International Journal of Gynecology and Obstetrics 124 (2014) 30–33

Contents lists available at ScienceDirect

International Journal of Gynecology and Obstetrics

journal homepage: www.elsevier.com/locate/ijgo

CLINICAL ARTICLE

A qualitative assessment of Ugandan women's perceptions and knowledge of contraception

Jessica E. Morse [a,*], Tami S. Rowen [b], Jody Steinauer [b], Josaphat Byamugisha [c], Othman Kakaire [c]

[a] Department of Obstetrics and Gynecology, Duke University, Durham, USA
[b] Department of Obstetrics, Gynecology and Reproductive Sciences, University of California San Francisco, San Francisco, USA
[c] Department of Obstetrics and Gynecology, Makerere University, Kampala, Uganda

ARTICLE INFO

Article history:
Received 21 March 2013
Received in revised form 8 July 2013
Accepted 18 September 2013

Keywords:
Attitudes and knowledge
Cancer
Contraception
Family planning
Infertility
Maternal mortality
Sub-Saharan Africa
Uganda

ABSTRACT

Objective: To determine Ugandan women's perceptions and knowledge of contraception. *Methods:* Healthy prepartum women were recruited from a national referral and university teaching hospital to participate in 1 of 5 focus group discussions on contraception. Transcripts were translated and coded by 2 researchers using inductive and deductive methods. *Results:* Forty-six women participated in the focus group discussions. The major themes that emerged were around family planning as a method to space pregnancies and manage finances, as well as men's roles in decision making regarding contraception. Notable among the many incorrect notions about adverse effects of contraception were fears about cancer and infertility. *Conclusion:* The results indicate that, among the study group of Ugandan women, decision making regarding family planning involves a complex negotiation among women, partners, and families. Furthermore, pervasive myths may hinder a woman's ability to choose safe and effective contraception. These findings are useful to healthcare providers and the greater public-health community.

1. Introduction

Sub-Saharan Africa has not experienced the recent trend in decreasing rates of unintended pregnancy seen in other low-resource areas. It continues to have high fertility rates as well as high maternal mortality rates [1]. Almost half of pregnancies are unintended, of which 65% are associated with no or ineffective contraceptive use. Many women continue this pattern even if they want to limit their family size [1,2].

Uganda, a landlocked country on the northwest border of Lake Victoria, has a total fertility rate of 6.2. This is reflected in the low use of modern contraceptive methods (e.g. pills, injectables, intrauterine devices, and implants), even relative to neighboring countries [2]. Among sexually active women of reproductive age who desire contraception, only 31% use modern contraceptive methods and 61% have no access; the remainder use traditional family planning such as the rhythm method and folkloric remedies [3].

Large-survey-based data indicate that, although the unmet need for contraceptive services in Uganda decreased among certain populations between 1995 and 2006, there still exists a large unmet need overall (27%), especially among married women (41%) [4]. Among reproductive-aged women, the desired fertility rate is 5.1, demonstrating that these gains, although beneficial, are far from meeting the current need and reaching a higher contraceptive prevalence rate [3,4].

Uganda has a liberal contraceptive policy, with relatively easy access to and broad awareness of modern methods [5]. Recent data indicate that universal free access to modern contraception in Uganda would be highly cost-effective and could decrease rates of maternal mortality and unsafe abortion, as well as public spending on social programs and health [6]. However, a recent randomized controlled trial in Uganda reported high levels of unwanted pregnancy, even in a setting in which contraceptives were easily available free of charge [7]. These findings underscore the idea that universal free access may not necessarily lead to increased uptake and that cultural and social norms probably have a role as well.

In order to design effective family-planning programs, it is crucial to understand why and how women choose to use contraception. In a country with such a high unmet need, exploring women's intentions will enable more effective family-planning programs and policies to be developed. There are data from large surveys in Uganda exploring contraceptive choices and unmet need [3,4], in addition to qualitative data exploring contraceptive decision making among young women and their providers [5,8,9] and among people living with HIV [10]. However, to our knowledge, there are no published qualitative data regarding women's attitudes to and knowledge of long-acting reversible contraception, especially in the postpartum setting.

* Corresponding author at: Department of Obstetrics and Gynecology, Duke University, 200 Trent Drive, Baker House, Box 3084, Durham, NC 27710, USA. Tel.: +1 919 668 4528; fax: +1 919 668 5547.
E-mail address: jessica.morse@duke.edu (J.E. Morse).

0020-7292/$ – see front matter
http://dx.doi.org/10.1016/j.ijgo.2013.07.014

The aim of the present study was to address this gap in the literature and provide important information on women's perceptions of modern contraception and barriers to its use.

2. Materials and methods

The present investigation was part of a mixed-methods study, with the qualitative work informing the development of the educational intervention instrument for the larger quantitative study. For the qualitative portion, we used a convenience sample of pregnant women presenting for prenatal care at Mulago Hospital, the national referral and teaching hospital for Makerere University in Kampala, Uganda. From October 6 to 20, 2011, women of any gestational age were invited to participate in 1 of 5 focus group discussions while awaiting their prenatal check-up. Institutional review board approval was obtained at Makerere University and the University of California San Francisco, USA, and women gave informed written consent in either English or Luganda prior to participating. Basic demographic information was collected about the participants, each of whom was given minimal monetary compensation (the approximate transportation costs to the hospital) for participation.

Forty-six women participated in 5 focus group discussions. All discussions were facilitated by a doctorate-level social scientist from Makerere University who was trained in qualitative data collection. She facilitated the discussions using a topic guide that had been developed with local collaborators and then pilot-tested with an initial focus group (not included in the present analysis). Focus groups were conducted in English [1] or Luganda [4], as appropriate for the group. All women stayed throughout the duration of the discussion, and then attended their prenatal visits. All focus groups were audio recorded, transcribed verbatim, and translated as necessary. Thematic saturation was reached after 4 focus groups were completed. An additional focus group was conducted after this to ensure no new emergent themes. Both deductive and inductive methods of data coding were used. Two researchers (J.M. and T.R.) coded the data using Atlas.ti.5.5 (Scientific Software Development, Berlin, Germany), with cross-coding used to ensure consistency between the 2 analysts. In preparation for data analysis, a code dictionary was developed using an iterative process based on identified domains. Recurrent themes were then identified based on these initial codes. Disagreements between coders were resolved through discussion. Tables were used to organize the data and to facilitate analysis based on the labeled domains and themes. After completion of coding, coauthors identified representative statements to help better elucidate the identified themes.

3. Results

The 46 focus group participants were a heterogeneous group of women (Table 1). Their average age was 26 years (range, 18–38 years) and average parity was 2 (range, 0–7). The women spoke a variety of languages but all were conversant in either Luganda or English. Their educational levels ranged from not completing primary school to university level, with two-thirds reporting less than secondary-school education. Work situations were similarly varied, with "housewife" and "business woman" the most common answers, where businesswoman encompassed many professions (e.g. hair dresser, tailor, clerk).

The focus group discussion findings illuminated many of the complicated issues that influence women's understanding of and interest in family planning. The most notable dominant themes that emerged were around family planning as a way to space pregnancies and manage finances; fears about infertility and cancer; and the importance of partner involvement in family life (Table 2).

Discussions centered on family planning as a method of pregnancy spacing. Spacing was most frequently discussed in terms of health reasons, personal reasons, and financial reasons. In terms of health, many women had heard the recommendations about the importance of spacing pregnancies, either as a general rule or because of a complication in a prior pregnancy. Others described specific precautions given by their healthcare providers about healthy pregnancy intervals. Aside from health reasons, women also talked about birth spacing for personal reasons, often related to relationship issues but also issues such as finishing school or working.

Table 1
Participant demographics.

	No. (n = 46)
Age, y	
<20	7
21–25	19
26–30	11
>30	9
Marital status	
Single	5
Married (monogamous)	31
Married (polygamous)	6
Widowed	1
Cohabiting	3
Religion	
Catholic	18
Muslim	7
Other Christian	21
Education	
≤Primary	18
≤Secondary	23
>Secondary	5
Parity	
0	13
1–3	27
4–7	6

Partner dynamics were mentioned consistently as a reason to space families. A partner's readiness for the commitment of children, as opposed to just a sexual relationship, was of great concern to many. Women also brought up more self-focused issues such as age (feeling too young), being a student, still living with parents, and holding down a job as reasons to space pregnancies. Many women felt financially dependent on their husbands and saw spacing as a way to prevent growing their families to a size they could not afford. Some women expressed a sense that they were more wary than their partners of the economic responsibilities of an additional child.

The predominant fear about modern family-planning methods was that they could lead to infertility. Because of this fear, women expressed very strong opinions about who should use these methods, and when. They were concerned about not only delays in their ability to conceive (up to 10 years with certain contraceptive methods) but also absolute infertility. This was especially worrisome if a young nulliparous woman used these methods, owing to fear of risk to her reproductive organs.

The other overwhelming fear expressed was about family-planning methods causing tumors, cancer, and other serious complications. Even when the information was obtained as hearsay, it resonated loudly with the participants and influenced their contraceptive choices. A common reason given by many women was the internal nature of the intrauterine device and fears of damage to nearby organs causing a need for surgery. The long duration of use also generated worries among many women that the device could lead to long-term problems. These fears were echoed in all of the focus group discussions, even as some women recognized the limitations of their sources of information.

Some women expressed a sense that they were often the ones most aware of the family's overall wellbeing and, therefore, were making these decisions on their own. Others recognized that this was not always the case and noted that they were able to plan pregnancies with their spouses. It was uncommon for participants to feel empowered to make these decisions on their own, without their partner's involvement or even knowledge. They worried especially about needing men's support, not just for pregnancy but also for any complications that might arise from using a family-planning method.