



Factors Contributing to Underutilization of IUCD Among Women of Reproductive Age Attending Eldama Ravine Sub county Hospital

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Introduction

Family planning according to WHO(2013), prevents about one-third of pregnancy-related deaths and also reduces neonatal deaths by 44%. It is the role of health care providers to ensure that family planning services are affordable and accessible to all women of reproductive age without discrimination. Intrauterine contraceptive device (IUCD) is a device which is inserted into the uterus to prevent pregnancy. There are many types of IUCDs but the commonly used is the one containing copper. This method of family planning prevents pregnancy by changing the uterine lining hence inhibiting fertilized egg from getting attached to the womb therefore preventing implantation. The use of the IUCD is also effective for women who are already infected with HIV/AIDS (WHO, 2010). The use of IUCD results in fewer unintended pregnancies and fewer clinic visits, however, the use of IUCD is still very low in Sub-Saharan Africa (Animen, Lake, & Mekuriaw, 2018).

2. The Problem

The goal of world health organization is to provide universal coverage for health and this includes family planning services (Tangcharoensathien, Mills, & Palu, 2015). Despite the IUCD having been recognized as a highly effective, long-acting modern method of contraception whose maintenance is low, it is still underutilized worldwide and locally (WHO, 2015).

The Intrauterine Contraceptive is a long acting method of contraception with 99% effectiveness in prevention of unwanted pregnancy(WHO, 2013).However despite its high effectiviy the prevalence of IUCD utilization among women of reproductive age in Kenya has remained lower compared with other methods of FP at 3.4 while that of implants is at 9.9%, injectables at 26.4%, pills (COCs and POPs) at 8.0% (National Bureau of Statistics, 2013)

In Eldama Ravine Sub-county Hospital Kenya the level of utilization of the IUCD remains significantly low among women of reproductive age. A quick review and analysis of FP records at the hospital to compare utilization of family planning methods for six consecutive months in 2016 between the months of January to July 2016 indicated that IUCD had the lowest level of utilization at 3.8%, Combined oral pills had 10.2%, Progesteron Only Pills had 11.7%, Implants had 12.6%, condoms had 17.2% and Depo Provera had the highest level of utilization at 44.4%.



Based on this data, it was evident that for some reason there was low utilization of IUCD as compared to the other methods of family planning at Eldama Ravine Sub-county in spite of the hospital ensuring that all the methods of family planning are available at the family planning department for women to choose from. This study therefore aimed at determining factors contributing to underutilization of the IUCD among women of reproductive age attending Eldama Ravine Sub-county hospital.

Objectives

The study sought to determine factors that contribute to underutilization of the IUCD among women of reproductive age (15-49) attending Eldama Ravine sub- county hospital.

3.1 Specific Objectives

1. To determine the demographic factors that may contribute to underutilization of the IUCD among women of reproductive age attending Eldama Ravine sub-county hospital.
2. To assess the Knowledge of the women of reproductive age attending Eldama ravine Sub-county hospital on IUCD.
3. To determine social cultural factors that contribute to underutilization of the IUCD among women of reproductive age attending Eldama Ravine Sub-county Hospital.

4. Literature Review

According to a study conducted in Ethiopia(Animen *et al.*, 2018), the age of women was one of the significant factors that influenced utilization of IUCD. Women between the ages of 35–49 were 5.38 times more likely to use IUCD as compared to mothers between the ages 15–24. Another study conducted in china on socio-demographic determinants of intrauterine device use and failure showed that women with one living child had the highest percentage of utilization at 57% . However the level of utilization dropped sharply to less than 26% for those with two, or more children indicating that they might have switched to other methods(Wang & Altmann, 2002). The findings of this study suggested that parity of a woman determined their choice of FP method

In a recent study (Mochache et al, 2018) conducted in Kenya on determinants of contraceptive usage among women of reproductive age in kwale, 96% of the respondents reported that they did not know about the IUCD and only 2% of the respondents reported that they had used the IUCD and knew about it

Globally, studies have indicated that specific religions and cultures of women of reproductive age affect their preference for a contraceptive method. According to Kai, Buhling and Nikki , (2013) Cultural and religious influences in different countries create environments that are more or less favourable to influence uptake of IUCD. For instance, according to Tekele et al,(2012) the number of times a wife had discussed about the use of the long acting methods with the husband or partner was the main predictor for use of the methods. Another study carried out in Ghana, further suggested that husband opposition was a key social factor contributing to low use of family planning methods among women of reproductive age besides the fear of side effects of the methods (Staveteig, 2017)



From the literature review, the studies conducted on the utilization of the IUCD have shown that the utilization of the IUCD remains significantly low in most countries especially the developing countries in sub-Saharan Africa. The main factors that have been associated with the low utilization of the IUCD include the demographic factors such as age, marital status, parity and level of education. Women with adequate knowledge about the IUCD tend to use the method as compared to those with little knowledge about the method. Social factors such as religion and culture have also been identified as some of the factors leading to low utilization of IUCD.

5. Methodology

5.1.1 Study Setting

This study was carried out in Eldama Ravine Sub –County hospital which is located in Eldama Ravine sub location, Eldama ravine constituency and Baringo County at the family planning department. The pre-test was carried out at Kabarak health centre which also offers family planning Services.

5.1.2 Study Design

The researcher utilized a cross-sectional descriptive study design which is a quantitative design. This design enabled the researcher to determine demographic factors, assess knowledge on the IUCD and determine social factors that contribute to underutilization of the IUCD by women of reproductive age attending Eldama Ravine Sub-county Hospital.

5.1.3 Sampling

The target population in this study were all the women of reproductive age (15-49 years) seeking to use family planning services at Eldama Ravine Sub-county hospital in May 2019. The researcher used systematic sampling technique. The participants available at the time of the study were selected as they came to the family planning department to be enrolled to the study. Those who consented to participate were then picked systematically from the waiting area. Systematic method involves sampling members from a larger population according to random starting point and at fixed periodical interval(Lavrakas, 2008)

5.1.4 Data Collection

Data was collected by use of researcher administered questionnaires comprising of both open and closed ended questions. The questionnaire was categorized into 3 parts. The first part had questions assessing demographic factors, the second part had questions assessing knowledge of the IUCD and the third part had questions assessing social factors contributing to underutilization of the IUCD. All the participants were first asked to consent to take part in the study and only those who consented were interviewed.



6. Results

6.1.1 Demographic Analysis

According to the demographic data collected from the 51 participants, the minimum age of the respondents was 15 years and the maximum age was 49 years. The age bracket that had the highest percentage distribution of respondents seeking family planning services at Eldama Ravine Sub-County Hospital was (21-26), which accounted for 37.25% (figure 4.1). Majority of the respondents who were seeking family planning services were married and accounted for 54.90% ,those who were single had a percentage of 23.53%,those who were separated had a percentage of 11.76% while the least were divorced with percentage of 9.80 (figure 4.2).

6.1.2 Knowledge on Intrauterine Contraceptive Device.

This study established that there was a gap on knowledge about the IUCD. The percentage of the women who were on a family planning method during the study period was at 58.81% while those who were not on any family planning method were 41.18%. Among those who were on a family planning method, the majority were using oral contraceptives (pills) which had the highest percentage distribution of 25.8%, followed by Depo Provera and condoms at 22.6% each, then implants at 19.4% and the least was IUCD at 9.7% (Fig 4.8). Those who were not on any family planning method said that they would not wish to use the IUCD because of fear of side effects and myths that they had heard from friends. A high percentage of 74.51% had heard about the IUCD while 25.49% had not heard about the IUCD (fig 5.7) suggesting that even though a large % (74.5 %) had heard about IUCD only 9.7 % of them chose IUCD as a method while a larger % of them chose the other methods instead.

6.1.3 Social factors

Peer influence was the major factor contributing to underutilization of IUCD in this study. Majority of the women when asked who influenced them to choose their family planning method stated that it was their friends at 39.2%, followed by spouses at 27.5%, health care provider at 21.6% and 6% stated that they made contraceptive choices on their own (table 4.1). In addition to this a greater percentage of those who had heard about the IUCD, 42.2% had heard from their peers or friends, 28.9% had heard from health care providers while 11.1% had heard from family members (fig 5.0). The respondents who did not respond correctly to the questions on Knowledge 60% had obtained their knowledge from their peers and this contributed to the low utilization of the IUCD because majority got information from unreliable sources.

According to this study Religion emerged as another key factor affecting utilization of the IUCD as a method of family planning. The Pentecostal Denomination had the highest



percentage distribution of 39.22%. This was followed by Catholic Denomination which had 31.37%, Protestants constituted 21.57% and the least were Muslims which constituted 7.84% (figure 4.4). When the respondents were asked if their culture or religion would permit the use of IUCD 47.06% said that their religion would permit while 39.22% stated that their religion would not permit. Majority of the 39.22% (n=51) were Catholics. These findings indicated that Religion played a vital role in the respondents' contraceptive preference when making contraceptive choices hence one of the factors contributing to underutilization of the IUCD

7. Recommendations and Areas for further Studies

The findings of the study were that majority of the respondents were seeking information regarding family planning methods from unreliable sources such as friends and this led to the respondents to be misinformed about the IUCD. A wide gap was therefore established on the knowledge of the women of reproductive age seeking family planning services at Eldama Ravine Subcounty hospital.

From the above findings, the researcher thus recommends the following;

1. Promotion of IUCD awareness through correct sources such as health care providers who offer family planning services at the MCH in order to provide the right information to women of reproductive age seeking family planning services.
2. Family planning campaigns and family planning health education should be carried out in order to promote the use of new long acting methods of family planning such as the IUCD so that women of reproductive age seeking to use the new long-term methods are made aware about them.
3. The health care providers should ensure that family planning counselling is done to all clients seeking to use family planning services and that they are taught about all the available methods of family planning including the IUCD.

This study also recommends that the family planning department should link up with community health extension workers (CHEWs) at Eldama Ravine in order to ensure that family planning health messages reach women of reproductive age within the community.

4. The family planning department should therefore involve spiritual leaders in solving the issue of religious beliefs by educating them with the right information on the mode of action of the IUCD, its benefits and side effects so that they can change the false beliefs.
5. Health care providers should encourage women to inquire about the family planning methods from the medical personnel at the hospital and not from their friends in order to know the actual truth about the family planning methods and expel out any myths and misconceptions that they have heard.
6. The scope of this study was to determine the factors contributing to underutilization of the IUCD among women of reproductive age hence the researcher recommends that a study should be carried out at Eldama Ravine Sub-County Hospital to assess attitude and practice towards the intrauterine contraceptive device among the health care providers.

Conclusion



This study established that most of the women of reproductive age attending Eldama Ravine Sub-County hospital for family planning services chose a particular family planning method due to peer influence. Majority obtained advice from unreliable sources such as friends while a lower number was seeking advice from relevant sources such as from health care providers hence many respondents were misinformed regarding the IUCD and this as evidenced by the participants' responses on the questions that were asked to assess their knowledge about the IUCD.

Majority of the respondents held myths and misconceptions regarding the IUCD and this made them to fear of using the method. Knowledge about the IUCD was significantly low with majority of the respondents being unaware of the maximum period of time the IUCD prevents pregnancy after insertion. A larger percentage said that there is only one type of IUCD. The religion of the respondents also emerged as a key factor affecting utilization of the IUCD as family planning method. The Catholic denomination did not allow women to use the IUCD because it was against God's law while some other respondents from the same denomination believed that it would cause infertility. All this factors that have been established from the study findings contributed to the low utilization of the IUCD at Eldama Ravine Sub-county Hospital.

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