Access to Contraceptives in Uganda: Approachability, acceptability, and users’ abilities

Health Sciences (MSc), Specialisation International Public Health
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Media outreach in Uganda
1. Introduction

• Unmet needs for contraceptives
• Consequences of unmet contraceptive needs
• Ugandan reproductive health
Unmet contraceptive needs

- 90,000 maternal deaths
- 590,000 new-born deaths
- 53 million unintended pregnancies

Women who do not want to get pregnant
Women who are not using contraceptives
Unmet contraceptive need

(Singh & Darroch, 2012)
Consequences of unmet contraceptive needs

• High abortion rates
• High maternal mortality rates
• High infant mortality rates
• Limited economic opportunities
Vulnerable populations

• Young
• Pre-existing health conditions
• Low socioeconomic status
Ugandan reproductive health

- Poor maternal health
- Gender inequalities
- Young, growing population
Research question

Which possibilities are there for Ugandan users to **perceive** unmet contraceptive needs and to **seek** contraceptives?
2. Theory: Access to health care

Figure 2 A conceptual framework of access to health care.

Levesque, Harris, & Russel (2013)
Adapted framework: Contraceptive access

**Approachability of health services providing contraceptives**
- Transparency
- Information about available contraceptives
- Outreach activities
- Screening for contraceptive use and needs

**Acceptability of contraceptives**
- Cultural and socioeconomic status
- Societal norms
- Professional values of providers of contraceptives

**User having unmet contraceptive needs**

**User’s possibility to perceive unmet contraceptive needs**

**User perceiving unmet contraceptive needs**

**User’s possibility to seek contraceptives**

**User Seeking contraceptives**

**Ability to perceive unmet contraceptive needs**
- Contraceptive literacy (e.g., knowledge about contraceptives) mediated by:
  - Illiteracy
  - Language proficiency
  - Access to information technology
- Health beliefs about contraceptives
- Trust in contraceptives’ efficacy
- Expectations about contraceptive use

**Ability to seek contraceptives**
- Personal values
- Social values
- Autonomy
- Culture
Approachability

• Transparency
• Information
  • Adequate
  • Accurate
  • Comprehensive
  • Where to obtain contraceptives

• Outreach activities
• Screening activities (for contraceptive use and needs)
Acceptability

- Societal norms
- Professional values of health workers
- Cultural and socioeconomic status
User’s abilities

Ability to **perceive** unmet contraceptive needs:

- Contraceptive literacy
- Health beliefs and expectations

Ability to **seek** contraceptives:

- Socioeconomic status
- Autonomy
- Culture
- Personal values
Research questions

Which possibilities are there for Ugandan users to **seek** contraceptives and to **perceive** unmet contraceptive needs?

- How **approachable** are contraceptive providers to Ugandan users?
- How **able** are Ugandan users to **perceive** unmet contraceptive needs?
- How **acceptable** are contraceptives in Uganda?
- How **able** are Ugandan users to **seek** contraceptives?
3. Methodology

- Sample: key informants
- Data collection method: interviews
- Data analysis: coding in MAXQDA
Sample: Key informants

HEALTH SYSTEMS ADVOCACY PARTNERSHIP

HEALTHY SYSTEMS, HEALTHY PEOPLE
Interview questions

- Providers’ **approachability**
- **Acceptability** of contraceptive use
- Users’ **abilities**
<table>
<thead>
<tr>
<th>Interviewer</th>
<th>What about personal health, of mothers, is that a concern?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent</td>
<td>Initially, it wasn't a big concern, but among educated, it is a concern. And even in terms of development of women. If you want to advance in career. So it's those who are trained that is growing, but initially, health was not an issue. And then they, somehow they will, they had poor health, poor health services, but they would deliver and, those who died, that's why we still have high maternal and child mortality rates in the country. And some of them might be a result of what we are discussing.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interviewer</th>
<th>So you would say that spacing of child birth, that would be, big enough?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent</td>
<td>Well not big enough, but also the number of children, per woman. Because if you look at our fertility rate, according to our new census, we say we've dropped to 5.6, but still, that's still six. Six per woman, that's still not, still not good for your health. Irrespective to whether you space or not. That means all your life you are going to be to child bearing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interviewer</th>
<th>Where do people themselves, where do people themselves look for information about contraceptives? Do they do it online, or on IV, or on brochures, go to the doctor?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent</td>
<td>They go to health centres.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interviewer</th>
<th>Do you know if it’s available anywhere else?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent</td>
<td>They go to health centres and private clinics, for example the Mary Stotes clinics in the districts. And they are trusted. Because, why they are trusted: every time you go there you find there are, contraceptives available. And even, even, we get reports, those who have gone there have less side effects because they take time with you, they counsel you, they prepare you. So over time, they gain trust as compared to government health facilities. Where you go and there are stock-outs, and there is really no time to understand and help you to cope.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interviewer</th>
<th>So stock-outs, does that have an effect on how people, what people expect from contraceptives?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent</td>
<td>Yes.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interviewer</th>
<th>How?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent</td>
<td>One: in terms of consistence. You see how, our geographical setup as a country, and also our infrastructure, and the leverage. Accessibility to health services is not easy. You have</td>
</tr>
</tbody>
</table>
4. Results

4.1 Providers’ approachability

4.2 Acceptability of contraceptives

4.3 Users’ abilities
4.1 Providers’ approachability

- Outreach
  - Provision
  - “Sensitisation”

- Screening

- Information

Also overlapped with:
  - Availability of contraceptives
  - Users’ ability to pay and affordability
Information from health workers

• Facility capacity
  • Staffing
  • Time
• Confidentiality and privacy
• Personal values and beliefs
• Competence and knowledge
  • Availability
Availability

Supply ↔ Demand

Poor knowledge ↔ underutilisation
Ability to pay & Affordability

• Different fees, depending on users’ economic circumstances
  “tiered pricing”
  “a total market approach”
  “discriminative pricing”

• Individual and household income
  • Gender differences
4.2 Acceptability of contraceptives

• “Promiscuity”
  • Youth
  • Women

• Children as blessings
  • Religion
  • Fertility indicating status and health
  • Assets and security
“Promiscuous” youth

• Age

• Studying or working

• Marital status

“If you are saying that you are looking for contraceptives, it is like saying ”I am going to have sex, but I don’t want to get pregnant.” And that is not something you want to stand up and say in public”
Female duties towards male partner

- Faithfulness
- Fecundity
- Sexual availability
Children as blessings

- Asset and security
  - Currently
  - In the future

- Fertility

- Religion

- Political
4.3 Users’ abilities

- Users’ abilities to **perceive** unmet contraceptive needs

- Users’ abilities to **seek** contraceptives
Users’ sources of information

1. Health workers
2. Peers
3. Media
   1. Radio
   2. TV
   3. Printed media
   4. Internet
4. Kin
Barriers to accessing information

• Limited rural access

• Low income

• Illiteracy

• Low language proficiency
## User expectations about contraceptive use

<table>
<thead>
<tr>
<th>#</th>
<th>Expectations</th>
<th>True?</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Changes in menstrual bleeding patterns, and volume</td>
<td>Yes</td>
</tr>
<tr>
<td>5</td>
<td>Changes in weight</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>Changes in mood</td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>Lowered female libido (due to increased vaginal dryness)</td>
<td>Yes</td>
</tr>
<tr>
<td>1</td>
<td>Nausea</td>
<td>Yes</td>
</tr>
<tr>
<td>1</td>
<td>Increased menstrual pains</td>
<td>Yes</td>
</tr>
<tr>
<td>1</td>
<td>Condom remaining in vagina</td>
<td>Yes</td>
</tr>
<tr>
<td>1</td>
<td>IUD: negatively affecting sexual pleasure of men</td>
<td>Yes</td>
</tr>
<tr>
<td>9</td>
<td>Increased or absolute risk of Cancer</td>
<td>Partially</td>
</tr>
<tr>
<td>2</td>
<td>IUD or implant “wandering,” “being absorbed,” or “disappearing” in the body</td>
<td>Partially</td>
</tr>
<tr>
<td>1</td>
<td>Vasectomy causing erectile dysfunction</td>
<td>No</td>
</tr>
<tr>
<td>9</td>
<td>Sterility (irreversible)</td>
<td>No</td>
</tr>
<tr>
<td>1</td>
<td>Becoming blind</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Birth defects in future children</td>
<td>No</td>
</tr>
</tbody>
</table>
## Contraceptive popularity & prevalence

<table>
<thead>
<tr>
<th>Notoriety and popularity of contraceptives in users</th>
<th>Most prevalent</th>
<th>Least prevalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injections; The Pill</td>
<td>Moon beads; IUDs; Oral emergency pills</td>
<td>Male condoms</td>
</tr>
<tr>
<td>Implants</td>
<td></td>
<td>Most well-known</td>
</tr>
<tr>
<td>Female condom</td>
<td>Least well-known</td>
<td></td>
</tr>
</tbody>
</table>
5. Conclusion

[Flowchart showing concepts related to health care access and user engagement]

- **Approachability** of health services providing contraceptives
- **Acceptability** of contraceptives
- User **having** unmet contraceptive needs
- User’s possibility to **perceive** unmet contraceptive needs
- User **perceiving** unmet contraceptive needs
- User’s possibility to **seek** contraceptives
- User **Seeking** contraceptives
- Ability to **perceive** unmet contraceptive needs
- Ability to **seek** contraceptives
Marginalised groups

• Women

• Young (unmarried) people

• Young (unmarried) women

• Rural

• Low-income

• Poorly educated
Recommendations

• Improve quality of information
• Improve users’ access to information
• Target marginalised groups
• Further research: replicate study with end-users
  • Representative sample of Ugandan population
  • Marginalised groups
Any questions?
6. Discussion

• Why is “promiscuity” so taboo, and what can we do about it?

• Supply and demand
  • Which one should we address first?

• How sustainable is outreach?
Thanks for your time!