FACTORS ASSOCIATED WITH THE UPTAKE AND ACCEPTABILITY OF IMMEDIATE POST PARTUM INTRAUTERINE DEVICE AMONG POSTPARTUM MOTHERS AT MITYANA DISTRICT HOSPITAL.

BY

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MAY, 2018
DECLARATION

To the best of my understanding, I Wanyana Dorothy declare that this work is authentic and originally mine, the views in it are my own or else quoted and where such appears, references have been given. This dissertation has never been submitted to any University for any award.

Signature: [Signature]

Wanyana Dorothy.

Date: 7/12/18

APPROVAL

This dissertation has been submitted for examination with approval of my supervisor

Signature: [Signature]

Dr. Scovia Nalugo Mbalinda

Date: 7/12/18
# TABLE OF CONTENT

Declaration ................................................................................................................................. i

Dedication ................................................................................................................................. v

Acronyms and Abbreviations ................................................................................................. viii

Operational Definitions .......................................................................................................... ix

CHAPTER ONE ......................................................................................................................... 1

1.0 Introduction ........................................................................................................................ 1

1.1 Background ....................................................................................................................... 1

1.2 Problem Statement ........................................................................................................... 3

1.3 Objectives......................................................................................................................... Error! Bookmark not defined.

1.3.1 General Objective ......................................................................................................... Error! Bookmark not defined.

1.3.2 Specific Objectives ..................................................................................................... 4

1.3.3 Research Questions .................................................................................................... 4

1.4 Significance of the Study. ................................................................................................. 4

1.5 Justification ..................................................................................................................... 5

1.6 Scope of the Study ........................................................................................................... 5

Conceptual Framework .......................................................................................................... 5

CHAPTER TWO ......................................................................................................................... 7

LITERATURE REVIEW ............................................................................................................. 7

2.1 Introduction ....................................................................................................................... 7

2.2 The Unmet Need ............................................................................................................... 7

2.3 Socio-Demographic Factors Associated with the Uptake of Immediate PPIUDs .......... 8

2.4 The Organizational Factors Associated with the Uptake of Immediate PPIUDs .......... 9

2.5 Obstetrical Factors Associated with the Uptake Immediate IUD .................................. 10

2.6 Acceptability of Postpartum Intrauterine Device............................................................ 11
CHAPTER THREE ................................................................................................................................. 11

METHODS .............................................................................................................................................. 11

3.0 Introduction .................................................................................................................................... 11

3.1 Study Design .................................................................................................................................. 12

3.2 Study setting .................................................................................................................................. 12

3.3 Study population ............................................................................................................................. 12

3.4 Selection criteria ............................................................................................................................. 12

3.4.1 Inclusion criteria .......................................................................................................................... 12

3.4.2 Exclusion criteria .......................................................................................................................... 12

3.5 Definition of variables ..................................................................................................................... 13

3.5.1 Independent Variables ............................................................................................................... 13

3.5.2 Dependent Variables .................................................................................................................. 13

3.6 Sample size calculation ................................................................................................................... 13

3.7 Sampling strategy ........................................................................................................................... 13

3.8 Data collection methods ................................................................................................................ 13

3.8.1 Data collection procedures ....................................................................................................... 13

3.8.2 Data collection tools .................................................................................................................. 14

3.9 Data quality control and Data analysis .......................................................................................... 14

3.10 Ethical consideration .................................................................................................................... 14

3.11 Dissemination of results .............................................................................................................. 14

3.12 Study Limitations ......................................................................................................................... 23

REFERENCES ........................................................................................................................................... Error! Bookmark not defined.

APPENDICES .......................................................................................................................................... 29

Appendix I: Informed Consent Form .................................................................................................... 29

Translated Consent Form (Luganda) ...................................................................................................... 32
Appendix II: Questionnaire ........................................................................................................34  
Appendix III: Activity Budget: ..................................................................................................40  
Appendix IV: Activity Plan .........................................................................................................41
LIST OF TABLES

Table 4.1: Socio-demographic characteristics among postpartum mothers in Mityana District Hospital……………………………………………………………………………………………………… 56
Table 4:2 Organization characteristics among postpartum mothers in Mityana Hospital…45
LIST OF FIGURES

Figure 1: Conceptual Framework Showing the Association among Variables
Dedication

I devote all my efforts below to my loving and caring mother Mujabi Fortunate Nambooze, my lovely sister Mujabi Teckler, and Mugga Gorrety for the support.
Acronyms and Abbreviations

**DMPA**: Depot Medroxyprogesterone Acetate or progestin-only implants

**FP**: Family planning

**IUD**: Intra Uterine Device

**PPFP**: Postpartum Family Planning

**PPIUD**: Postpartum Intrauterine Contraceptive Device

**RRP**: Rapid Repeat Pregnancy

**UBOS**: Uganda Bureau of Statistics

**UNPD**: United Nations Population Division

**HMIS**: Health Management Information System

**FY**: Financial Year

**ACOG**: American College of Obstetricians and Gynecologists.
Operational Definitions

Postpartum: The period after delivery of the products of conception until 6 weeks.

PPIUCD insertion: Insertion of the IUCD during the postpartum period.

Post placental insertion: Insertion of the IUCD after expulsion of the placenta following a vaginal delivery. In this study, insertion will be within 48 hours of delivery.

Uptake: The number of clients who agreed to the method and actually had the IUCD inserted.

Post placental or postabortal

A currently married woman: In the study, any woman who lives or who has a known husband in the community is a married woman.
ABSTRACT

Background: This study was set to determine the factors associated with the uptake and acceptability of immediate Postpartum Intrauterine Device among mothers who delivered at Mityana District Hospital.

Objectives: To assess factors associated with uptake and acceptability of immediate PPIUDs in Mityana Hospital.

Methods: The study adopted a descriptive cross-sectional study design in which data was collected using a questionnaire administered approach from 200 postpartum mothers and 20 midwives in maternity wing from Mityana hospital.

Results: The study found that none of the socio demographic characteristics that is age (p = 0.839 > 0.05, OR-0.94; 95% CI 0.52-1.69), education level (p = 0.381 > 0.05, OR-0.77; 95% CI-0.44-1.38), religion (p = 0.836 > 0.05, OR-1.08; 95% CI-0.53-2.19) and marital status (p = 0.297, AOR=0.56, C.I: 0.19-1.66) significantly influenced uptake and acceptability of immediate PPIUDS among postpartum mothers. It also established that parity (p = 0.504 > 0.05, OR-0.82; 95% CI-0.46-1.46) and desired period of spacing between births (p = 0.981 > 0.05, OR-0.99; 95% CI-1. 0.54-1.84) are not significant obstetrical factors influencing uptake and acceptability of immediate PPIUDS among postpartum mothers. Amongst midwives’ knowledge and equipment availability was 20(100%) the organization factors that influenced uptake and acceptability of immediate PPIUDS among postpartum mothers.

Conclusions: The uptake and acceptability of immediate Postpartum Intrauterine Device as demonstrating skill such uptake and acceptability of immediate Postpartum Intrauterine Device is highest among postpartum mothers that report IUD availability in their nearest health facilities.

Recommendations: The health workers in the different health facilities should ensure skills in as far as the postpartum services to the mothers that give birth are concerned and the management of health facilities should innovatively design strategies that ensure timely procurement and availability of equipment used for IUD insertion as a way of promoting Postpartum Intrauterine Device services uptake and acceptability amongst postpartum mothers.
CHAPTER ONE

1.0 Introduction

1.1 Background

Family planning refers to a conscious effort by a couple to limit or space the number of children they have with contraceptive methods (UDHS, 2016). Contraceptive methods are classified as modern or traditional methods. Modern methods include female sterilization, male sterilization, the pill, the Intrauterine Contraceptive Device (IUCD), implants, male condoms, female condoms, emergency contraception, and Lactation Amenorrhea Method (LAM) (UDHS, 2016). Postpartum Family Planning (PPFP) is the prevention of unintended and closely spaced pregnancies through the first twelve months following childbirth (Singh S, Darroch J E, 2012). Postpartum women need a range of effective contraceptive methods to be able to prevent an unplanned pregnancy, within a short interval (Singh S, et al, 2012).

Postpartum Intrauterine Device is a component of Postpartum Family Planning and an ideal method that can serve for both spacing, limiting, does not interfere with breastfeeding and safely used immediately after birth, does not require repeat healthcare visit for contraceptive refills (Blanchard H, 2012). A recent committee of American College of Obstetricians and Gynecologists (ACOG) recommends the IUD as first-category for all mothers who have delivered (Tim and Cahill, 2009).

Globally, unmet need for family planning accounts for 225 million women which may result 54 million with unintended pregnancies leading to 16 million unsafe abortions and 79,000 maternal deaths annually (Singh S, et al, 2012). The promotion of family planning by effective use of postpartum and postabortal contraception method in countries with high birth rates has the potential to reduce maternal deaths and childhood deaths. (Cleland J, Bernstein S, Ezeh A, Faundes A, Glasier A, Innis J, 2006).

In Europe, 20% European women using modern contraception choose an IUD (Reading, 2012). IUDs are the world’s most prevalent form of reversible contraception but have not been widely used in the United States due to health concerns. More than 80 percent of IUD users out 140 million women in Asian utilize IUD as a family planning method of choice (Reading, 2012). The provision of immediate postpartum IUD is critical in meeting women’s need for long-term but reversible contraceptive protection which is safe, effective, and convenient to use,
especially when inserted at immediate postpartum. High level of satisfaction with Post-partum Intrauterine Device such as contraceptive protection which outweighs the potential inconvenience of needing to return for care (Kumar. S, 2014).

Despite of its potential benefits, the IUD remains underused in the United States by women of all age groups and several researches have demonstrated many barriers for Postpartum IUD use that is low acceptance, lack of information and negative attitude (Joachim, 2009). Termination of unintended pregnancies is estimated to account for 78,000 maternal deaths due to unsafe abortion each year (Family Planning Worldwide, 2008). The rapid repeat pregnancy, occurring within 24 months of the previous birth, is experienced by 20-66% of mothers which increases the risk of poor maternal and fetal outcomes as well as unemployment and poverty (Family Planning Worldwide, 2008) Hence, reducing the proportion of rapid repeat pregnancies among women in the United States, is still a concern for the country to meet its 2020 healthy objective.

Uptake of postpartum family planning in the Sub-Saharan Africa is low (Family Planning Worldwide, 2008). In Malawi, approximately 41% of pregnancies are unintended (Bryant AG, 2013). Although copper T380A intrauterine device IUD are available in Malawi free of charge through the Ministry of Health, only 0.8% of Malawian women currently use them (Family Planning Worldwide, 2008). In a randomized study in Lilongwe, Malawi recognized that many women declined to have an IUD placed, despite originally planning and accepting to receive one (Bryant AG, 2013). In Kenya, uptake is still low due to lack of awareness, low prior use of the IUD, lack of interest in family planning among sexually active people, myths and perception and fear of its complications, the willingness to use was due long term protection against pregnancy (Kiattu, 2014).

In Uganda, fertility rates still remain high yet the family planning methods remains a myth for most women in remote areas, child bearing begins right an early age and interval between pregnancies are short (Ssekandi J, 2015). Contraceptive prevalence rate for all methods is at 35% with traditional methods taking 4% and Modern methods taking 26%, the unmet need at 28% unplanned pregnancies are 44%. Total Fertility Rate stands at 5.8% which contributes to high maternal mortality 336 deaths / 100000 live births and 54 deaths/100000 live births neonatal mortality rate (UDHS, 2016). This is because the CPR is low and the unmet need is high as
related to fear of side effects, other women are not sure of how long they are safe from getting another pregnancy, opposition from their spouse or from their dominations (Bradley, 2012).

According to Health Management Information System (HMIS) Financial Year (FY) (2016/17), the uptake and acceptance stands at 0.1% of the IUDs in Mityana hospital. Ministry of Health recommends all postpartum mothers to return at 6 weeks for postnatal checkup and young child clinic. However, some mothers do not return for postnatal at 6 weeks yet it is assumed that some do not exclusively breastfeed, resulting to early return to fertility and early resumption of sexual activity which predispose them to unintended pregnancy leading to unsafe abortions and its complications like perforated uterus, hemorrhage and infections. Therefore, this gives me a reason to propose this study and assess factors associated with uptake and acceptability of PPIUD that affects postpartum mothers.

1.2 Problem Statement

IUD is a highly effective, efficacious, long term and reversible method of birth control but not utilized both worldwide and locally (WHO, 2015). In Uganda, Contraceptive prevalence rate for all methods is at 35% which is low, the unmet need at 28%, unplanned pregnancies are 44% and still high (UDHS, 2016). Ministry of health recommends mothers to return at 6 weeks for postnatal checkup and young child clinic since it is assumed that some do not exclusively breastfeed within the 6 weeks resulting to early return to fertility and early resumption of sexual activity which predisposes them to unintended pregnancy leading to unsafe abortions and its complications like perforated uterus, hemorrhage and infections increasing maternal mortality rate to 336 deaths/ 100000 live births and the pregnancies that are carried to term may be rejected by the spouse or even the mother and neonates become malnourished leading to ill health increasing neonatal morbidity and mortality of 54 deaths/ 100000 live births. Only 0.1% of postpartum women use the PPIUDs, and currently the delivery rate is at 8.3% in Mityana Hospital (HMIS FY 2016/2017). Ministry of health has put in more effort to promote family planning in a bid to reduce maternal and infant mortality rate, through training health workers, recruiting more health worker, provision of free family planning services, health educating mothers in antenatal clinics and using the media, but utilization of family planning services is still low, mostly the PPIUD (Alinga, 2012).
According to the records of Mityana Hospital, the uptake and acceptance of PPIUD stands at only 0.1% (HMIS, 2016/17). Immediate Postpartum IUD offers a convenient and cost-effective contraceptive option. However, it is crucial to improve uptake and acceptability of Post-partum Intra Uterine Device among mothers that deliver in Mityana Hospital in order to mitigate some of these challenges that affect them. To bridge this gap, it is imperative to assess factors associated with uptake and acceptability of PPIUD among postpartum mothers.

1.3 Specific Objectives.
The study was guided by the following objectives;

1. To assess socio demographic factors associated with the uptake and use of immediate PPIUDs among mothers who deliver at Mityana District Hospital.

2. To assess the obstetrical factors associated with the uptake and use of immediate PPIUDs among mothers who deliver at Mityana Hospital.

3. To determine organization factors associated with the uptake and use of immediate PPIUDs among mothers who deliver at Mityana Hospital.

1.4 Research Questions.
The study answered the following research questions;

1. What are the socio demographic factors are associated with the uptake and acceptability of immediate PPIUDs among mothers who deliver at Mityana District Hospital?

2. What are the obstetrical factors associated with the uptake and use of immediate PPIUDs among mothers who deliver at Mityana Hospital.

3. What are the organization factors associated with the uptake and use of immediate PPIUDs among mothers who deliver at Mityana Hospital.

1.5 Significance of the Study.
The uptake of contraceptives as spacing and limiting method requires adequate funding. Favorable policies and popular support are important to the success of family planning programmer. Programs need to support not only from clients but also from the public especially,
from health officials, policy makers, funding agencies, the media, employers, health care providers, women organizations, religious and community leaders.

The study will help the family planning programs in Uganda in the planning as response for the substantial proportions of women who are intending to use a method and who do not intend to use a method in the future due to the fear of side effects or opposition from a husband or partner.

1.6 Justification

There is great need to reduce the high maternal mortality rate of 336 deaths per 100,000 live births and infant mortality rate of 54 deaths per 1,000 live births by reducing the high unmet need of family planning currently at 28%, unplanned pregnancies of 44%, and total fertility rates of 5.8% to a reasonable percentage among women of reproductive age (15-49 years). Intrauterine Device is a long term method, highly effective, safe, convenient to use, especially when inserted at immediate postpartum and high level of satisfaction with PPIUD that outweighs the potential inconvenience of needing to return for care. However, there is need to address unintended pregnancy that leads to abortion and its complications that are major cause of maternal and infant morbidity and mortality.

1.7 Scope of the Study.

The study will look at the socio demographic (age, level of education, religion, misconceptions, male involvement.) obstetrical factors (parity, pregnancy desires.) and organization factors (knowledge, skills, equipment, availability of IUDs) that influence the uptake of immediate postpartum intrauterine contraceptive device among mothers who have delivered at Mityana District Hospital the study will be conducted in 2 weeks and carried out in Mityana hospital which is a District General hospital found in the Mityana Town Council serving a catchment area of approximately 45,654 people with annual maternity admission of 8699 mothers. It conducts 6526 deliveries annually, 544 monthly and approximately 18 mothers delivered daily.

Conceptual Framework

The conceptual framework shows that a number of factors are associated with the uptake and acceptability of immediate PPIUDs. These include socio demographic factors such as age, level of education, and religion, fears and health concerns and interpersonal such as relational issues with the husband. Religion and husbands are influential factors in society in terms of decision making and also known to discourage modern contraception hence a barrier. However
continuous counseling and good interpersonal relation between husbands and religious leaders and service providers is encouraged. The conceptual framework was used to formulate questionnaire and also used as a guide during literature review.

Obstetrical factors:

Women with higher parity (more than five children) are known to be risk factors so when they do not utilize contraception hence exposed to unintended pregnancy which may result into maternal, infant morbidity and mortality (UNDP 2005). However, it also depends on the number of children and the interval the mother desires.

The organizational factors:

Women are not aware of immediate postpartum family planning methods so they must be informed on methods of family planning available and counseled on the benefits and risks during antenatal care to prepare and acquaint them with knowledge before labor which increase the chances of uptake and use of PPIUDs (Née lima Agarwal, 2015). Consequently, uptake affects the numbers of intended pregnancies, abortions and the related morbidity and mortality issue.
CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction
This chapter presents the literature reviewed on the factors associated with the uptake of immediate postpartum intrauterine devices among mother. They include; demographic, obstetrical and organizational factors.

2.2 The Unmet Need
When women are currently married, unmet need refers to the percentage of those who are not using a method of family planning currently and want to stop further or postpone childbearing (UDHS, 2016). Unmet need can be categorized into unmet need for spacing or for limiting. In the widest sense, women with unmet need for spacing are not necessarily using a method of
contraception and want to delay the next birth by at least two years, whereas women with an unmet need for limiting are not currently using a method of contraception and want to stop childbearing (Bradley, 2012).

Precisely put, a currently married woman has an unmet need for spacing when she is not using a method is amenorrhea or pregnant and the last birth was mistimed, or the current pregnancy or last birth was unwanted, and the woman now wants to wait before having another child. Similarly, women who are currently married, are not currently using a method of contraception, are fecund, and want to wait for two or more years before having another child have an unmet need for spacing. A currently married woman has an unmet need for limiting if she is not using a method of contraception, is pregnant or amenorrhoeic, and has an unwanted birth that is to say does not want her current pregnancy or wants no more children (UDHS, 2016). The unmet need for limiting among currently married women also includes women who are not using a method, who are not using or are amenorrhoeic, who are fecund, and who want no more children. Details on unmet need including unmet need for spacing and unmet need for limiting among currently married women (UDHS, 2016).

2.3 Socio-Demographic Factors Associated with the Uptake of Immediate PPIUDs

Uganda is the third fastest growing country in the world. Contraceptive use is low, and the unmet need for family planning is high. A study to examine unmet need in Uganda from 1995 to 2016 used data from three consecutive rounds of the Demographic and Heath Surveys (UDHS, 2016). The study gave levels, trends and the factors associated with unmet need as well as reasons for contraceptive nonuse; and the likely impact of reducing unmet need. The result showed that unmet need was highest among currently married women, women in rural areas, and women in the Northern region. The unmet need was increasing among the all-women group including married women, all sexually active women, and never-married sexually active women (Bradley, 2012). The report further showed that the unmet need had remained steady at low levels among never-married women and formerly married women. Unmet need for spacing is more prevalent than for limiting. Women with an unmet need for spacing and limiting both tend to have more than two living children (United Nations Population Division (UNPD, 2005).

Women with an unmet need for spacing are more likely to lack employment, live in the Northern region, and not receive family planning messages in the media while women with an
unmet need for limiting, in contrast, tend to be older and live in rural areas. Total unmet need is associated with higher parity that is two or more children and living in the Northern region. Substantial proportions of women do not use, and do not intend to use, contraception in the future due to the fear of side effects and opposition from the husband or partner. Based on statistical models, modest declines in unmet need and increases in contraceptive prevalence in Uganda can substantially reduce the country’s total fertility rate (United Nations Population Division (UNPD, 2005).

2.4 The Organizational Factors Associated with the Uptake of Immediate PPIUDs

The influence of the facilitators of immediate PPIUD uptake was cited among some participants who received the IUD by the end of the postpartum year, they included the influence from providers, family members, and partners as well as participants’ own experiences with birth control (Melissa R. S. WESTON, 2016). While all participants reported learning about the IUD from a variety of sources including advertisements, friends and family, those who were successful in obtaining the device often reported that their doctor recommended and even insisted on the IUD (Melissa R. S. WESTON, 2016).

Three of the four participants who successfully obtained an IUD at their six-week postpartum visit solidified their IUD decision during a prenatal visit with their doctor, who made sure the IUD was in stock for their postpartum check-up (Indicators, 2010). Most of the participants who were successful in obtaining an IUD also had friends or relatives; predominantly mothers who were supportive of the method. They also reported limited partner influence regarding their IUD decision, using phrases like “my body” or “my decision” in their responses (Indicators, 2010). One participant, however, had a partner who was supportive of the IUD and even initiated the conversation about postpartum birth control. Lastly, struggling with adherence and the side effect profile of other postpartum methods, in particular oral contraceptive pills, prompted some participants to choose the IUD (Indicators, 2010).

Some participants decided against the IUD, ultimately determining that other contraceptive methods would work better for them. At times, the contraceptive gap between delivery and insertion led to a change in method choice. One participant opted for DMPA despite having ordered an IUD during pregnancy Other participants ultimately chose a method other than the IUD because their perceptions of the device’s efficacy changed upon reading educational
materials and/or talking to other people, including physicians, following their delivery (Melissa R. S. WESTON, 2016).

2.5 Obstetrical Factors Associated with the Uptake Immediate IUD

The intrauterine device (IUD) is an ideal postpartum method because it does not interfere with lactation, facilitates adequate birth spacing and does not require repeat health care visits for contraceptive refills (Melissa R. S. WESTON, 2016). However, previous studies revealed that multiple mothers about IUD-related side effects, risks and procedures (Melissa R. S. WESTON, 2016) voiced fears and concerns. Family members and friends were very influential, with older family members being particularly persuasive. Their comments centered on infection, infertility, hair loss, and the insertion process.

Some participants initially became interested in the IUD after hearing positive things from their relatives “she like it, like she was telling me about it, like she hadn’t bled for so long and like it’s, it’s cool. But eventually continued using DMPA after hearing about side effects that her cousin attributed to the IUD. Some participants echoed provider warnings about future fertility and were frightened by the possibility of rare complications found in the packet insert. Others feared the IUD insertion process, likening it to other painful procedures that they had experienced (Melissa R. S. WESTON, 2016). This means that some providers may directly or indirectly limit IUD use among mothers by citing concerns about expulsion, infection and infertility (Indicators, 2010).

Additional concerns included having a foreign object inside of one’s body and the proposed duration the device inside scared some mothers as well as the string check requirement which some women did not imagine doing (Melissa R. S. WESTON, 2016). Although either the majority of participants received active or inconsistency support from their partners about choosing the IUD, some faced strong opposition due to their partners worrying towards the future childbearing and concerns about the device. Almost all of the mothers who reported partner resistance were unsuccessful in obtaining the device. Mothers who believed their partners wanted another child sooner than 5 years or disliked that.
2.6 Acceptability of Postpartum Intrauterine Device.

IUD is safe, effective, has a high retention, long acting coitus independent and rapidly reversible with fewer side effects. There are some factors that influence the acceptance of PPIUD which include counseling contraceptive during antenatal visits and postpartum hospital. It’s also known that it is a new concept in a community (Mohamed SA, 2003). According to Lopez 2015 it is suggested that insertion greatly reduces the risk of subsequent pregnancy and eliminates the need for a return visit to start contraceptive (Lopez, Bernholc, Hubacher, Stuart, & Van Vliet, 2015). Acceptability of PPIUCD insertion was high in women counseled in antenatal period. Hence, it is suggested that counseling for PPIUCD should start in antenatal period to prepare and acquaint mothers with knowledge before labor (Neelima Agarwal, 2015).

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter comprises the study design, the study population, the sample size, the administration and the measurement tools, and the anticipated limitations and how to overcome them.
3.1 Study Design
This study used a descriptive cross-sectional approach where a specific group of people, the postpartum mothers within the maternity wing in Mityana Hospital were studied once; at specific point in time and data collected once from each study participants.

3.2 Study setting
The study was carried out at Mityana Hospital. This is located at Mityana town council in Mityana district of Uganda. This is approximately 69 km west of Mulago National Referral Hospital, the largest hospital in the country. Mityana Hospital is a public hospital funded by the Uganda Ministry of Health. The general care in the hospital is free to all Ugandan citizens. The facility is a district general hospital offering a variety of services including; maternity services, immunization, outpatient and inpatient services, family planning, surgery and many others. It has special clinics running on different days which include ANC clinic, family planning clinic, and ART clinic, among others. The facility has a catchment area of approximately 45,654 people with annual maternity admission of 8699 mothers. It conducts 6526 deliveries annually, 544 monthly and approximately 18 mothers delivered daily. The respondents were got from postnatal ward because the desired sample size was achieved from this facility.

3.3 Study population
The study population included postpartum mothers who delivered (primary population) and midwives (secondary population) in Mityana Hospital

3.4 Selection criteria
3.4.1 Inclusion criteria
- Postpartum mothers who had delivered from Mityana Hospital within 48 hours
- Mothers of reproductive age between 15-49 years
- Women eligible for IUCD insertion according to medical eligibility Criteria

3.4.2 Exclusion criteria
- Women with puerperal sepsis or immediately post septic abortion
- Women with unexplained vaginal bleeding after delivery.
3.5 Definition of variables

3.5.1 Independent Variables
The independent Variables are; Socio economic such as age, religion, level of education, and parity will be measured by high or low education levels, obstetrical and organization factors measured by the high and low acceptability interpersonal relationship measured by good or bad relationship.

3.5.2 Dependent Variables
Uptake and acceptability of the postpartum Intrauterine Device.

3.6 Sample size calculation
The following simple formula (Daniel, 1999) was used:
\[ n = \frac{Z^2 P (1-P)}{d^2} \]
Where n = sample size, Z = Z statistic for a level of confidence, P = expected prevalence or proportion (in proportion of one in this study: P= 50%, P = 0.50%), and d = precision (in proportion of one; if 10%, d = 0.07). Z statistic (Z): For the level of confidence of 95%, which is conventional, Z value is 1.96. In these studies, investigators present their results with 95% confidence intervals (CI).
\[ n = 1.96^2 0.50(1-0.50)/0.07^2 \]
\[ n = 0.9604/0.0049 \]
\[ n = 196 \]
Hence, the study was used a representative sample of 200 mothers.

3.7 Sampling strategy
The researcher selected the participants using purposive sampling method to recruit participants.

3.8 Data collection methods
3.8.1 Data collection procedures
Following the approval of the proposal, an introductory letter was issued from IRB, which was taken to the research committee of Mityana hospital. The consent form was thoroughly explained to each participant before it was signed. Data was then collected from the participant. This was repeated for each participant until 200 participants for the study were attained. These guiding open-ended questions were used to collect data.
3.8.2 Data collection tools
A semi structured questionnaire was used for data collection comprising of both open and closed ended questions that were answered by postpartum mothers.

3.9 Data quality control and Data analysis
The questionnaire was pre tested among few respondents in Mwera HCIV to check the follow of questions and minimize ambiguity. One on one interview was conducted after a thorough explanation of the study. Post interview was done under observation of the principal researcher; gaps were identified and corrected there and then results were summarized in the tables for the demographic information and the rest was analyzed by SPSS Version 20.

3.10 Ethical consideration
This research sought ethical approval from Makerere University Department of Nursing and Makerere University School of health Institutional Review Board. Administrative clearance was sought from the medical superintendent Mityana Hospital before the study was conducted. Prior to data collection, written consent was sought from all potential participants and the information obtained from the participants was used for research purposes by the researcher. The principal investigator kept the data under lock and key.

3.11 Dissemination of results
Copies of the results of this study were disseminated to Mityana Hospital, Makerere University College of health sciences department of nursing, Ministry of health Uganda and Makerere University College of health sciences library (Albert cook library). The results were also presented in seminars and the principal investigator will work with the supervisor to publish the results.

CHAPTER FOUR: RESULTS
4.0 Introduction
This chapter presents the findings of the study. It begins with results relating to the demographic characteristics of the postpartum mothers in Mityana district hospital followed by the findings with respect to the study objectives.

4.2 Socio-demographic characteristics of the respondents
The study identified the demographic characteristics of postpartum mothers in Mityana district hospital. During the study period a total of 200 postpartum mothers in Mityana district hospital were recruited. Most of these postpartum mothers in Mityana district hospital were aged 18 to 25 years (65.5%) with the least in the age group of 25 and above (34.5%). The study found that most of the respondents in Mityana district hospital had studied up to secondary education level (42.0%) with the majority married (48.5%).

The study findings also show that most of the postpartum mothers in Mityana district hospital were Catholics by religion (38.5%) and unemployed (50.0%). Results also indicate that more than a half of the postpartum mothers in Mityana district hospital resided in rural areas (68.0%) with the majority having knowledge about family planning (99.0%). These demographic characteristics of the postpartum mothers given birth in Mityana district hospital are as shown in Table 4.1 below.

The study results indicate that most of the postpartum mothers in Mityana district hospital was their first time (38.0%), in other wards had only one child as compared to the minority who had a parity of seven (1.0%). Findings show that most postpartum mothers in Mityana district hospital desired to have child spacing of up to a period of 3 years and below (70.5%).
Table 4.1: Socio-demographic characteristics among postpartum mothers in Mityana District Hospital.

<table>
<thead>
<tr>
<th>Demographic characteristic</th>
<th>Frequency (N = 200)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age in years</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 - 25years</td>
<td>131</td>
<td>65.5</td>
</tr>
<tr>
<td>&gt; 25 years</td>
<td>69</td>
<td>34.5</td>
</tr>
<tr>
<td><strong>Level of education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>10</td>
<td>5.0</td>
</tr>
<tr>
<td>Primary</td>
<td>70</td>
<td>35.0</td>
</tr>
<tr>
<td>Secondary</td>
<td>84</td>
<td>42.0</td>
</tr>
<tr>
<td>Tertiary</td>
<td>36</td>
<td>18.0</td>
</tr>
<tr>
<td><strong>Residence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>64</td>
<td>32.0</td>
</tr>
<tr>
<td>Rural</td>
<td>136</td>
<td>68.0</td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catholic</td>
<td>77</td>
<td>38.5</td>
</tr>
<tr>
<td>Protestant</td>
<td>46</td>
<td>23.0</td>
</tr>
<tr>
<td>Muslim</td>
<td>39</td>
<td>19.5</td>
</tr>
<tr>
<td>Pentecostal</td>
<td>30</td>
<td>15.0</td>
</tr>
<tr>
<td>SDA</td>
<td>8</td>
<td>4.0</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>97</td>
<td>48.5</td>
</tr>
<tr>
<td>Single</td>
<td>54</td>
<td>27.0</td>
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<tr>
<td>Cohabitng</td>
<td>48</td>
<td>24.0</td>
</tr>
<tr>
<td>Widow/divorced/separated</td>
<td>1</td>
<td>.5</td>
</tr>
<tr>
<td><strong>Employment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td>100</td>
<td>50.0</td>
</tr>
<tr>
<td>Self employed</td>
<td>73</td>
<td>36.5</td>
</tr>
<tr>
<td>Salaried job</td>
<td>26</td>
<td>13.0</td>
</tr>
<tr>
<td>Student</td>
<td>1</td>
<td>.5</td>
</tr>
<tr>
<td><strong>Parity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to 2</td>
<td>123</td>
<td>61.5</td>
</tr>
<tr>
<td>3 and above</td>
<td>77</td>
<td>38.5</td>
</tr>
</tbody>
</table>

The study assessed organization factors in relation to uptake and acceptability of immediate PPIUDs, the majority of the midwives were at diploma level 12(60%) and the minority were at degree level.
The majority of the health workers 20(100%) reported availability of IUDs and having knowledge, however 17(85%) of the midwives had no skills on PPIUD insertion.

**Table 4:2 Organization characteristics among postpartum mothers in Mityana Hospital.**

<table>
<thead>
<tr>
<th>Organization factors</th>
<th>Frequency (N=20)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>level of education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>Diploma</td>
<td>12</td>
<td>60</td>
</tr>
<tr>
<td>Degree</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Duration in service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>below 10 years</td>
<td>13</td>
<td>65</td>
</tr>
<tr>
<td>above 10 years</td>
<td>7</td>
<td>35</td>
</tr>
<tr>
<td>Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>No</td>
<td>17</td>
<td>85</td>
</tr>
<tr>
<td>Knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Availability of IUDs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

4.5 Bivariate results for factors associated with uptake and acceptability of PPIUDs

The study at bivariate analysis level was also meant to ascertain the demographic and obstetrical
The study findings in table 4.3 above showed that uptake and acceptability of immediate PPIUDS was highest amongst postpartum mothers aged 25 years and above (43.5%) and lowest among amongst postpartum mothers below 18 to 2 years of age (42.0%). This difference in proportions of uptake and acceptability was however not statistically significant ($p = 0.839 > 0.05$, OR-0.94; 95% CI 0.52-1.69). This meant that the age of the postpartum mothers that had given birth in Mityana district hospital was not a significant predictor of uptake and acceptability of immediate PPIUDs.

The study results in relation to education showed that uptake and acceptability of immediate PPIUDS was the highest amongst those postpartum mothers who had studied up to tertiary level of education (45.0%) but least among those postpartum mothers who had studied up to secondary education level (38.8%). This difference in proportions of postpartum mothers that uptake and accept immediate PPIUDS was not statistically significant ($p = 0.381 > 0.05$, OR-0.77; 95% CI-0.44-1.38). This meant that uptake and acceptability of immediate PPIUDS is not significantly influenced by the education level of the mother.

The study results in relation to religion showed that the proportion of postpartum mothers with high uptake and acceptability of immediate PPIUDS was amongst Muslims (59.0%) but least among those postpartum mothers who were Christians (42.9%). This difference in proportions of postpartum mothers compliant to the recommended PNC visits was not statistically significant ($p = 0.836 > 0.05$, OR-1.08; 95% CI-0.53-2.19). This meant that uptake and acceptability of immediate PPIUDS is not significantly influenced by the religious affiliation of the mother.

The study findings also showed that uptake and acceptability of immediate PPIUDS was highest amongst postpartum mothers who were employed (46.5%) and lowest among postpartum mothers who were unemployed (38.6%). This difference in the proportion of postpartum mothers that uptake and accept immediate PPIUDS was however not statistically significant at ($p = 0.261 > 0.05$, OR-1.38; 95% CI-0.79-2.42). This implied that the postpartum mothers’ employment status was not a significant predictor of uptake and acceptability of immediate PPIUDs.

The study findings also showed that uptake and acceptability of immediate PPIUDS was highest amongst postpartum mothers who don’t stay with their husbands (46.2%) and lowest among postpartum mothers who stayed with their husbands (32.7%). This variation in proportion was
however not statistically significant at \( p = 0.085 < 0.05, \text{ OR}-1.77; \text{ 95\% CI}-0.92-3.39 \). This meant that staying husband was not a significant predictor of uptake and acceptability of immediate PPIUDs.

Obstetrical factor results also revealed that uptake and acceptability of immediate PPIUDS was highest amongst postpartum mothers with more than 3 pregnancies (45.5%) though least among those postpartum mothers with 1 to 2 pregnancies (40.7%). This difference in proportions of the mother that use and accept Postpartum Intrauterine Device was not statistically significant \( p = 0.504 > 0.05, \text{ OR}-0.82; \text{ 95\% CI}-0.46-1.46 \). This meant that uptake and acceptability of immediate Postpartum Intrauterine Device was not significantly influenced by parity of among postpartum mothers at Mityana hospital.

The study findings also showed that uptake and acceptability of immediate PPIUDS was highest amongst postpartum mothers who desired to space with a period of 3 years and above (42.6%) and lowest among postpartum mothers who desired to space within a period of 1 to 2 years (42.4%). This variation in proportion was equally not statistically significant at \( p = 0.981 > 0.05, \text{ OR}-0.99; \text{ 95\% CI}-1.0.54-1.84 \). This meant that desired period of child spacing was not a significant predictor of uptake and acceptability of immediate PPIUDs among postpartum mothers in Mityana hospital.

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**Table 4.3: Bivariate results for factors influencing PPIUDS uptake and acceptability**

<table>
<thead>
<tr>
<th>Factors</th>
<th>PPIUDS uptake and acceptability</th>
</tr>
</thead>
</table>

19
4.6 Multivariate results for the factors associated with uptake and acceptability of immediate Postpartum Intrauterine Device.

The study using a binary logistic regression established the personal and health facility factors that independently influenced uptake and acceptability of immediate PPIUDs. Only the factors with a $p$-value greater than 0.2 and with cell counts 5 and above were considered for multivariate analysis.

**Table 4.4: Multivariate results for the factors influencing utilization of recommended PNC attendance**
<table>
<thead>
<tr>
<th>Factors</th>
<th>Yes N (%)</th>
<th>No N (%)</th>
<th>AOR (95% CI)</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital status</td>
<td>Single</td>
<td>67(46.2)</td>
<td>78(53.8)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Married</td>
<td>18(32.7)</td>
<td>37(67.3)</td>
<td>0.56(0.19-1.66)</td>
</tr>
</tbody>
</table>

CHAPTER FIVE: DISCUSSION, RECOMMENDATIONS AND CONCLUSIONS

5.1 Introduction
This chapter provides the discussion of the findings in relation to the study the factors associated with the uptake and acceptability of immediate PPIUDs among postpartum mothers at Mityana district hospital. The study discussion is in accordance with the study objectives.
5.2 Discussion of the findings

5.2.1 Socio demographic factors associated influencing uptake and acceptability of immediate PPIUDs
We found out that age, education level and religion do not significantly influence uptake and acceptability of immediate PPIUDs among postpartum mothers at Mityana district hospital at bivariate analysis level.

The study established that the marital status of postpartum mother was not predictor of uptake and acceptability of immediate PPIUDs among postpartum mothers at Mityana district hospital. These findings are contrary to findings earlier reported by the UDHS (2016) that unmet need was highest among currently married women, women in rural areas. They are equally different from those earlier established by Bradley (2012) that the unmet need was increasing among the all-women group including married women, all sexually active women and never-married sexually active women. This difference may be explained by the fact that Bradley employed simple random sampling to recruit participants. This could be attributed to the fact that the women involved in this study were those that already demonstrate good health seeking behaviors.

5.2.2 Obstetrical factors associated with uptake and acceptability of immediate PPIUDs among postpartum mothers at Mityana district hospital
The current study established that parity and desire to space are not significant obstetrical factors that uptake and acceptability of immediate PPIUDs among postpartum mothers. These findings agree with those earlier established by Melissa and Weston (2016) that mothers report IUD-related side effects, risks and procedures and thus have fears and concerns. They are equally different from those ascertained by the UNPD, (2005) that women with an unmet need for spacing and limiting both tend to have more than two living children.

5.2.3 Organizational factors associated with uptake and acceptability of immediate PPIUDs among postpartum mothers at Mityana district hospital
This study established that the availability of IUD at 100% as reported by the health workers are somewhat in line with those earlier established by Neelima and Agarwal (2015) that the acceptability of PPIUCD insertion was high in women if women are counseled in antenatal period not as in this case of the IUD services availability.
Across the world the use of long acting reversible contraceptive methods, especially PPIUDs, is being promoted in the puerperium. This study highlighted the importance of in-service training with significant more participants reporting that they had the necessary skills to fulfil their family planning responsibilities and could apply what they learnt. Although few participants had any recent training in family planning prior to the study, most had good basic knowledge about PPIUD use.

5.3 Conclusions
The prevalence of PPIUD uptake and acceptability amongst postpartum mothers that deliver from health facilities is 42.5%. None of the socio demographic factors are associated with such uptake and acceptability of immediate PPIUDs among postpartum mothers. This study does not provide for the role of the husbands in the uptake and acceptability amongst postpartum mothers. It is recommended that further studies be undertaken of the role played by male partners in the uptake and acceptability of PPIUDs amongst postpartum mothers as decisions are not taken independently by the female partners.

Obstetrical factors such as parity and desired period of spacing in between births do not influence uptake and acceptability of immediate PPIUDs among postpartum mothers from health facilities much as such uptake and acceptability of immediate PPIUDs is highest among postpartum mother with parity more than 3 pregnancies and a desired period between births of 3 years and above. The health organizational factors such as knowledge amongst health workers and equipment availability in Mityana Hospital has positively predict the uptake and acceptability of immediate PPIUDs among postpartum mother.

5.4 Study Limitations
It is a cross sectional study where data is collected at one point in time and there is nothing that can be done to mitigate it because participants views or ideas cannot be reversed.
5.5 Recommendations

The health workers in the different health facilities should ensure demonstration of skills in as far as the postpartum services are concerned if increase in uptake and acceptability of PPIUDs is to be feasible for better maternal health outcomes.

The government through its line ministry of health should institute mechanisms that enable continuous training of the health workers in form of skills development as to increase uptake and acceptability of PPIUDs for proper child spacing amongst postpartum mothers.

The management of health facilities should innovatively design strategies that ensure timely procurement and availability of equipment used for IUD insertion as a way of promoting PPIUD services uptake and acceptability amongst postpartum mothers.
REFERENCES
Kiatu, Y. R. (2014). Uptake and acceptability of PPIUD.

Paul, S. P. (2013). Health Sector reform and reproductive health services in poor rural setting a report on mother's health in rural areas of Uganda.


APPENDICES

Appendix I: Informed Consent Form

Title of the proposed study: Factors associated with uptake and acceptability of PPIUDs among postpartum mothers in Mityana Hospital.

Principal investigator: Wanyana Dorothy, 0774102984/0756721553, dorothywanyana0@gmail.com; a student at Makerere University College of Health Sciences; School of Health Sciences, Department of Nursing.

Purpose of the study: This study aims to determine the factors associated with uptake and acceptability of PPIUDs among postpartum mothers which are not clear for Uganda. The findings from this study will contribute to the nursing body of knowledge as regards this field.

Study sponsor: This study is self-sponsored with the support of family and relatives.

Procedures: This study will employ direct observation of the participant, interview questions and use of recording to obtain some information that we need. The questions will take approximately 20 minutes of your time. I request you to either indicate yes if you accept to participate in this study or no if you decline.

Who will participate in this study? This study will include 384 mothers of reproductive ages 15-49, postpartum within 48 hours and must have delivered in Mityana Hospital and 20 health workers and study will take 20 minutes.

Risks/ Discomforts: This study will not subject the participants to any risks. However, the study may cause some discomfort to the participants during the insertion of the IUD.

Benefits: This study will have no direct benefit to the participants as there will no monetary compensations. The study will however have a greater indirect benefit because you will have contributed to prevention of mothers from unintended pregnancy, abortions and their complications, help in spacing and limiting of children.

Costs: This study will not require any cost from participants.

Compensation for participation: Participation in this study is completely voluntary and no compensation will be provided to the participants inform of money or any material.
**Reimbursement:** No any monetary or material reimbursement to the participants

**Questions:** In case of any inquiries of need of information by the participants, the participants can contact the researcher on the contacts or email address provided on the top page. In the event that the participants would like to know more of their rights, they contact the chairperson, School of Health Sciences Institutional Review Board (MakSHS-IRB), Makerere University. Tel: (+256)772-404970 or (+256)0200903786 or Uganda National Council of Science and Technology (+256)-041-4705500/21/13

**Feedback on study findings and progress of the study:** The participant will have access to the findings they will access them throught medical superintendent’s office at Mityana Hospital, Makerere University College of health sciences department of nursing, Ministry of health Uganda and Makerere University College of health sciences library (Albert cook library).

**Statement of voluntariness:** Your participation in this study is completely voluntary and therefore you have a right participate or withdraw from the study at any time without any penalty.

**Approval of the research study:** This study will be approved by Makerere University School of Health Sciences Research and Ethics Committee (MakSHSREC). Their contacts (+256)77404970 / (+256) 0200903786.

**Confidentiality:** The results of this study will be kept strictly confidential, and used only for research purposes. My identity will be concealed in as far as the law allows. My name will not appear anywhere on the coded forms with the information. Paper and computer records will be kept under lock and key and with password protection respectively.

The interviewer has discussed this information with me and offered to answer my questions. For any further questions, I may contact …………………… Tel :(+256)……………… Or the Chairperson, School of Health Sciences Institutional Review Board (MakSHS-IRB) Tel: (+256) 772-404970 or Uganda National Council of Sciences and Technology. Tel: (+256)-041-4705500/21/13 or (+256)-41-250431
STATEMENT OF CONSENT

......................................................... has described to me what is going to be done, the risks, the benefits involved and my rights regarding this study. I understand that my decision to participate in this study will not alter my usual medical care. In the use of this information, my identity will be concealed. I am aware that I may withdraw at any time. I understand that by signing this form, I do not waive any of my legal rights but merely indicate that I have been informed about the research study in which I am voluntarily agreeing to participate. A copy of this form will be provided to me.

Name…………………………………………Signature/thumbprint of participant…………………………………………

Age………………… Date (DD/MM/YYYY) ……………………………

Name……………………………… Signature/thumbprint of witness

………………………………

Date (DD/MM/YYYY) …………………………………

Name…………………………………………Signature/thumbprint of Interviewer……………………

Date (DD/MM/YYYY) …………………………………
Translated Consent Form (Luganda)

Okusaba Olukusa

Omutwe; Omusomo guno gutunulira Ensonga ez’ekusisa mu kozesa n’okusembeza enkola yakaweeta ko mu nabaana mu bakyala abakazaala mu ddwaliro lye Mityana

Omunonyereza omukulu; Wanyana Dorothy, 0774102984/0756721553, dorothywanyana0@gmail.com. Omuyizi okuva kutenderekero ly’obulamu mutendekero ekkulery’e Makerere, ettabi ly’abasawo abalabirira abalwadde.

Omuyambi omusomo: Nze nanyini musomo n’obuyambi bwa bantu bange e waka

Amakulu go’musomo guno; Omusomo guno gutunulira Ensonga ez’ekusisa mu nkoxesa n’okusembeza enkola ya kaweeta ko mu nabaana mu bakyala abakazaala. Ebinabivudemukunonyerezakunobijjakubabiyambaokugaziyaobuyigirizan’amagezi

……………………

Engeri Omusomo gye guna tambula; Omusomo guno gugenda kwetololera kukudamu Ebibuuzo ebinaaba bibuzidwa abakyala okuva ku munonyereza. Ebibuuzo bino bigenda kubeera ku lupapula nga Omunonyereza abijja okwo. Ebibuuzo bijja okutwala ebbanga lya eddakika 20 era nga anaaba ayagadde okubiddamu yajja okubuzibwa.

Ani an’abeera mu musomo guno? Abakyala 384 abali wakati w’emyaka 15-49, abakaazaala mu ddwaliro ly’eMiytana, nga ate bakiriza okwegatta mu musomo guno n’abasawo 20 mu ddwaliro ly’abakyala e Mityana.kigenda okutwala eddakika 20 okuddamu ebibuuzo.

Okuletebwa obuvune; tewali kija kolebwa mu musomo guno ekina leeteera omukyaala yenna anetaba mu musomo guno buvune. Era nga tewali ekyo’kugezesebwa kyonna kija kolebwa ekiyinza okutiisa abakyala kubera nga twogera kunsonga ez’ekusisa mu nkoxesa n’okusembeza enkola yakaweeta ko mu nabaana mu bakyala abakazaala nekibaletera okukaaba.

Emiganyulo; Tewali birabo oba ebye’ enfuna bigenda kuwebewa abakyala abaa netaba mu musomo guno oba okubasuebiza, wabula ebyenfuna bijja kujja naye simu bulambulkuffu kubanga Omusomo guno guyamba abakyala obutafuna embuto ze batetegekedde, n’obutazako abaana abataneetuuka.

Engeri endala; abakyala bonna bayina olukusa okweyongera okwetaba mu musomo okutuuuka ku nkomerero. Oba kuguvalu wonna wanaaba ayagalidde newankubadde nga yaabadde yakiriza okukwetabamu mu kusooka.Tewali muwendo gwonna gjuja kugibwa ku omukyaala
yenna anaaba aganye okwetaba mu musomo guno.

**Ebibuuzzo;** Omukyaala yenna anaaba ayina ebibuuzzo, okwemlugunya kwonna waddembe okukwataunga n’omunonyereza omukulu oba okukwataagana ne ssentebe w’etendekero ly’obulamu Institution Review Board oba etendekero ekkulu e’ Makerere. Amasimu 0772-404970 oba (+256)-41-250431.

**Ebinaava mu kunonyereza**

Abakyala bonna abaneteba mu musomo guno bajja ku bifuna ebinaava musomo mu kakalabizzo ly ‘omukulu akulira abasawo e’Mityana Hospital, Makerere University College of health sciences department of nursing, Ministry of health Uganda and Makerere University College of health sciences library.

**Ekiwandiko kyo’okwewayo;** Okwetaba mu musomo guno Kwa kyeyagalire tosubira kusasuulibwa.

**Okuma ebyaama;** Ebinaaba bivudemu mu musomo gunno byakutelekebwa n’obwekusifu, era nga ate awali erinnya ly’omuntu terigya kulabika ku lupapula n’ebinaaba biwandikidwa ku lupapula bya kukumibwa n’obuvunanyizibwa.

**OKUKAKASA EKIWANDIKO KINO**

………………………………………… anyonyodde mu bulambulukuffu ekigenda okolebwa, obuvune obusobola okuvaamu, eby’enfuna ne dembe lyange okusinzira ku musomo guno. Ntegedde nti okwetaba kwange tekujja kukosa bulamu bwange era nga ntegedde nti ebinkwatako bijja kubeera bya kyama, era nsobola okuva mu musomo guno wenjagalira era ng’ omusomo guno guntegezewayo nga eddembe lyange teririnyiddwako nga ngenda okukwetabamu kyeyagalire. Nze ng’munonyereza, nsigazaako olupapula olumu.

Erinnya ly……………………………… omukono gwo/ eky’enkumu…………………………

Emyaka gyo………………………….. Ennaku zo’omwezi (DD/MM/YYYY)…………………………

Erinnya ly’omujulizi…………………………omukono gwo/ eky’enkumu…………………………

Ennaku zo’omwezi (DD/MM/YYYY)…………………………………………

Erinnya ly’ omunonyereza…………………………omukono gwo/eky’enkumu…………………………

Ennaku zo’omwezi (DD/MM/YYYY)…………………………………………
Appendix II: Questionnaire

Tool 1: To be answered by postpartum mothers.

DEMOGRAPHICS

1. Age in years:
   1. 15-19 years
   2. 20-24 years
   3. 25-34 years
   4. 35-49 years

2. Level of Education: ……
   1. No education
   2. Primary
   3. Secondary
   4. Tertiary

3. Region
   1. Central
   2. Eastern
   3. Northern
   4. Western

4. Residence: ……
   1. Urban
   2. Rural

5. Religion
   1. Catholic
   2. Protestant
   3. Moslem
   4. Others specify
6. Employment:
   1. Unemployed
   2. Self-employed
   3. salaried job
   4. Others specify

**OBSTETRICAL FACTORS**

7. How many children do you have?
   1. One child
   2. Two children
   3. Three children
   4. Others specify…………………………………………………………

8. How old are the children?
   1. First born………………
   2. Second born……………
   3. Third born……………..
   4. Forth born……………..
   5. Others specify…………………………………………………………

9. How long do you wish to wait to have another pregnancy?
   1. 1 year
   2. 2 years
   3. 3years
   4.4years
   5. Others specify…………………………………………………………

10. Have you ever heard about family planning?
    1. Yes
    2. No

11. If yes, what is family planning?
    …………………………………………………………………………………
13. a). What family planning methods do you know?
   1. Injectable
   2. Condoms
   3. IUD
   4. Implants
   5. Pills
   6. Exclusive breastfeeding
   7. Tubal ligation

b). What was the source of information about Postpartum Family Planning?
   1. TV,
   2. Radios,
   3. Friends
   4. Health facility
   5. Relatives
   6. Others specify……………………………………………

14. a) Have you ever used any family planning method?
   1. Yes
   2. No

b). If yes, which family planning method have you ever used?
   1. Injectable
   2. Condoms
   3. IUD
   4. Implants
   5. Pills
   6. Exclusive breastfeeding
   7. Tubal Ligation
   8. Others specify…………………………………………….
15. a) Can a woman use family planning methods after birth?

1. Yes

2. No (skip to 17)

b) If yes, which one?

1. Intrauterine Device

2. Implants

3. Condoms

4. Pills

5. Exclusive breastfeeding

6. Tubal ligation

7. Other specify…………………………..

17. If no, why?

--------------------------------------------------------------------------------------------------------------------------

18. When should a woman start to use contraception method?

1. Immediately after birth

2. At 4 weeks

3. At 6 weeks

4. Others specify………………………….

19 a). Did you get any advice of service provider on use of postpartum family planning before delivering?

1. Yes

2. No

b). If yes, which advise

--------------------------------------------------------------------------------------------------------------------------
**Tool 2:** To be answered by enrolled midwives, nursing officer (midwifery)

**ORGANIZATION FACTORS**

1. Level of education.
   1. Certificate
   2. Diploma
   3. Degree

2. How long have you been in service?
   1. 1-5 years
   2. 6-10 years
   3. 11-15 years
   4. 16-20 years

3. Does the hospital offer family planning services?
   1. Yes
   2. No

4. If yes, what are the family planning methods available?
   1. Condoms
   2. Injectable
   3. Implants
   4. Pills
   5. Tubal ligation
   6. Others specify………………………………………………
5. Do you counsel mothers about family planning methods?

   1. Yes
   2. No

6. If yes, when do you counsel them?

   1. during pregnancy
   2. during puerperium
   3. Immediately after pregnancy
   4. Others specify…………………………………………………………

7. What information do you give to mothers about postpartum family planning?

   1. The importance of postpartum family planning
   2. Methods used in postpartum family planning
   3. Advantages and disadvantages
   4. Side effects
   5. Medical Eligibility Criteria
   6. Others specify…………………………………………………………

8. Do you offer postpartum family planning in this hospital?

   1. Yes
   2. No
9. If yes, which of the contraception methods do you offer?

   1. IUD
   2. Implants
   3. Exclusive Breastfeeding
   4. Male sterilization
   5. Female sterilization
   6. Others specify………………………………………………..

10. Did you receive any training of immediate PPIUD?

    1. Yes
    2. No

11. If yes how is the PPIUCD inserted?

    1. Use of hands
    2. Use of forceps
    3. Others specify

Thanks for your time.

Appendix III: Activity Budget:
## Appendix IV: Activity Plan

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