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Exploring Factors Influencing the Low Utilization of Intrauterine Devices (IUDs) Among Youths Attending Family Planning Clinics: A Case Study at Kampala International University Teaching Hospital in Bushenyi District.

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ABSTRACT

This study investigates the factors contributing to the low utilization of intrauterine devices (IUDs) among youths aged 18–30 attending family planning clinics at Kampala International University Teaching Hospital in Bushenyi District, Uganda. Despite the global recognition of IUDs as a safe, cost-effective, and highly efficient contraceptive method, their adoption remains disproportionately low among youths in various regions, particularly in sub-Saharan Africa. The research employs a descriptive cross-sectional study design utilizing quantitative data collection methods. Data was gathered through questionnaires focusing on demographic characteristics, individual factors, and health facility-related factors associated with low IUD utilization. Findings reveal that only a small percentage of participants (15.7%) were utilizing IUDs, with factors such as education level, parity, awareness, alternative method usage, health education, and accessibility to services significantly influencing IUD utilization. Recommendations include increasing awareness, providing comprehensive health education, and improving accessibility to IUD services to promote their uptake among youths.

Keywords: Family planning, IUDs, Youths, Contraceptive methods, Mothers.

INTRODUCTION

Globally, studies have shown that IUDs have a low failure rate, are safer, and are cost-effective. They could also reduce failure rates in birth control by 95% if uniformly accepted across the globe [1]. In developed countries, there is recorded success in utilizing family planning like IUDs among more than 46% of female youths, which has contributed 87.3% to the control of unwanted pregnancies, mainly in European and North Asian countries [2]. The lowest use of IUDs is observed in Africa, where few countries show less than 1% use of the method. In Africa, Cooper et al. [3] revealed challenges in the utilization of methods like IUDs, especially among the youth. More than 92% of the youths commonly depend on short-term family planning methods like pills and condoms, and 7% of the female youths utilize other methods like implants. More so, only 1% of the youths using family planning methods use intrauterine devices; these are more reliable and have fewer side effects [4]. In Sub-Saharan Africa (SSA), the use of methods like IUDs remains very low, where, according to the Ethiopian Demographic Health Survey (EDHS), only 2.6% use long-term family planning and less than 1% of youths use IUDs [5]. In East Africa, studies in Uganda and Tanzania found 12.5% use of long-term family planning methods; more than 96% of these use implants, whereas use of IUDs remains significantly low even among long-term family planning methods [6]. In Uganda, statistics on family planning, according to USAID, reported that intrauterine devices (IUD) are used by around 10% of Ugandan reproductive-age women. This has resulted in serious reproductive health challenges of higher unmet need (54%) for family planning due to former methods, which have the highest unreliability, resulting in unwanted pregnancies among the youth [7]. IUD utilization, like other family planning, has been largely found to be influenced by social demographic factors of each individual, individual factors, health facility-related factors, as well as other factors [5]. However, at Kampala International University Teaching Hospital, there is no published study on the factors associated with the low utilization of IUDs among the youth

aged 18–30 years; therefore, this study will address the reasons why IUDs are not highly utilized among the youth attending family planning clinics among all other methods of contraceptives. In Uganda, around 10% of youth under family planning methods use IUDs compared to other methods [8]. This was addressed by increasing family planning implementation funds from $3 million in 2015 to 6.2 million dollars in 2019 in purchases and health education for the general public, with much emphasis on the most reliable means; these included IUDs against unwanted pregnancy and condoms for STD prevention, especially among sexually active youths. It was hoped to minimize unwanted side effects of short-term hormonal methods previously used by youth, which were found to have a gap in their effectiveness in 34% of female youths [9]. IUDs are recommended by the WHO because of their consistency and convenience for users; failure to use them remains responsible for 9% of unwanted pregnancies from 2013 to 2017, especially among Ugandan youths [10]. There are no published reports on the use of IUDs at Kampala International University Teaching Hospital; however, a review of the dispensed methods to the youths revealed IUDs being among those least used, despite IUDs being among the most efficient methods of family planning in achieving the prevention of unwanted pregnancies as well as having limited side effects on the youth's population. It's on this ground that the researcher seeks to study what influences their low use of IUDs. This was therefore, designed to explore factors associated with the low utilization of IUDs among youths aged 18–30 attending family planning at Kampala International University Teaching Hospital in Bushenyi District.

METHODOLOGY

Study Design

This was a descriptive cross-sectional study employing a quantitative method of data collection. The study design is being selected because it will help the researcher get the required information from the study population in the shortest time possible, thus saving time and financial resources.

Area of Study

The study was carried out at the Kampala International University Teaching Hospital. The hospital is government-owned in western Uganda, located in Bushenyi district, approximately 420 kilometers from Kampala, the capital city of Uganda. It has a capacity of 300 beds for inpatients and also has active outpatient clinics that are open throughout the days of the week, including the antenatal care clinic and the postnatal clinic. It also includes the Maternal and Child Health (MCH) department, which also includes the family planning clinic.

Study Population

The study was carried out among the youths aged 18–30 who obtained contraceptive services from Kampala International University Teaching Hospital. These were chosen because they are the ones that make choices about the family planning methods they use; hence, they know better why they do not opt for IUDs compared to other methods.

Sample size determination

The sample size was determined by the Yamane [11] method, in which the sample size is given by the expression

$$n = \frac{N}{(1+N(e2))}$$

n = desired sample size

e = level of precision 0.05 at a 95% confidence interval

N= total number of population (160, which is an average number of mothers 18-30 years that attend family planning monthly at KIUTH).

$$\frac{160}{(1+160(0.05x0.05))}$$

n =115

Therefore,

115 respondents were used as the study sample size.

Sampling Method

The study used a convenient sampling method where youths who were attending FP clinics were assessed based on their availability and willingness to take part in the research study.

Inclusion Criteria

Only youths aged 18–30 who were present at the time of data collection at the KIUTH family planning clinic will give consent to participate in the study.

Exclusion criteria

Female youths aged 18–30 with mental problems—those who did not consent and were very sick—were not considered for the study.

Data Collection Instrument.

Questionnaires containing closed-ended questions were used to collect data. Self-administered questionnaires were used to collect data from educated youths, while those unable to read and write were given a researcher-administered questionnaire. The questionnaire was subdivided into three subsections by the research topic objectives, where the first section addressed demographic characteristics, the second section addressed individual factors, and the third section focused on health facility-related factors associated with low utilization of IUDs as a method of family planning. The questionnaire was developed in English by the researcher and was both self-administered to elites

and researcher-administered to explain and interpret it for those who were not well conversant with the language and those who were illiterate. A research assistant was employed to help with data collection. Pre-testing was done on five female youths aged 18–30 attending FP. At IAH Bushenyi district, two weeks before data collection, any irregularities that were noticed in the questionnaire were collected before it was used for actual data collection at the site of the research study.

Data Collection Procedure

Upon approval of the research report, an introductory letter was sought from the research committee at Kampala International University School of Nursing, and then it was delivered to the Medical Superintendent at Kampala International University Teaching Hospital in Bushenyi District, and the purpose of the study was explained to him. This was copied to the in-charge FP clinic, in whose department the researcher was collecting data to obtain his or her consent and guidance in the process of obtaining suitable youths. If permission was obtained from the superintendent and department in charge, an explanation would be given to respondents regarding the purpose, and I would also ensure that they were assured of absolute confidentiality. Those who gave consent were administered a researcher-administered questionnaire.

Data management and analysis

The data obtained was safely kept in envelopes, and answers from respondents were kept confidential. Software information was protected by a strong password to prevent access by unauthorized personnel. After collecting the data, it was coded in IBM SPSS and transformed into meaningful and quantitative information.

Analysis and Presentation

After the data has been processed, it will be analyzed using SPSS version 20 with the help of a computer. The analyzed data was presented with the help of Microsoft Excel graphical presentation into tables, graphs, and pie charts for discussion based on key findings from the obtained data and presented in pie charts.

Quality control

The data collection team will be comprised of four research assistants who are both diploma students and undergraduates. The two-day training was conducted by the principal investigator. The training will focus on the administration of questionnaires and interviewing techniques. Pre-testing of questionnaires was conducted over two days among the elderly people who will not be sampled for this study. The questionnaires were administered to 20 students. This was done to impart practical experience to the team in administering questionnaires and to understand the pattern of answers.

Reliability and validity

The quality of the data collected was ensured through the close supervision of the data collection team daily by the principal researcher. Completed questionnaires were reviewed daily for inconsistent or incomplete responses and corrected before transportation to the office for data entry. Sets of data were entered into an Excel spreadsheet. Data was entered using the Statistical Products and Service Solution (SPSS version 20.0) Data Entry Module version 3.0 software, which has an inbuilt verification ability to check for range and logistical errors.

Ethical Considerations

Written informed consent was obtained from the study participants through the signature of a thumbprint for those unable to read or write. The names of respondents were kept confidential for confidentiality reasons. Data was collected and kept under lock and key for analysis, whereas softcopy information was kept under a strong password to prevent access by unauthorized personnel.

RESULTS

Utilization of IUD among youth attending KIUTH

Table 1: shows the prevalence of IUDs among youth attending KIUTH.

Prevalence of IUD utilization	Frequency	percentage
Youth using the IUD method	18	15.7
Youth using other family planning methods	97	84.3

From Table 1, the prevalence of IUDs among youth showed that at least 18 (15.7%) of participants were using an IUD, while 97 (84.3%) of the youth were using other family planning methods.

Social demographic factors associated with IUD utilization

Table 2: shows the association between social demographic factors and IUD utilization among youth.

Social demographic factors	Using IUD		Other family planning methods		Odds ratio	p-value
	Freq(18)	%age	Freq(97)	%age	95% CI	<0.05 sg
Education level						
Primary	08	44.4	57	58.5	Ref	
Secondary	10	55.6	40	41.2	0.91(0.50-7.28)	0.025
Marital status						
Married	12	66.7	75	77.3	Ref	
Not married	06	33.3	22	22.7	0.77(0.45-4.45)	0.175
Parity						
One child	09	50.0	31	32.0	Ref	
More than one child	09	50.0	66	68.0	0.58(0.15-6.91)	0.002
Occupation						
Formerly employed	05	27.8	17	17.5	Ref	
Peasant	13	72.2	80	82.5	0.69(0.55-9.18)	0.095

Sg*, significance less than 0.05, CI, Confidence interval 95%; IUD; intrauterine Device

Table 2 above shows that 10 (55.5%) of the participants who used IUD said that they had attained a secondary level of education, while 57 (58.8%) of the participants who used other methods of family planning said that they had attained a primary level of education. The study showed that secondary level of education was significantly associated with family planning at an odds ratio of 0.91 (0.50-7.28) and a p-value of 0.025. From the study, 12 (66.7%) of the participants who used IUDs and 75 (77.3%) said that they were married. The study showed that marriage was however not significantly associated with family planning at an odds ratio of 0.77 (0.45-0.45) and a p-value of 0.175. In the study, participants were also assessed for parity. 9 (50.0%) of the participants who used IUD said that they had one child, while 66 (68.0%) of the participants who used other methods of family planning said that they had more than one child. The study showed that parity was significantly associated with family planning at an odds ratio of 0.58 (0.15–6.71) and a p-value of 0.0. From the study, participants were also assessed for occupation, where the majority (72.2%) of the participants who had used IUD and 80 (82.5%) of the participants who had used other FP methods said that they were peasants. The study showed that occupation was however not significantly associated with family planning at an odds ratio of 0.69 (0.55–9.18) and a p-value of 0.095.

Individual factors associated with IUD utilization among the youth attending KIU

Table 3 shows the association between individual factors and IUD utilization among youth.

Individual factors	Using IUD		Using other family planning methods		Odds ratio	p-value
	Freq. (18)	%age	Freq. (97)	%age	95% CI	<0.05sg
Awareness of the method						
Yes	18	100	95	97.9	Ref	
No	0	0.0	02	2.1	0.25(0.01-3.28)	0.452
Previous side effect						
Yes	01	5.6	07	7.2	Ref	
No	17	94.4	90	92.8	0.88(0.72-5.14)	0.137
Using alternative methods						
Yes	02	11.1	97	100.0	Ref	
No	16	88.9	00	0.0	0.52(0.44-6.55)	0.004
Husband approval						
Yes	15	83.3	81	83.5	Ref	
No	03	16.7	16	16.5	0.45(0.36-4.29)	0.075

Sg*, significance less than 0.05, CI, Confidence interval 95%; IUD Intrauterine Device

From Table 3 above, factors associated with IUD utilization among the youth showed that all the participants who had used IUD, as well as 95 (97.9%) of those who were using other family planning methods, said that they were aware of the method. The study showed that awareness of the method was however not significantly associated with IUD utilization among the youth at an odds ratio of 0.25 (0.01–3.28) and a p-value of 0.452. From the study, participants were also assessed for the previous side effects, and the majority (17.94%) of those who were using IUD and 90 (92.8%) of those who used other family planning methods did not know the previous side effects. The study showed that not knowing previous side effects was not significantly associated with IUD utilization at an odds ratio of 0.88 (0.72–5.14) and a p-value of 0.137. From the study, participants were also assessed for using alternative methods. The majority (16,88.9%) of those who used IUDs said that they did not use alternative methods, while 97,100% of those who used other methods of family planning said that they did not use alternative methods of family planning. The study showed that not using alternative methods of family planning was significantly associated with IUD utilization at an odds ratio of 0.52 (0.44-6.550) and a p-value of 0.004. The study also showed that a majority of 15 (83.3%) of the participants who used IUDs and 81 (83.5%) of those who used other family planning methods said that they had husband approval. The study showed that husband approval was not significantly associated with IUD utilization at an odds ratio of 0.45 (0.36-4.29) and a p-value of 0.075.

Health-related factors and IUD utilization among the youth

Table 4: shows the association between health-related factors and IUD utilization among youth.

Health-related factors	Using IUD		Using other family planning methods		Odds ratio	p-value
	Freq.(18)	%age	Freq.(97)	%age	95% CI	< 0.05sg
Health educated						
Done	11	61.1	44	45.4	Ref	
Not done	07	38.9	53	54.6	0.49(0.21-5.15)	0.015
Counselling					Ref	
Done Not done	13	72.2	68	70.1		
	05	27.8	29	29.9	0.97(0.84-4.38)	0.251
Waiting time						
Longer waiting	03	16.7	21	21.6	Ref	
No waiting time	15	83.3	76	78.4	0.64(0.21-8.21)	0.172
Accessibility to IUD services						
Easily accessible	18	100	47	48.5	Ref	
Not easily accessible	0	0.0	50	51.5	0.57(0.35-5.06)	0.036

Sg*, significance less than 0.05, CI, Confidence interval 95%; IUD Intrauterine Device

From Table 4 above, the association between health-related factors and IUD utilization among the youth showed that 11 (61.1%) of the participants who used IUD had been health-educated, while 53 (54.6%) of those who used other family planning methods said that they had not been health educated. The study showed that having been health educated was significantly associated with IUD utilization at an odds ratio of 0.49 (0.21–5.15) and a p-value of 0.015. From the study, participants were also assessed for counselling, and both 13 (72.2%) of those who used IUD and 68 (70.1%) of those who used other family planning methods said that they had done counselling. The study showed that counselling was however not significantly associated with IUD utilization at an odds ratio of 0.97 (0.84–4.38) and a p-value of 0.251. The study participants were also asked if time spent waiting for IUD services affected their efforts to utilize the services, and both 15 (83.3%) of the participants who used IUD and 76 (78.4%) of the participants who used other family planning methods said that there was no waiting time. The study showed that waiting time was not significantly associated with IUD utilization at an odds ratio of 0.64 (0.21–8.11) and a p-value of 0.172. The study also showed that all 18 (100%) of the participants who used IUDs said that IUD services were easily accessible, while 50 (51.5%) of the participants who used other family planning methods said that IUD services were not easily accessible. The study showed that easy accessibility of IUD services was significantly associated with IUD utilization at an odds ratio of 0.57 (0.35–5.06) and a p-value of 0.036.

DISCUSSION

Utilization of IUD among Youth

From the study, it showed that at least 18 (15.7%) of participants were using an IUD, while 97 (84.3%) of the youth were using other family planning methods. This could be because the IUD insertion needs experienced health workers and technique expertise, unlike other methods that can easily be accessed. The study shows a correlation with USAID, which showed that in Uganda, it was reported that intrauterine devices (IUD) are used by around 10% of Ugandan reproductive-age women [12].

Social demographic factors associated with IUD Utilization

The study shows that 10 (55.5%) of the participants who used IUD said that they had attained a secondary level of education, while 57 (58.8%) of the participants who used other methods of family planning said that they had attained a primary level of education. The study showed that secondary level of education was significantly associated with family planning at an odds ratio of 0.91 (0.50-7.28) and a p-value of 0.025. This could be because more educated youth use IUDs, which are long-acting because they are informed about the method. When compared with other studies, a study by Takyi et al. [5] in Ghana revealed that the youth with secondary and tertiary education had higher chances of using IUDs. While Muhumuza et al. [12] showed that in Uganda, women with primary education are more likely to utilize IUDs than women with no education. From the study, 12 (66.7%) of the participants who used IUDs and 75 (77.3%) who used other methods of family planning said that they were married. The study showed that marriage was not significantly associated with family planning at an odds ratio of 0.77 (0.45–4.45) and a p-value of 0.175. Married mothers are more likely to use IUDs as a long-term method of family planning. Since they are always having their spouses, when compared with other studies, Harzif et al. [13] showed that youths preferred short-term methods like condoms, although Jacobstein et al. [14] showed no significance in IUD use among married and unmarried youths who thought contraceptives. In the study, participants were also assessed for parity. 9 (50.0%) of the participants who used IUD said that they had one child, while 66 (68.0%) of the participants who used other methods of family planning said that they had more than one child. the study showed that multiparity was significantly associated with family planning at an odds ratio of 0.58(0.15-6.91) and p-value of 0.002., the study shows a discrepancy since mothers with more children would be more likely to use a long-term family planning method than those with one child though in this study, it was the mothers with one child that used the method. In the study, participants were also asked for occupation, and the majority (72.2%) of the participants who had used IUD and 80 (82.5%) of the participants who used other methods of family planning said that they were peasants. The study showed that occupation was however not significantly associated with family planning at an odds ratio of 0.69 (0.55–9.18) and a p-value of 0.095. This could be because peasants may be lacking information regarding the IUD services. When compared with other studies, a study by Mekonnen et al. [15] showed that merchants. Business youths utilized IUDs, and implants highly utilized IUDs at 35.4%, compared to peasant women at 22.2%.

Individual factors associated with IUD

The study showed that the majority of all participants who used IUD and 95 (97.9%) of those who were using other family planning methods said that they were aware of the method. The study showed that awareness of the method was however not significantly associated with IUD utilization among the youth at an odds ratio of 0.25 (0.01-3.28) and a p-value of 0.452. This could be due to the increased awareness of reproductive health services in the media, which enables mothers to be aware of family planning services. When compared with other studies, studies by Gasavi et al. [16] in Singapore revealed that awareness of the following methods was high, condoms (100.0%), pills (89.2%), tuba ligation (33.3%), and hormonal IUD (24.3%). The most known methods were most commonly used by youth, which resulted in low IUD utilization. Another study by Tesfa and Gedamuin [17] also studied the utilization of long-term family planning methods among youths attending Bahir Dar health facilities and found that 24.3% of those who had heard about LTFPM, like IUDs, were using them more than those who did not know these methods. The study showed that participants were assessed for the previous side effects, and 17 (94.4%) of those using IUD and 90 (92.8%) of those using other family planning methods did not know the previous side effects. The study showed that not knowing previous side effects was not significantly associated with IUD utilization at an odds ratio of 0.88 (0.72-5.14) and a p-value of 0.137. Some mothers always get severe side effects with different contraceptive methods, which shuns them away from using particular methods. When this study is compared with other studies, a study by Norman [18] also found that fewer side effects from IUDs contributed to the use of IUDs among the youth. Another study by Morse et al. [19] in South Africa showed that youths feared the use of IUDs due to fear of side effects like menstrual problems and cramps, especially after the first 6 months after insertion, which has led to a shift in preference from IUD to short-term methods. From the study, participants were also assessed for using alternative methods. The majority (16,88.9%) of those who used IUDs said that they did not use alternative methods, while 97,100% of those who used other methods of family planning said that they did not use alternative methods of family planning. the study showed that not using alternative methods of family planning was significantly associated with IUD utilization at an odds ratio of 0.52(0.44-6.550 and p- the value of 0.004, this could be because there are multiple contraceptive methods which can make mothers leave using IUDs

for other preferred methods when compared with other studies, a study by Tibaijuka et al. [20]in Mbarara lack of qualified personnel's to insert IUDs to women, was a hindrance to IUD utilization, hence 54.2% resorted to pills and condoms that did not require technical knowledge on use than IUDs. , a related study also noted that the use of IUDs requires expertise to administer and, therefore is positively used in the presence of trained FP providers [21]. The study also showed that both 15 (83.3%) of the participants who used IUDs and 81 (83.5%) of those who used other family planning methods said that they had their husband's approval showed that husband approval was however not significantly associated with IUD utilization at an odds ratio of 0.45 (0.36-4.29) and a p-value of 0.075. In many families, husbands have to be consulted for a family planning method to be used, and if he declines it, then the mother has to opt for another method. When compared with other studies, Tesfa and Gedamu [17] showed that utilization of IUDs in sub-Saharan Africa remains very low because more than 90% of women who would like to use them face hindrances of first obtaining their husband's informed consent.

Health-related factors and IUD utilization among youth

The study also showed that 11(61.1%) of the participants who used IUDs had been health-educated while 53(54.6%) of those who used other family planning methods said that they had not been health-educated. The study showed that having been health-educated was significantly associated with IUD utilization at an odds ratio of 0.49(0.21-5.15) and p-value of 0.015, mothers who are health-educated about IUDs and family planning in general means they will be able to make informed decisions regarding the choice of contraception to be used, when compared with other studies, Tesfa and Gedamu [17] studies Bahir Dar health facilities, found out that 24.3% who had heard about LTFPM like IUDs were using them more than those that did not know these methods at all. From the study, participants were also assessed for counselling, and both 13 (72.2%) of those who used IUD and 68 (70.1%) of those who used other family planning methods said that they had done counselling. The study showed that counselling was however not significantly associated with IUD utilization at an odds ratio of 0.97 (0.84–4.38) and a p-value of 0.251. Counselling helps to remove anxiety and myths associated with contraceptive methods among mothers as they interact with health workers on the choices of family planning use. When this study is compared with other studies, a study by Harris et al. [18] showed that there was a relatively higher use of IUDs by females (87%) who had ever been counselled on choices by health workers, unlike those who had never gotten family planning choices counselling. In the study, participants were also asked if time spent waiting for IUD services affected their efforts to utilize the services, and both 15 (83.3%) of the participants who used IUD and 76 (78.4%) of the participants who used other family planning methods said that there was no waiting time. The study showed that no waiting time was however not significantly associated with IUD utilization at an odds ratio of 0.64 (0.21–8.11) and a p-value of 0.172. This could be because mothers always want to be attended to immediately when they seek medical care services; any delays in receiving services discourage them and others from utilizing the services. When compared with other studies, a study by Nawaldda et al. [22] in Uganda revealed that limited opening hours and long waiting times are also major hindrances to IUDs, hence youths opted for other short-term methods that can be acquired over the counter. The study also showed that all the participants who used IUD said that IUD services were easily accessible while 50(51.5%) of the participants who used other family planning methods said that IUD services were not easily accessible the study showed that easy accessibility of IUD services was significantly associated with IUD utilization at an odds ratio of 0.57(0.35-5.06) and p- the value of 0.036, availability of IUD services would encourage mothers to utilize the services more than if the services are not easily accessible.

CONCLUSION

The study concludes that only 18 (15.7%) participants were using an IUD. The study also concludes that the secondary level of education (55.6%) at an odds ratio of 0.91 (0.50–7.28) and a p-value of 0.025 was significantly associated with IUD utilization. The study also concludes that using alternative methods of family planning (88.9%) at an odds ratio of 0.52 (0.44-6.55) and a p-value of 0.004 was significantly associated with poor IUD utilization.

Recommendations

Mothers should be encouraged to explore different contraceptive methods to reduce the side effects associated with different methods. The youth should be educated about the use of IUDs as a method of contraception. The government should run media sensitizations regarding contraception methods so that youth are aware of various methods and make rightful decisions.

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