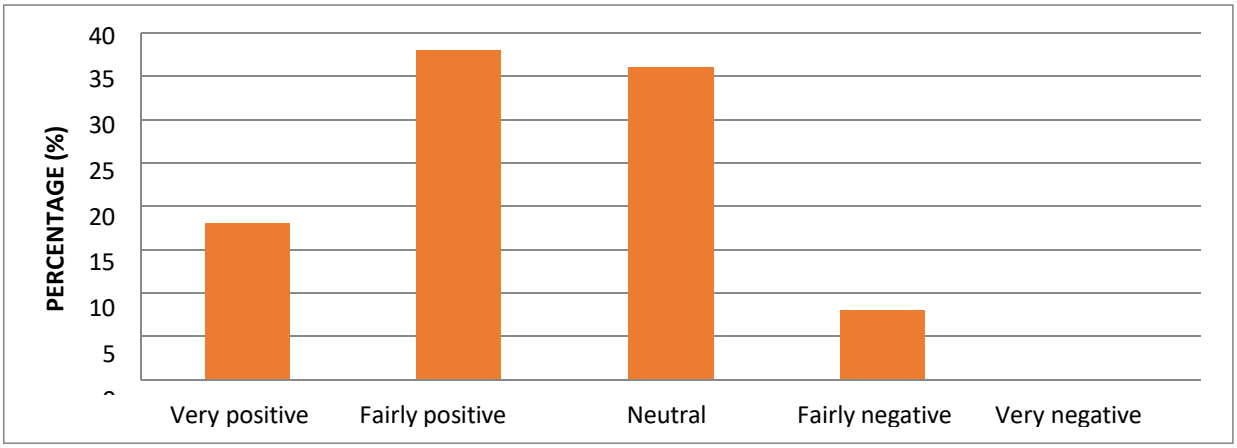

Figure 9 indicates that the majority of the respondents (38%) reported that health care providers had a fairly positive attitude towards the use of LARCs, and the minority (8%) reported a fairly negative attitude of health care providers towards LARCs use.

Table 9: Shows the distribution of respondents according to whether they had ever experienced any difficulties in obtaining LARCs at the health facility (N=50).

Response	Frequency	Percentage
Yes	31	62
No	19	38
Total	**50**	**100**

The table indicates that the majority of the respondents (62%) reported to have difficulties in obtaining LARCs at the health facility, whereas a minority (38%) reported not to have any difficulties in obtaining LARCs.

Figure 10: Shows the distribution of respondents according to the difficulties they had experienced when obtained LARCs at the health facility*(N=31)*

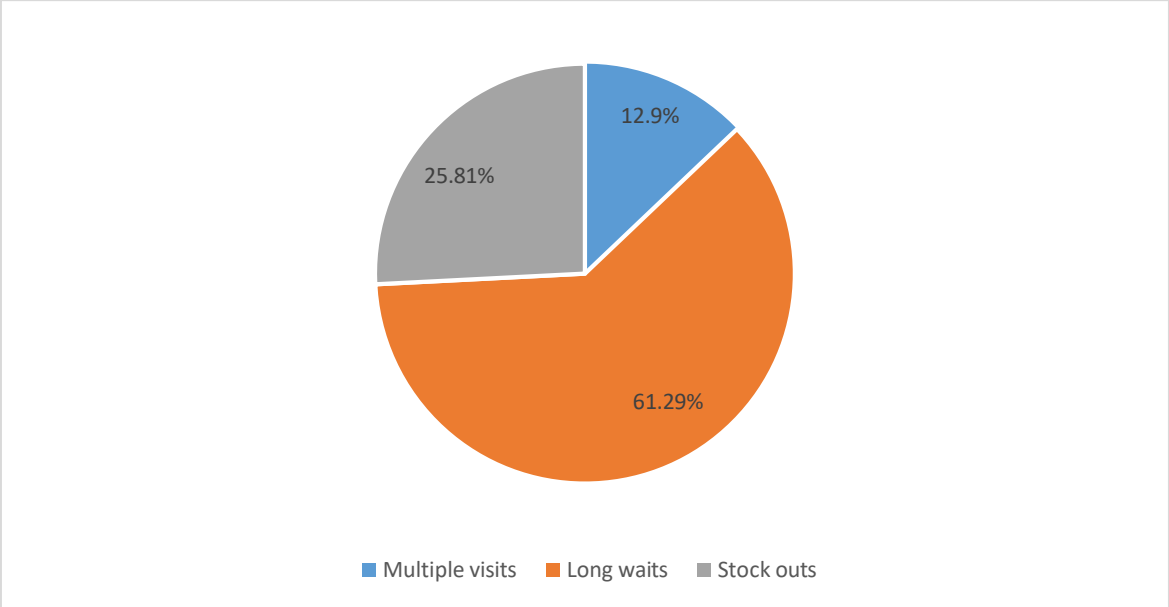

Figure 10 indicates that the majority of the respondents (61.29%) mentioned long waits as the main difficulty they experienced when obtaining LARCs at the health facility, whereas the minimum (12.9%) mentioned stockouts.

Table 10: Shows the distribution of respondents according to whether they thought health care providers were adequately trained to provide LARCs (N=50).

Response	**Frequency**	**Percentage**
Yes	32	64
No	18	36
Total	**50**	**100**

Table 10 shows that the majority of the respondents (64%) thought that health care providers were adequately trained to provide LARCs and the minority (36%) thought otherwise.

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Figure 11: Shows the distribution of respondents according to whether they receive follow up services after LARCs insertion *(N=50)*

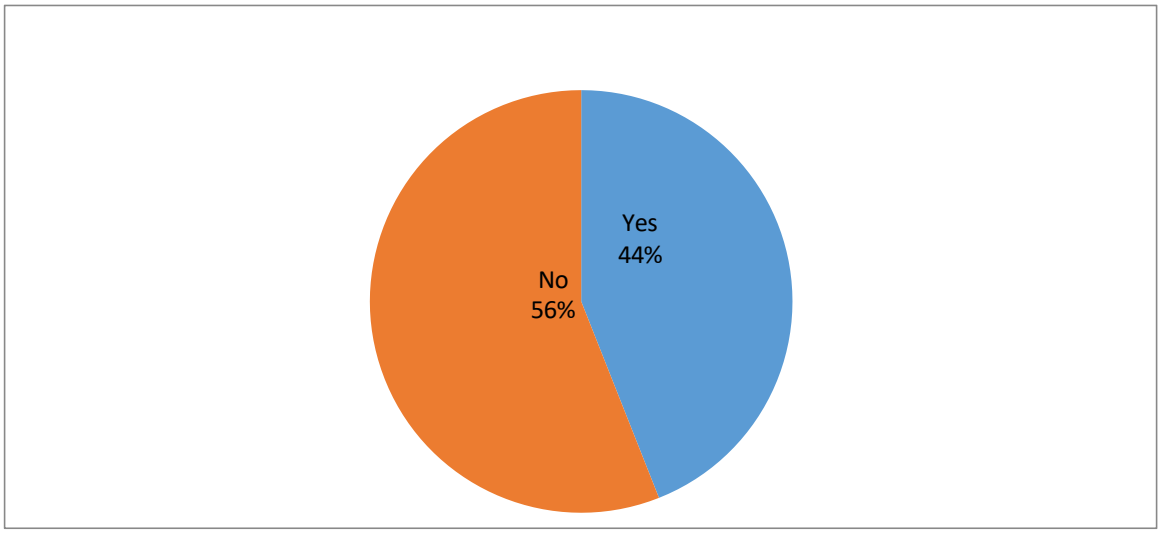

Figure 11 indicates that more than half of the respondents (56%) reported not having received follow-up services after LARCs insertion, whereas the rest (42%) reported having received follow-up services after LARCs insertion.

Discussion of results

Individual factors contributing to low uptake of long acting reversible contraceptives among women of reproductive age attending Mukono general hospital, Mukono district

The study also revealed that the majority of the respondents (37.5%) reported fear of side effects as the main reason for not using LARCs. This can be attributed to the fact that educational programs to eradicate these community myths are still poor. This is in agreement with a study conducted in Uganda by (Nalwadda et.al., 2021), which revealed that many women (42%) associated LARCs with negative side effects, such as excessive bleeding and weight gain, and another by (Kabagenyi et.al., 2020), which put this figure at 38.9%.

Findings from the study also revealed that nearly half (46%) of the respondents were fairly informed about LARCs. This can be because of the increased efforts put in by the Ministry of Health to promote their utilization. The results are in close agreement with those in a study conducted in Uganda by (Tumwesigye et.al., 2019), which stated that women who feel adequately informed (45%) are more likely to opt for LARCs compared to those who are less informed.

The study also discovered that the majority (62.07%) of the respondents who reported having been informed about LARCs were able to name implants as a type of LARC. This can be because they were previously health educated about the types of LARCs while at the hospital. This was in disagreement with a study conducted by (Kebede et.al., 2020), which revealed that a significant proportion of women (54%) who reported being informed about LARCs cannot distinguish them from short-term contraceptives like pills or injectables.

The study further highlighted that the majority of the respondents (54%) relied on family and friends as their main source of information about LARCs. This can be a result of the need to conform to societal norms and peer influence. These findings were in agreement with those from a study in Uganda by (Sserwanja et.al., 2020), which revealed that the majority of women (51.2%) often rely on family and friends for their reproductive health knowledge, which may lead to misconceptions and misinformation about LARCs.

The study also revealed that the majority (64%) of the respondents were comfortable with discussing contraceptive options with their health care providers. This can be attributed to the adequate level of training of the health care providers in providing a conducive environment for the respondents to express themselves. These findings were in agreement with those from a study in Uganda by (Nalwadda et.al., 2020), which revealed that 65% of women felt comfortable discussing contraceptive options with healthcare providers, while 35% felt hesitant due to perceived judgment or cultural beliefs.

Community related factors contributing to low Uptake of long acting reversible contraceptives among women of reproductive age

In regard to whether people in the community generally support LARCs' use, the study revealed that the majority (42%)

of the respondents reported positive community support. This can be because of the conduct of many community outreaches to raise awareness about LARCs. These findings were in agreement with those from a study in Uganda by (Kavanaugh et.al., 2016) which found that only 38% of women felt that their community supported the use of LARCs.

The study revealed that more than half (56%) of the respondents reported the presence of myths and misconceptions about LARCs in their communities. This can be because of the very strong cultural and religious beliefs associated with LARCs' use. These results were in agreement with a survey conducted in Kenya by (Ochako et.al., 2017), which revealed that over 40% of respondents believed that LARCs caused long-term harm to their reproductive health, as the major associated myths.

The study also discovered that more than half (58%) of the respondents reported that the options of community leaders in their contraceptive options were very influential. This can be attributed to the fact that community leaders play a big role in the policy-making and uptake of programs in their areas of jurisdiction. This is in line with a study conducted in Tanzania by (Bolarinwa et.al.,

2021), which revealed that women in communities where leaders promoted family planning were

2.5 times more likely to use LARCs than those in communities where community leaders were discouraging of their use.

The study further revealed that a minority (32%) of the respondents thought that other women in their community used LARCs. This could be because of the need for women to conform to societal norms and fear being misjudged by their peers. These findings were in agreement with a study conducted in Ethiopia by (Gebremedhin et.al., 2020) which showed that women were 30% more likely to use LARCs if they believed that their friends and neighbors were also using them.

Furthermore, the study also pointed out that more than half (58%) of the respondents reported the presence of stigma associated with LARCs' use in their community. This can also be attributed to the continued presence of myths and misconceptions, coupled with the strong cultural and religious beliefs in the community. These findings were in agreement with those from a study conducted in Tanzania by (Bolarinwa et.al., 2021), which revealed that 55% of women cited fear of being labeled as immoral as a stigma-related reason for not using LARCs.

Hospital related factors contributing to low uptake of long acting reversible contraceptives among women of reproductive age.

In relation to ease of access to health facilities, the study revealed that 54% of the respondents reported ease of access to health facilities in their area. This may be a result of the government establishing lower-tier health facilities to decentralize health services delivery. These findings were in agreement with findings of a cross-sectional study in Nigeria by (Feyisetan et.al., 2020), which revealed that women in rural regions were 20% less likely to use LARCs than those in urban centers, primarily due to distance and the lack of health facilities.

The study further discovered that the majority (58%) of the respondents reported a distance of more than 15km from their home to the health facility. This can be attributed to the fact that despite the government's efforts to bring health services closer to people, challenges remain because of the poor road networks. This was in disagreement with a cross-sectional study conducted in Mityana, which showed that most of the respondents (56%) reported < 10 km distance from their homes to the nearby health facility (William et.al., 2022).

From the study results, the majority (46%) of the respondents reported LARCs to be fairly available in their local health facility. This can be because of a number of factors, like logistical issues, which may delay the supply of LARCs to health facilities. This is in agreement with results from a study by (Benova et.al., 2020) which noted that stock outs of LARCs in public health facilities are a widespread issue across countries and also revealed that women in facilities with stock outs were 50% less likely to opt for LARCs and that 40% of health facilities had stock outs at some point during the year thus severely limiting access.

The study also revealed that the majority (60%) of the respondents reported having ever been counseled about using LARCs by any health care provider. This may be a result of health care providers having sufficient knowledge about the LARCs. This was in disagreement with a study conducted in Ethiopia by (Gebremedhin et.al., 2018), which showed that only 30% of women received adequate counseling on the advantages of LARCs, which impacted their uptake.

In addition, the majority (38%) of the respondents reported having perceived a fairly positive attitude of healthcare providers towards the use of LARCs. This can still be attributed to the fact that health workers always offer services to patients according to their needs and also try to stay neutral. This was in agreement with a cross-sectional study conducted in Mityana by (William et.al., 2022), which showed that more than half of the respondents (56%) reported that the attitude of health service providers towards women seeking family planning services was fair.

From the study findings, the majority (62%) of the respondents reported having ever experienced difficulties in obtaining LARCs at the health facility. This may be due to a number of factors, including multiple visits, long waits, and stockouts. This was in agreement with results from a cross-sectional study conducted in Malawi by (Mavhu et.al., 2017), which revealed that women faced significant challenges when attempting to access LARCs, with the majority (54%) citing long waiting periods.

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Results from the study further revealed that the majority (64%) of the respondents thought that healthcare providers were adequately trained to provide LARCs. This can be because the health workers were knowledgeable about LARCs when pre-counseling the respondents, leading to the development of confidence in the healthcare providers. These findings were in agreement with those from a study conducted in Kenya by (Keesera et.al., 2021), which revealed that most of the respondents (60%) reported that providers with comprehensive training in LARCs were more likely to offer detailed counseling, resulting in increased uptake.

In relation to whether the respondents receive follow-up services after LARCs insertion, the study findings revealed that the majority (56%) reported not having received the follow-up services. This may be because after insertion of LARCs, most women only report back to the health facility when side effects set in or with any other illness. These findings were in agreement with those from a study conducted in Zambia by (Chola et.al., 2020), which indicated that the majority of women (55%) who were not provided with adequate follow-up support were more likely to discontinue LARC use.

Conclusion

Generally, the researcher concluded that the individual, community, and health-related factors contributing to low uptake of LARCs were numerous.

Study Limitations and solutions

The study was limited to only the women in reproductive age, yet there may have been other categories outside this age bracket who may have had a rationale regarding the low uptake of long-acting reversible contraceptives in the catchment area.

Recommendations

The government should also improve the road network since it is a major contributor to the transportation of people to health facilities, and therefore, having it in a good state will greatly improve the turnout of reproductive age women for family planning services, particularly LARCs. The MoH should also increase the delivery of LARCs to health facilities, as their presence at the facility is a major factor in whether reproductive age women will opt for them over the always available short-acting methods.

The researcher recommends that local leaders work together with the health workers at Mukono General Hospital, Mukono district, to conduct a formal training of reproductive age women on the benefits of using LARCs as their first-choice modern contraceptive method. The training will provide an opportunity for these women to acquire necessary first-hand information about LARCs, and this will help to eradicate community myths and misconceptions about their use and will also increase the uptake of LARCs.

The district health officer and the hospital at large should also recruit more personnel and subsequently increase on the allocation of health workers in the family planning unit as this will help to reduce the time women have to wait to access family planning methods, particularly LARCs which take a lot of time to be inserted due to the very many precautions taken.

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List of abbreviations

CPR : Contraceptive Prevalence Rate
DHS : Demographic and Health Survey
FP : Family Planning
HMIS : Health Management Information System
IPD : In Patient Department
IUD : Intra Uterine Device
LARCs : Long Acting Reversible Contraceptives
MCH : Maternal and Child Health
mDFPS : Demand for Family Planning Satisfied with Modern Methods
MoH : Ministry Of Health
OPD : Out Patient Department
SDGs : Sustainable

Development Goals
SSA : Sub-Saharan Africa
UDHS : Uganda Demographic and Health Survey
UN : United Nations
UNFPA : United Nations Population Fund
WHO : World Health Organization

Source of funding
There is no source of funding.

Conflict of interest
No conflict of interest declared.

Availability of data
Data used in this study is available upon request from the corresponding author

Author's contribution
EL designed the study, conducted data collection, cleaned and analyzed data, and drafted the manuscript, and RK supervised all stages of the study from conceptualization of the topic to manuscript writing.

Ethical approval
The research proposal, after being approved by the Research committee of Kampala School of Health Sciences and duly signed by the supervisor, the researcher was provided with an introduction letter addressed to the in-charge of Mukono General Hospital, Mukono district. The researcher obtained permission to collect data from the in-charge of Mukono General Hospital, and given that this study was on a sensitive and controversial topic, the principle of informed consent was always upheld throughout the respondent recruitment process and data collection. The identities of the respondents were not disclosed, and their confidentiality was maintained. Data from the respondents was also stored under lock and key by the researcher.

Informed consent
A consent form was filled out by the respondents after explaining the purpose of the study to them. The respondents were assured of confidentiality as no names would appear on the questionnaire. No participant was forced to participate in the study, and all the study materials used during the interviews were safely kept under lock and key, only accessible by the researcher.

Author's biography
Edgar Lando is a student of diploma in clinical medicine and community health at Kampala School of Health Sciences

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