|  |
| --- |
| **Title of Research Presentation: Addressing the unmet need for contraception in Uganda: Key informants’ perspectives on contraceptive service provision in the Busoga region.**  |
| **Maximum 2500 characters (including spaces but excluding title)****Background/Objectives**In Uganda, unmet need for contraception stands at 34.3% among women of reproductive age. An important consideration is the role of healthcare providers in influencing the choice of whether to use contraception, when to use it, and the type contraception to use. The objective of this study is to understand the causes and contributors of unmet need for contraception from the perspective of healthcare providers and service delivery organizations in the Busoga region of East Uganda. **Methods**The Busoga region was chosen due to its low contraceptive prevalence of 31.3% and high unmet need of 36.5% among women of reproductive age. Qualitative data was obtained through open, semi-structured interviews with 20 key informants over a period of 6 weeks in January and February 2018. Interviews were conducted with nurses, midwives and community health workers at government health clinics and district hospitals, and staff members of family planning service delivery organizations. Questions around prescribing behaviour, capacity building, successes and challenges faced by existing family planning/reproductive health programs as well as the demand, supply and costs of different contraceptive methods, were included. **Results**Recurring themes that emerged during interviews included problems with availability, financial and geographical accessibility of contraceptive options, and cultural, societal and gender norms that disrupted the proper use of contraceptives by clients. These included preference for large families, male opposition, discontinuation due to side-effects, and misconceptions about the harms of contraceptive methods that spread through rumours and informal networks in the community. Many providers also felt that family planning service provision could be significantly improved if constraints at the health system level were addressed. These included the uninterrupted availability of different contraceptive methods in sufficient stocks, better management of staff workloads, and the availability of adequate equipment and supplies. **Discussion**Healthcare workers are an influential group of ‘expert professionals’ when it comes to contraceptive decision-making. Their advice on the type of method used, the management of side-effects and counselling on alternative options, as well as confidentiality and trust, are key to the sustained and proper use of contraception. **Keywords**Healthcare providers, family planning, Uganda, unmet need, service provision**Word count: 2,498 characters with spacing** |