Perceptions of indigenous Baganda men regarding the use of LARCs by their rural women

Ronald Arineitwe Kibonire (✉ 12749966@mylife.unisa.ac.za)
College of Human Sciences, School of Social Sciences, Department of Health Studies, University of South Africa

DAVID Ditaba Mphuthi
College of Human Sciences, School of Social Sciences, Department of Health Studies, University of South Africa

Research Article

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Abstract

Many women's complications during pregnancy, labour, and postpartum are the leading causes of death worldwide. Contraceptives, particularly long-acting reversible contraceptives (LARCs), are the most important and effective interventions for reducing maternal mortality. LARCs assist the mother in delaying pregnancy and permit extended intervals between births. However, the utilisation of LARCs remains low globally and in Uganda, partly due to inadequate male partner support. This study aimed to ascertain the perceptions of rural indigenous Ugandan men regarding the use of LARCs by rural women. The research was conducted in the Ugandan districts of Kiboga. Using purposeful sampling, ten married men aged 20 to 49 were selected for individual interviews. For face-to-face interviews, the researcher used semi-structured questions. Data analysis was performed by transcribing the interviews, arranging the field notes, organising and preserving the data, listening to recordings, perusing field notes and interviews, and then coding and categorising the data to identify the phenomenon's emergent themes. The study found that indigenous Baganda men had perceptions regarding their rural women's use of LARCs, and these perceptions acted as barriers to use. These included that adverse effects, fears, and desires. The study suggests strengthening social and behavioural change in communication, service delivery for LARCs, and monitoring and evaluation systems for LARCs. In addition, policymakers should foster a conducive environment for the provision of LARC services, and should prepare pre-service and in-service healthcare professionals to provide LARC services through health training institutions and universities.

Background

According to global estimates, there were 295,000 maternal fatalities in 2017 [1]. Sub-Saharan Africa (SSA) and Southern Asia, where Uganda is located, accounted for 86% of all reported maternal fatalities. SSA accounted for approximately 66% [1]. In contrast, the US maternal mortality rate was 17.9 per 100,000 women [2]. Up to 75% of all global maternal fatalities were attributable to complications arising from pregnancy and labour. These complications are caused by severe haemorrhaging (mainly after childbirth), infections (usually after childbirth), high blood pressure during pregnancy (pre-eclampsia and eclampsia), delivery complications, and unsafe abortion [1].

Uganda has one of the highest maternal mortality rates in sub-Saharan Africa [3], with a rate of 336 per 100,000 live births. The Central 2 sub-region (also referred to as Central North), where Kiboga district is located, has a maternal mortality rate of 410 deaths per 100,000 live births [4]. Preventing unintended pregnancies is an essential strategy for reducing maternal mortality. This strategy reduces the unmet demand for family planning by expanding access to modern contraceptive methods [5].

The situation in Uganda

In Uganda, LARC utilisation is estimated to be 21.4%, with implants contributing 17.3% and IUDs accounting for only 4.1% of the total family planning method blend [6]. This is partly due to the fact that many indigenous rural Ugandan males oppose the use of LARCs [7] and [8]. In Western Uganda, there are
allegations that a woman was murdered by her husband for using a LARC, an incident that primarily reflects the negative attitudes towards preventative methods in other regions of the country [9]. Low adoption of LARCs affects the health of women and children born into large families. Uganda is a developing country with limited resources. The large families place a strain on the country's ability to provide social services such as education and health, diminishing the calibre of services that the Ugandan government could provide to its population.

The purpose of this study was to generate an informed understanding of the perceptions and beliefs of indigenous Baganda men regarding the use of LARCs by their rural women so as to develop strategies to increase their use.

**Methodology**

The aim of the study was to gain an understanding of the perceptions of rural indigenous Ugandan men regarding the use of LARCs to devise strategies to increase their support for the use of LARCs by rural women in Uganda; thus, a qualitative research approach was appropriate. The following research design was selected following the chosen research methodology.

**Design**

The researcher used a cross-sectional study design that employed constructive phenomenological qualitative data collection. Phenomenology is an approach that seeks to understand the life experiences of people and the meanings they derive from those experiences [10].

**The setting of the study**

This research was done in Kiboga district, located in Uganda's North Central Region. The study setting was selected because of its rural location, high fertility rates, and high maternal mortality rates. Kiboga district in the Central 2 (also known as Central North) sub-region has a LARC coverage rate of 9.2%, a rural total fertility rate of 6.3%, and a maternal mortality rate of 410 deaths per 100,000 live births [11]. This region has a higher maternal mortality rate compared to the national average, which is 336 fatalities per 100,000 live births. The adoption of LARCs in this region is also lower than the estimated national rate of 21.4% [6]. Individual interviews were conducted to establish and detail an understanding of men's perceptions in these regions.

**Study Population**

The study population consisted of key participants who are indigenous married men between 20 and 49 years of age living in Kiboga district [12]. This age group of 20 to 49 years was chosen since most men are sexually active and their wives are likely still within their reproductive ages, making them potential clients for LARCs.

**Sampling procedure**
In this study, purposive sampling was used to determine the requisite sample size [13]. The sample size for the study comprised 10 participants for individual interviews and 20 participants for the two focus group interviews. Data saturation determined the sample size for this study.

**Data collection method.**

Using phenomenological data collection methods, both focus group and individual interviews were conducted using an open-ended interview guide with semi-structured questions for face-to-face, in-depth individual interviews and focus group interviews. Both interviews had similar interview questions. However, those participants who didn't want other participants to hear their opinions had a choice in the individual interviews. Participants were asked questions to elicit a wealth of information [14]. The data collection was conducted in a natural setting, specifically in open areas in trading centres arranged by the respective village leaders. The interview questions were translated into Luganda, spoken in the Kiboga district. The interviews were taped and eventually transcribed.

**Development of data collection tools**

Before collecting data, instruments were developed. These included open-ended focus groups and individual interview guides, which had similar questions [15], a consent information sheet and informed consent form [16], and an information sheet for consent. The open-ended questionnaires enabled the participants to talk easily about the topics they deemed significant, using their expressions and describing their experiences comprehensively through the use of stories, narratives, and examples [10, 16]. The English and translated versions of the developed questionnaires were authorised for use by the ethical committee at the University of South Africa, and the local ethics committee in Uganda, the AIDS Support Organisation, and final clearance was provided by the Uganda National Council of Science and Technology.

**Selection of participants**

The researcher requested permission from the Resident District Commissioners (RDCs) of Kiboga, District Health Offices, Sub-County local councils, and for this study, the term indigenous means the native or people born and raised in the same locality, village, or district. The leaders helped the researcher secure the appropriate venues for individual interviews and focus group interviews and helped the researcher purposefully select the participants based on the inclusion criteria.

**Interview process**

The local indigenous leaders from two villages mobilised the potential participants in Kiboga district. Ethics issues were re-iterated in the information sheet written in Luganda. Participants who consented in writing to participate in the study were considered for individual and focus group interviews. The data saturation happened with 10 participants for individual interviews. The data collection process lasted four days.
The researcher conducted interviews in Luganda, the language spoken in Kiboga district. The researcher asked probing questions to keep up the conversation and elicit specific information about the topic [17]. The probing inquiries shed light on the phenomenon of contraceptives and perceptions regarding LARCs. The researcher offered respondents an opportunity to provide more information on the topic at hand [18]. When the researcher established that no further information emerged from the participants, he expressed appreciation for their participation. Individual and focus group interviews were recorded after getting consent from the study participants. The researcher also pledged to the participants that he would share the findings with them once the study was complete.

Data analysis

For this study, individual interview recordings were attentively and repeatedly listened to in a silent, distraction-free setting. The researcher meticulously transcribed every detail of the recorded interviews [19]. Following transcription, the researcher performed memoing, a method for keeping notes of what was learned from the data [17]. This was done to keep track of the concepts and their relationships within the data to direct the creation of codes and themes. After memoing, the researcher manually coded the data, verifying themes, concepts, and categories before labelling analogous text segments [19, 18].

As a co-coder, an independent researcher from one of the organisations conducting research in Uganda was also utilised. The consensus was used to compile categories and subcategories for each of the three emergent themes after the researcher generated the themes. There were a total of three major themes that arose from the eight categories and thirty-four subcategories. The Theories of planned Behaviour (TPB) and Reasoned Action (TRA) were utilised to direct data analysis by providing structure, themes, and sub-themes.

Results

Table 1: Summary of themes emerging from individual interviews in Kiboga District
In this section, the following abbreviations below are used.

**FGD:** Focus Group Discussion

**I:** Individual interviews.

**K:** Refers to participants from Kiboga District, Bukomero Sub-County

**KD:** participant from Kiboga District, Dwanilo Sub-County

### Perception of LARCs

The study findings revealed that, all participants had perceptions that were barriers to the utilisation of LARCs by their rural women. These perceptions included:

#### Low libido
Low libido is a decrease in the desire for sex. The findings from the district of Kiboga confirmed that men perceive LARCs as a technique that reduces sexual strength in both men and women. Participants indicated that LARCs reduce women's sexual desires, resulting in less frequent sexual activity with their spouses. In other instances, the libido of certain males is diminished. The majority of participants from both districts refused to embrace the use of LARCs by their women due to the perceived loss of libido. The following quotations represent the responses of some respondents.

“When a woman is using the capsule in the arm and the womb, she becomes less interested in sexual intercourse, and when you touch her, it is as if she is a log in bed” (I-K10).

“When a woman is using family planning, it also affects their husband's libido, which reduces.” (I-KD 3)

“The LARCs make our women impotent and unresponsive when aroused in preparation for doing the adult game of the bed with her husband” (I-K 7).

Effect on the body organs

Under this sub-category, it became apparent that several men hold that LARCs affect both women's and their organs. The participants reported that the use of LARCs reduces the size of women's reproductive organs to the point where they are unable to penetrate during sexual encounters. In addition, they indicated that LARCs cause their genitalia to become smaller, weakened, and unable to please their women. The following are excerpts from selected participants.

“We have heard some women use the capsule in the arm, which disappears and ends up in the heart where it causes heart diseases and pressure” (I-KD 15).

“When a woman uses family planning, especially the long-acting ones, they burn the eggs, and they get destroyed, and she cannot produce again” (I-K13).

Infertility in women

Infertility is the inability to conceive and produce a child and can affect men or women. The majority of men in this sub-category believe that LARC use results in a delayed return to fertility or lifelong infertility. Therefore, the majority of men preferred short-term or natural methods of contraception over LARCs. Even though LARCs are reversible, it seems that many men are unaware of this, as evidenced by their inaccurate negative perceptions. Listed below are some of the submissions made by men within this sub-category.

“Some women who use those capsules take longer to get pregnant, and others do not even produce again, which is not good when a man wants another child” (I-K11).

“A child may die, and if there is a need to produce another one and the woman has been on long-acting family planning, it may be hard to reverse the process.” (I-KD15)
Domestic violence, separation of couples, and single mothers

Participants thought the LARCs might lead couples to separate due to domestic violence, particularly when the woman used the method without her husband’s consent. This is echoed in the following submission: “A woman using family planning (LARCs) becomes less interested in having a sexual meeting with her husband, and when a man tries to have sex by force, a fight erupts, and the woman ends up separating from the husband to become a single mother” (I-K 13).

Some participants believed that the use of LARCs contributes to reduced libido in women, and when men seek sex, they decline. As a result, the men may end up leaving those women and seeking solace with other women, leaving them as single mothers. The following vignette captures this sentiment: “When your woman is using a family planning method that takes longer in the body, her energy during sex reduces, and this can cause a man to go for a younger woman, leading to separation of the couple” (I KD 14).

In order to avoid such a situation, participants stated that they would prefer their women use short-term and natural contraceptive methods over LARCs.

Some participants thought that when women use LARCs, they have very few children and, if they disagree with their spouses, they leave the relationship. This is because they are still attractive to other men, after all, they have not had many children, allowing them to easily remarry. Participants were against their spouses using LARCs for this reason.

LARCs’ use leads to adultery. 

According to the findings of this study, men believe that if their spouses use LARCs, they are unlikely to be impregnated as a result of extramarital sexual relations, and this will encourage them into such relationships. Therefore, participants from both Kiboga districts believed that LARCs could result in infidelity among women. The same assertion holds for men who believe that, once their partners begin using LARCs, their diminished libido will cause them to seek satisfaction from other attractive women. According to the respondents, this has led to both men and women contracting sexually transmitted diseases, such as HIV/AIDS.

“When women are using a family planning method, especially those that are hidden from a man, such as the capsules, they engage in looking for other men because they are sure they cannot get impregnated by their outside lovers since they are protected” (I-KD 11).

“A woman who is using a long-term family planning method is very tricky; she can easily sleep with other men as she is sure she can never get pregnant.” (I-K14).

Fear losing their land to other tribes.

Some participants in Kiboga District thought the Ugandan government was encouraging the Baganda to use LARCs so that they would have fewer children, whereas other ethnic groups in the same district
continued to produce children without restrictions. They were concerned that non-Baganda tribes, particularly those from the West (Banyakore, Bakiga, and Banyarwanda), would seize their land and wealth if their tribe had a small population. Some participants reported that there were numerous organisations promoting family planning in central Uganda, where Kiboga is located, and they believed that there were evil schemes to reduce the Baganda population in Uganda. Therefore, some Baganda in Kiboga District oppose the use of LARCs so that they can maintain a large population to protect their land. Some of the quotations are stated below.

“The Government of Uganda has a sinister plan because they are telling us Baganda to use family planning (LARCs) when the Banyankole and Banyarwanda are busy producing as many children as possible, like rapids. The same tribes are busy grabbing our land in this district of Kiboga” (I-K13).

"Why do they want us to use a long-term type of family planning (LARCs) when other tribes in our sub-county are producing like rabbits? Don't you think there is a motive for stealing our land, as it is already happening? We cannot support such methods of family planning" (I-KD 13).

"The population of Baganda is still small, and therefore there is no need to use family planning, especially those methods that work for a long time" (I-K15).

**LARC use leads to the production of children with disabilities.**

According to the findings of Kiboga district, participants perceived that LARC use could cause their spouses to give birth to children with disabilities. They claimed that some women who use LARCs end up having abnormal children. Therefore, they stated that they cannot support the use of LARCs because they all want healthy children in their families and communities.

"Some women who use a coil and capsules produce lame babies, and therefore I cannot encourage my wife to use them." (I-KD 14)

"The family planning methods such as capsules, coils, and injections have caused some women in this sub-county to produce children who are lame" (I-K12).

**Summary of the findings (refer to Table 1 above).**

The indigenous men from Kiboga have negative perceptions that retard support for the use of LARCs by their rural women. Low libido, effects on the body's organs, infertility, fear of partner separation leading to single mothers, adultery, and worry that other non-Baganda tribes might seize their land are just a few of these perceptions. In addition, men also expressed fear of producing children with disabilities after using the LARCs. It can therefore be concluded that men have a limited understanding of how LARCs work, which makes them have negative perceptions about the use of those contraceptive methods by their women.

**Discussion of the study findings**
The perceptions that indigenous Ugandan men have regarding LARCs are key to the uptake of the same methods by their rural women. When men have negative perceptions, as in the case in the current study, they become resistant to the use of these contraceptives by their rural women, leading to low uptake. The discussions below highlight the study findings and the relevant literature on perceptions and LARCs uptake.

Low libido

Loss of libido is linked to the use of Depot medroxyprogesterone acetate (DMPA) implants, and vaginal rings, but not hormonal or hormonal Intrauterine devices (IUDs) [25]. The men's concern over libido loss is in line with a Swedish study by Omar et al. [26], who expressed concern that the use of contemporary contraceptives could affect future fertility. Due to these adverse effects, male companions find it undesirable for their women to use all LARCs, even if not all women experience this effect. There is, however, no evidence that men whose spouses use LARCs experience a loss of libido. This may be a perception held by men as a result of their limited knowledge of LARCs [27]. Caruso et al [28] discovered in their study that implant users had an increased desire for having sex, disproving the belief among participants that LARCs cause reduced libido in women. This is also corroborated by Guida et al[29] in a study, that revealed an enhancement in sexual activity among LARC users.

If the issue of reduced libido among men is not addressed psychologically and medically, both men and women may continue to avoid LARCs despite their many benefits in preventing unintended pregnancies, and their use may remain low.

Effect on the body organs

According to this study's findings, implants or IUDs, when used, can disappear into the stomach and heart, which could lead to additional health issues such as malignancies, "pressure" (hypertension), and other complications in the body. This is not true, but just a perception that men have that makes them not support the use of LARCs by their rural women. This is consistent with the findings from a study by Boivin, Carrier, Zulu, and Edwards [30], even though there is little published evidence to support this claim. Additionally, the findings in Kiboga district are consistent with those done in Ethiopia [31], which found that participants feared using LARCs for a variety of reasons, including the disappearance of implants in the body and the perception that IUDs cause cancer and harm to the genitalia. More to that, the men's reluctance to support their wives' use of LARCs is due to the incorrect information they possess [38]. Some participants feared that LARCs could destroy the "eggs" of women, rendering them incapable of feature reproduction. This finding is consistent with the results of a study by Boivin et al. [30], which found that men have similar concerns about contraceptives scorching the embryo. However, this assertion by men is a perception, as there is no literature to support the claim.

Infertility in women
Similar to research conducted in Malawi [32] that confirmed the fear of side effects as an impediment to the adoption of implants and IUDs, the current study confirmed that the fear of side effects is a barrier to the adoption of implants and IUDs. Fear of infertility and delayed conception is consistent with the findings of a study conducted in Ethiopia [33] that discovered the husband's support for contraception was closely related to the belief that they cause infertility, as well as the findings of a study conducted in Uganda [21] that found men were concerned about infertility caused by IUDs.

As reversible contraceptives, implants and IUDs do not cause infertility and do not delay the return to fertility after cessation of use, according to the available literature [24]. Since a substantial number of men seem not to understand the reversibility of LARCs, this could be the explanation for why they are against their wives utilising the same methods of contraception. Two studies [34] and [22] discovered that women's non-use of LARCs was due to fear of decreasing future fertility and damaging the body by the same method.

The findings of the present study concur with [35] a Ugandan study that confirmed that contraceptive use was lower among women who believed the methods affected future fertility. Similar conclusions were reached in studies conducted in California and Kenya [36, 23], which confirmed that participants' concerns about infertility are significant barriers to their use. Similarly, a study conducted in China [37] discovered that the fear of future infertility was a significant barrier to IUD adoption.

**Domestic violence, separation of couples, and single mothers**

According to this study's findings, based on the fear of domestic violence and separation from their wives, leading to single mothers, indigenous Ugandan men continue to oppose the use of LARC by their women. This finding is based on the perceptions the men have regarding LARC, which could be due to the limited knowledge they have about those contraceptive methods. The finding is consistent with one study conducted in Ethiopia [33], which found that women feared using contraceptives because they believed that if they became infertile, their spouses would leave them. This is in contrast with the current study's findings, which indicate that men fear their spouses will abandon them for other men. Similarly, a study conducted in Nigeria found that some males force contraceptive-using women to leave their residences, resulting in separation [20]. Separation was also detected in a second Kenyan study [23] that identified the same concerns among men about not accepting the use of LARC by their women. This finding is based on the perceptions the men have regarding LARC, which could be due to the limited knowledge they have about those contraceptive methods.

**LARC's use leads to adultery.**

This study's findings regarding men's fear of adultery are consistent with Kenya's studies [36], in which participants were afraid to use contraceptives because they believed their partners would suspect them of infidelity. In the same study, women feared that using contraceptives would encourage their male companions to engage in extramarital relations. In addition, Mwaisaka et al [23] in their study also identified fear of adultery as a concern for the use of contraceptives.
Therefore, participants in the current study were hesitant to permit their wives to use LARCs to prevent infidelity in their households. In addition to findings from Kiboga District, a study [39] found that permitting women to use contraceptives would make them healthier, more appealing, and more desirable to men. Due to this conviction, men in the districts of Kiboga cannot permit their spouses to use LARCs.

**Fear losing their land to other tribes.**

In relations to this study finding, there is no literature from Ugandan or international studies to support this finding in the Kiboga district. This fear might just be a widespread myth that stems from tribal distrust and prejudice between the Baganda and other non-Baganda tribes, especially those from Western Uganda, which are looked at as being favoured by the current government of Uganda. Therefore, there is no hidden agenda or secret policy by the government to encourage other tribes to grab Baganda's land. This assertion is a mere perception held by some indigenous Baganda men.

**LARC use leads to the production of children with disabilities.**

Results from this study revealed that indigenous men in Kiboga were not supportive of their wives' use of LARCs for fear of producing children with disabilities. However, this fear of having children with disabilities due to the use of LARCs is supported by research conducted in Tanzania [39]. Similarly, the findings of the study conducted in Kenya [23] corroborated the notion that contraceptives may cause birth defects in children.

**Limitations of the study**

Despite the study's empiric findings about men's beliefs and belief systems regarding rural women's use of LARCs in Kiboga district, it has some limitations, as outlined hereunder. In this study, participants were from only two ethnic groups in the two districts in Uganda, whereas there are over 140 districts nationwide. However, this limitation was overcome by the researcher's having a relatively more representative sample of 95 participants. Moreover, conducting the study in two different and spatially distant sub-counties in each district adds a patina of validity to the study that could be applied to similar contexts. More to that, the qualitative nature of this study cannot measure how perceptions and beliefs influence men's opposition to LARC use among rural women. This limitation was overcome by recommending additional and more extensive studies to determine the relationship between the knowledge gap, perceptions, and belief systems and the influence of men's opposition to LARCs use through quantitative approaches. Furthermore, the context-specific aspect of the study meant that the analysis and interpretation of the research data were significantly dependent on the research orientation.

Despite the limitations above, the results are reliable, valid, and trustworthy. This is especially true because the emic methods used to collect and analyse the data were thorough and were checked by an expert in qualitative research at every step of the data collection, analysis, and reporting process. Even though there are limitations, the results show strong evidence that indigenous Ugandan men have
negative perceptions and beliefs about using LARCs. As a result, they dissuade their rural women from using LARCs, justifying the need to mobilise their support for LARC use, which this study addresses.

**Recommendation**

The Ministry of Health, working together with the district local governments, should re-orient village health teams on LARCs. Furthermore, they should recruit, facilitate, and deploy LARC-satisfied users (both men and women) to reach out to indigenous men in communities with correct information about LARCs and their advantages. More to that, there is a need to recruit and train community and cultural leaders on LARCs and facilitate their dissemination of the correct information about LARCs to their community members. Additionally, the Ministry of Health, working with districts, should facilitate the provision of information, education, and communication materials and conduct community dialogues on LARCs, highlighting their benefits to community members. Also, the Uganda Ministry of Health should adapt and scale up the use of family planning games, which is a good approach to attracting men to play the game that is also educational about family planning and LARCs. The Ministry of Health, together with the districts, cultural institutions, and implementing partners, should address social-cultural and gender norms. These norms can be addressed through mass media channels like community radio and the use of indigenous community, religious, and cultural leaders. Additionally, there is a need to build capacity for health workers on LARC service provision as well as strengthen the supply chain systems for LARCs to enable the availability of quality LARC services within the reach of the communities.

**Conclusion**

The study concluded that most indigenous Ugandan men in Kiboga district districts have negative perceptions about LARCs. These perceptions could be related to limited knowledge the indigenous men have regarding LARCs which make them not support these methods. In order to get the buy in for LARC use by the indigenous men, there is need to address the negative perceptions by implementing the recommendations above.

**Declarations**

**Ethics Approval and consent to participate.**

The clearance to conduct this study was obtained from the Department of Health Studies at the University of South Africa, the Ugandan Institutional Review Board (IRB), the AIDS Support Organisation Uganda (TASO), and then from the Uganda National Council for Science and Technology (UNCST) for the final clearance for data collection. All data collection methods were carried out in accordance with relevant guidelines and regulations. The informed consent in writing was obtained from all participants before data collection commenced.

**Competing interests**
The authors hereby declare that they have no competing interests.

**Authors' contributions**

*Ronald Arineitwe Kibonire* developed the study concept, the study design, the data collection and interpretation, prepared the manuscript, and read the paper. He is the principal investigator for the study.

*David Ditaba Mphuthi* served as the supervisor for the researcher and provided guidance at every stage during the conception of the study, study design, data collection, and analysis. He also reviewed the manuscript and provided feedback for refining. He was the co-investigator on this study.

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**Availability of data and materials**

The primary study document contains all the necessary detailed information and data sets used and analysed during this study. It is available upon an appropriate request from the corresponding author.

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**Consent for publication**

Not Applicable.

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