

**FACTORS AFFECTING UTILIZATION OF FAMILY  
PLANNING SERVICES AMONG MOTHERS DELIVERING AT  
FORT PORTAL REGIONAL REFFERAL HOSPITAL, UGANDA**

**BY**

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**DECLARATION**

To the best of my knowledge, I hereby declare that this research report has never been submitted in full or in part to any other institution for any purpose. And that the views here are my own, unless stated, and where such have been the case, acknowledgement and references have been quoted.

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**APPROVAL**

This report has been written under my supervision and is here by forwarded to the faculty of clinical medicine and dentistry for assessment

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## **DEDICATION**

This work is dedicated to the Almighty God, my mother, siblings and my supervisor.

## **ACKNOWLEDGEMENT**

Almighty God, my mother, my sisters /brothers and my supervisor Dr. Richard Mulumba, consultant obstetrician/ gynecologist and reproductive health, KIU Western campus for his close supervision of this work, not forgetting some of my friends not mentioned here for their academic support too.

## TABLE OF CONTENTS

|  |                                     |
|--|-------------------------------------|
| <b>DECLARATION</b> .....               | <b>I</b>                            |
| <b>APPROVAL</b> .....                  | <b>ERROR! BOOKMARK NOT DEFINED.</b> |
| <b>DEDICATION</b> .....                | <b>II</b>                           |
| <b>ACKNOWLEDGEMENT</b> .....           | <b>IV</b>                           |
| <b>TABLE OF CONTENTS</b> .....         | <b>V</b>                            |
| <b>LIST OF ACRONYMS</b> .....          | <b>IX</b>                           |
| <b>OPERATIONAL DEFINITION</b> .....    | <b>X</b>                            |
| <b>LIST OF TABLES</b> .....            | <b>XI</b>                           |
| <b>LIST OF FIGURES</b> .....           | <b>XII</b>                          |
| <b>ABSTRACT</b> .....                  | <b>XIII</b>                         |
| <b>CHAPTER ONE</b> .....               | <b>1</b>                            |
| <b>INTRODUCTION</b> .....              | <b>1</b>                            |
| <b>1.1 BACKGROUND</b> .....            | <b>1</b>                            |
| <b>1.5 PROBLEM STATEMENT</b> .....     | <b>4</b>                            |
| <b>1.3 STUDY OBJECTIVE</b> .....       | <b>5</b>                            |
| <b>1.3.1 GENERAL OBJECTIVE</b> .....   | <b>5</b>                            |
| <b>1.3.2 SPECIFIC OBJECTIVES</b> ..... | <b>5</b>                            |
| <b>1.4 RESEARCH QUESTIONS</b> .....    | <b>5</b>                            |

|   |           |
|---|-----------|
| <b>1.5 SIGNIFICANCE OF THE STUDY.....</b>   | <b>5</b>  |
| <b>1.6 JUSTIFICATION OF THE STUDY. ....</b>   | <b>6</b>  |
| <b>1.7 SCOPE OF THE STUDY .....</b>   | <b>6</b>  |
| <b>1.7.1 TIME SCOPE: .....</b>  | <b>6</b>  |
| <b>1.7.2 GEOGRAPHIC SCOPE: .....</b>  | <b>6</b>  |
| <b>1.7.3 CONTENT SCOPE: .....</b>   | <b>6</b>  |
| <b>1.7 CONCEPTUAL FRAME WORK .....</b>  | <b>7</b>  |
| <b>CHAPTER TWO .....</b>  | <b>8</b>  |
| <b>LITERATURE REVIEW .....</b>  | <b>8</b>  |
| <b>2.1 INTRODUCTION .....</b>   | <b>8</b>  |
| <b>2.2 LEVEL OF UTILIZATION OF FAMILY PLANNING SERVICES AMONG<br/>WOMEN OF REPRODUCTIVE AGE. ....</b> | <b>8</b>  |
| <b>2.3 KNOWLEDGE OF WOMEN OF REPRODUCTIVE AGE ABOUT<br/>FAMILY PLANNING SERVICES.....</b>             | <b>10</b> |
| <b>2.4 FACTORS THAT AFFECT THE UTILIZATION OF FAMILY PLANNING<br/>SERVICES.....</b>                   | <b>12</b> |
| <b>CHAPTER THREE.....</b>   | <b>15</b> |
| <b>METHODOLOGY .....</b>  | <b>15</b> |
| <b>3.1 INTRODUCTION:.....</b>   | <b>15</b> |
| <b>3.2 STUDY DESIGN. ....</b>   | <b>15</b> |
| <b>3.3 STUDY SITE. ....</b>   | <b>15</b> |

|   |           |
|---|-----------|
| <b>3.4 STUDY POPULATION.....</b>              | <b>15</b> |
| <b>3.4.1 SAMPLE SIZE DETERMINATION .....</b>  | <b>15</b> |
| <b>3.4.2 SAMPLING PROCEDURE. ....</b>         | <b>16</b> |
| <b>3.5 DATA COLLECTION .....</b>              | <b>16</b> |
| <b>3.5.0 INTRODUCTION.....</b>                | <b>16</b> |
| <b>3.5.1 DATA COLLECTION INSTRUMENT .....</b> | <b>16</b> |
| <b>3.5.2 DATA COLLECTION PROCEDURE .....</b>  | <b>17</b> |
| <b>3.6 DATA ANALYSIS .....</b>                | <b>17</b> |
| <b>3.7 DATA PRESENTATION METHOD .....</b>     | <b>17</b> |
| <b>3.8 INCLUSION CRITERIA .....</b>           | <b>17</b> |
| <b>3.9 EXCLUSION CRITERIA .....</b>           | <b>17</b> |
| <b>3.10 DATA QUALITY CONTROL.....</b>         | <b>17</b> |
| <b>3.11 DATA MANAGEMENT:.....</b>             | <b>18</b> |
| <b>3.12 LIMITATIONS OF THE STUDY.....</b>     | <b>18</b> |
| <b>3.13 ETHICAL CONSIDERATION .....</b>       | <b>18</b> |
| <b>3.14 DISSEMINATION OF RESULTS.....</b>     | <b>18</b> |
| <b>CHAPTERFOUR.....</b>                       | <b>19</b> |
| <b>RESULTS.....</b>                           | <b>19</b> |
| <b>4.1 BACKGROUND OF RESPONDENTS.....</b>     | <b>19</b> |



|   |           |
|---|-----------|
| <b>4.2 LEVEL OF UTILIZATION OF FAMILY PLANNING SERVICES .....</b>                                 | <b>20</b> |
| <b>4.3 KNOWLEDGE ON CONTRACEPTIVES AND ITS RELATIONSHIP WITH BACKGROUND OF RESPONDENTS.....</b>   | <b>20</b> |
| <b>4.4 FACTORS AFFECTING UTILIZATION OF FP SERVICES .....</b>                                     | <b>22</b> |
| <b>CHAPTER FIVE.....</b>  | <b>23</b> |
| <b>DISCUSSION CONCLUSIONS AND RECOMMENDATIONS.....</b>  | <b>23</b> |
| <b>5.1 DISCUSSION .....</b>   | <b>23</b> |
| <b>5.1.1 BACKGROUND OF RESPONDENTS .....</b>  | <b>23</b> |
| <b>5.1.2 LEVEL OF UTILIZATION OF FAMILY PLANNING SERVICES .....</b>                               | <b>23</b> |
| <b>5.1.3 KNOWLEDGE ON CONTRACEPTIVES AND ITS RELATIONSHIP WITH BACKGROUND OF RESPONDENTS.....</b> | <b>25</b> |
| <b>5.1.4 FACTORS AFFECTING UTILIZATION OF FP SERVICES .....</b>                                   | <b>26</b> |
| <b>5.2 CONCLUSIONS.....</b>   | <b>26</b> |
| <b>5.3 RECOMMENDATIONS .....</b>  | <b>26</b> |
| <b>REFERENCES .....</b>   | <b>28</b> |
| <b>APPENDICES.....</b>  | <b>33</b> |
| <b>APPENDIX I: CONSENT FORM .....</b>   | <b>33</b> |
| <b>APPENDIX II QUESTIONNERE .....</b>   | <b>34</b> |
| <b>APPENDIX III: MAP OF UGANDA SHOWING THE LOCATION OF KABAROLE DISTRICT. ....</b>                | <b>37</b> |

## **LIST OF ACRONYMS**

CBD: Community-Based Distribution.

CBDI: Community-Based Distribution of Injectable contraception.

CDC: Center for Disease Control.

FP: Family Planning.

H/C: Health Center.

MOH: Ministry of Health.

WHO: World health organization

## OPERATIONAL DEFINITION

**Contraception:** The practice of utilizing methods intended to prevent or space future pregnancy.

**Contraceptive uptake:** For this study was reporting picking or buying of contraceptives in the last one year.

**Contraceptive method of choice:** Contraceptive method which a youth report using at the time of the collection of data.

**Contraceptive Prevalence Rate:** For this study refer to the proportion of youths (both males and females) who will report using or having used a modern contraceptive method in the last one year preceding the study.

**Contraceptive use:** For this study was reported actual utilization or intake of contraception in the last one year.

**Modern contraceptive methods:** Short term modern contraceptive methods distributed by CBDs i.e. condoms, pills and injectable.

**Sexually active:** For this study, was reported sexual relationship in the last one year.

**Sexual relationship:** An intimacy relationship involving sexual intercourse.

**Traditional contraceptive methods:** These consist of periodic abstinence and withdrawal.

**Unmet need:** Sexually active married or unmarried women that do not want to have a child in the next two years or ever and are not using a modern contraceptive method, yet they need to use this method.

**Community based distribution:** who are trained and offer contraceptives in the communities.

**Community Based Distribution of Family Planning Youths:** A person between the ages of 15 and 24.

**Family planning utilization:** This refers to use of any form of either modern or traditional family planning (FP) method.

**Modern Family Planning methods:** Methods such as pills, injectable (Depo-Provera), condoms, implants, Intra uterine contraceptive devices, vasectomy, bilateral tubal ligation.

**Traditional Family Planning methods:** Other methods such as Lactational Amenorrhea, Fertility Awareness Based methods and herbs

## LIST OF TABLES

| <b>Table</b>  | <b>Page</b> |
|---|-------------|
| Table 1: Demographic details of the study population          | 19          |
| Table 2: Source of information and opinion on family planning | 21          |

## LIST OF FIGURES

| <b>Figure</b>  | <b>Page</b> |
|--|-------------|
| Figure 1: Conceptual Framework                                 | 7           |
| Figure 2: Type of modern FP methods utilized                   | 20          |
| Figure 3: Hearing about FP method                              | 21          |
| Figure 4: Level of knowledge                                   | 22          |
| Figure 5: Factors affecting utilization of FP services (n=100) | 22          |

## ABSTRACT

**Background:** Family planning services have been implemented in Uganda for nearly 60 years. Initially the services were run by urban based Non-Government Organizations (NGOs) and restricted to married women, either accompanied by the spouse or provided with a written document to confirm spousal acceptance. In Uganda, especially in rural districts like Kabarole the risk of unintended pregnancies and unsafe abortions remains high due to relatively low contraceptive use.

**Methods:** A cross sectional study design was used. The study was conducted at fort portal regional referral hospital. Sample size was determined using a statistical formula adapted from Fishers. 100 participants were interviewed. Data was collected using open ended questionnaires. Data was electronically analyzed using a statistical package for social sciences (SPSS) version 20.1 and then be summarized and displayed.

**Results:** Out of the 100 respondents interviewed, 96 had heard about FP methods, of whom, 29% indicated that they had ever used FP, and 71% had never used FP. This means that though most of the respondents have heard about FP method, the level of usage was low. Also it was found that decision to use FP is largely influenced by closed relatives.

Factors associated with low utilization included fear of infertility, and side effects, wanting children, religion and bleeding.

The level of knowledge of contraceptive among the women in the district cuts across all ages, marital status and occupational backgrounds. Ninety-six percent (96%) of the respondents had heard about FP services whilst 4% indicated that they had never heard about the services. However, the knowledge does not commensurate with the use of contraceptives.

**Recommendations:** There's need for intensification of public education at the community level with major emphasis on the use of FP. Effort must be made to explain to the people the benefits as well as possible side effects of the method one may wish to use. This will enable the people to make an informed decision in relations to the use of FP. This is necessary because the present situation shows that most people have heard of FP methods but they are not using them.

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Background**

Family planning (FP) is defined by the World Health Organization (WHO) as a voluntary and informed decision by an individual or couple on the number of children to have and when to have them. According to the 2013 WHO fact sheet on FP, “it is achieved mainly through use of various contraceptive methods and treatment of involuntary infertility”. Among the major benefits of a woman’s ability to space and limit pregnancies comprise: a direct impact on their health and well-being as well as outcome of pregnancies (Andiet *al.*, 2014)

Contraceptive methods can be categorized by two major groups namely, modern and traditional methods. Usage of family planning services in developing countries have been found to avert unintended pregnancies, reduce maternal and child mortality (Apangaet *al.*, 2015)

The utilization of contraceptives is one of the major determining factors for reducing fertility. This has increased steadily over the years and currently widespread throughout the world. However, progress has not been the same in terms of geographical areas, and problems still remain in terms of both increasing the level of use to meeting current demand in certain regions and making available various types of methods to individuals wishing and willing to use contraception (Apangaet *al.*, 2015).

#### **1.2 Contraceptive use in a global perspective**

Contraceptive use indicators including contraceptive prevalence rate, method mix, and satisfied demand are increasing in many countries (Casterline JB, Sinding SW 2000). Progress of such indicators is antecedent of fertility decline (Bongaarts J, Johansson E (2002). Worldwide contraceptive prevalence has risen steadily from 54 per cent in 1990 to 70 per cent in 2010 (PRB 2010). Whereas use of contraceptives has increased in many countries, most sub-Saharan Africa countries have not reported progress. On the contrary the pace of increase of contraceptive use has slowed down

in sub-Saharan Africa (Cleland JG, Ndugwa RP, Zulu EM (2010). Cultural resistance to acceptance of contraception still exists in many African countries (Bongaarts J, Johansson E 2002). However, in countries such as Botswana, Kenya, Zimbabwe, and southern Nigeria fertility decline has been documented, which points towards weakening traditional support for high fertility. To date, nearly one-third of women lack access to modern contraception worldwide [Marston C (2006)], despite the fact that contraception is one of the most effective approaches to achieve the Sustainable Development Goals (SDGs) four and five that aim at reducing childhood mortality, improving maternal health and reducing unintended pregnancy [UNDP (2007)]. Annually, 342,900 deaths occur from complications of pregnancy and child birth, 99 percent of this take place in low-income countries [Marston C (2006)]. It is worth to note that 70,000 of these deaths are due to unsafely induced abortion following unintended pregnancy [Marston C (2006)]. It is believed that health and social consequences of unwanted fertility would be minimized if existing contraceptive technologies were broadly available, accessible, affordable and acceptable to a wider range of people in need of contraception (Hogan MC *et al.* 2010). It has been proposed that the greatest demand for contraceptives in Africa will come from young married women who wish to space their children, unlike the pattern in Europe and Asia where the demand come from older women who wish to limit or cease family building (Cleland JG, *et al.*,2010). Accordingly, the actions young people take to regulate their fertility will determine the size and wellbeing of the future population.

### **1.3 Contraceptive use pattern in Uganda**

Family planning services have been implemented in Uganda for nearly 60 years. Initially the services were run by urban based Non-Government Organizations (NGOs) and restricted to married women, either accompanied by the spouse or provided with a written document to confirm spousal acceptance (Blacker J, *et al.*,2005). Efforts to reduce unmet need and nationwide introduction of contraceptive services in public health units started subsequent to the national population policy, which was adopted only after the international conference on population and development in 1994. Later, the gender policy supporting reproductive health issues was developed [Ministry of Gender Labor and Social Development (2007). In



general, government support to family planning has been limited and also contraceptive supplies have been insufficient, particularly in rural areas. Regardless of limited government support to information and contraceptive supplies, awareness of contraceptive methods is almost universal at 98 percent [UBOS, Macro International (2007)]. The HIV/AIDS epidemic led to increased acceptance of condom use and open discussion of sexual matters. Paradoxically, knowledge about contraceptives has not been translated into contraceptive use. It is, however, worth mentioning that the knowledge about contraceptives reported from demographic health surveys is based on one single question, whether one has ever heard of contraceptive methods (Ochako *et al.*, 2015) which may be misleading. In recent years, Uganda has developed a liberal family planning policy that states that all sexually active men/women should have access to contraceptives without need for consent of partner or parent (Udgiriet *al.*, 2016) However, use of contraceptives in Uganda is low.

The most popular modern contraceptive method in Uganda is the progestin-only injection, currently accounts for 40 percent of contraceptive method mix among married women. Despite availability and promotion in the ongoing HIV/AIDS prevention campaigns, condom use for contraception is reported to be only two percent (UBOS, Macro International 2007).

#### **1.4 Why contraceptives are not used**

The question remains why contraceptive use is low in Uganda. The demographic health surveys have cited fear of side effects (25%), partner disapproval (15%), not knowing where to obtain a method (13%) and religious opposition as reasons for limited use (Creanga AA, Gillespie D, Karklins S, Tsui A 2011). Also in other settings male partner opposition has been associated with unmet need and increased reliance on less effective traditional contraceptive methods. Social and cultural norms related to gender inequality and negative perceptions that contraceptives lead to promiscuity has been cited as other reasons for limited use of contraceptives. In addition, polygamy, early marriage, and bride price constrain women's ability to negotiate contraceptive use (Blanc AK, *et al.*, (2009)]. Previous studies in Uganda have attributed lack of modern contraceptive use to unemployment, unavailability of contraceptive supplies, pronatalism, and health workers not prescribing contraceptives

to unmarried persons. Additional challenges cited to affect contraceptive use include limited information, low resource allocation, and lack of access to quality contraceptive services (Byamugisha J, *et al.*, 2009).

### **1.5 Problem Statement**

Globally, modern contraceptive utilization has increased in the recent past – from 54% in 1990 to 57% in 2012. However, the estimates in Africa remain persistently low at 23% and 24% respectively within the same time periods. The estimates among countries in the Sub-Saharan region are much lower than the fore mentioned figures. This could be attributed among other factors to shortfalls in health infrastructure and transport facilities (ochaka *et al.*, 2015). Use of family planning services remains low in Uganda yet there is a liberal family planning policy that allows access to contraceptive services to every sexually active individual and couples irrespective of age, there is a gap between the desire to restrict birth and actual contraceptive use. Approximately 34% of the women in Uganda have an unmet need for the use of contraceptive methods. By comparison, the unmet need in other sub-Saharan countries is 25% (Paul *et al.*, 2015)

In 2014 it was estimated that only 28% of women in Africa and 17% in other Sub-Saharan Africa were using modern methods of contraception (injectable, Norplant, intrauterine to mention but a few) while in Uganda, they have increased from 18% in 2006 to 32% in 2016 even though its lower than that reported in Kenya (39%) and Rwanda (45%), but higher than Burundi (18%) in 2016. Generally, the use of modern contraceptives in Uganda is lower among women aged 25 years or less (20%), married (26%), or those living in rural areas (23%) (Abaasa *et al.*, 2017)

In Uganda, especially in rural districts like Kabarole the risk of unintended pregnancies and unsafe abortions remains high with 100 cases of abortions reported in the district per 3 month due to relatively low contraceptive use. (Nsubuga *et al.*, 2015) Therefore this study is intended to find out the level of utilization of FP, Knowledge of women towards FP and overall factors affecting utilization of FP services at FRRH.

### **1.3 Study Objective**

#### **1.3.1 General objective**

To determine the factors that affect the utilization of modern family planning services among mothers delivering at Fort portal regional referral hospital.

#### **1.3.2 Specific objectives**

- (i) To determine the level of utilization of family planning services among mothers delivering at Fort portal regional referral hospital.
- (ii) To determine the knowledge about modern family planning services among mothers delivering at Fort portal regional referral hospital.
- (iii) To determine the factors that affect the utilization of family planning services among mothers delivering at Fort portal regional referral hospital.

### **1.4 Research Questions**

- (i) What is the level of utilization of family planning services among mothers delivering at Fort portal regional referral hospital?
- (ii) What is the knowledge of mothers delivering at Fort portal regional referral hospital about family planning services?
- (iii) What are the factors that affect the uptake of family planning services among mothers delivering at Fort portal regional referral hospital?

### **1.5 Significance of the study**

Successful family planning efforts is essential in alleviation of global poverty by positively contributing to socio-economic development. Controlling both the number and timing of births through utilization of contraception is associated with improved maternal and neonatal health outcomes (Malaluet *al.*, 2014)

The promotion of family planning in countries with high birth rates has the potential to avert 32% of all maternal deaths and nearly 10% of childhood deaths. This particularly applies to the situation in Uganda where the persistent high fertility (6.7 children per woman) is contributing to the high maternal morbidity and mortality rates (435/100,000 live births) as well as the rapidly growing population (3.2%).Despite

this high need for family planning, the use of contraceptives by woman in Uganda stays remarkably low (Paul *et al.*, 2015)

Therefore it's paramount and urgent to determine factors that affect the utilization of family planning services among mothers so that best approaches are applied. The research is also significantly important as a requirement for the award of bachelors of medicine and surgery of Kampala international university.

### **1.6 Justification of the study.**

Hormonal contraceptive is a method of family planning containing hormones especially estrogens/progestin and consists of many types such as Dipo Provera, Norplant, implant and intra uterine contraceptive devices.

For the past years, the utilization had been on the rise in Uganda which has led to the reduction in the rate of unplanned pregnancies, improvement in the maternal health, uplifting of social economic status and hence standard of living though with some failure rates (MoHU, 2015).

### **1.7 Scope of the study**

#### **1.7.1 Time Scope:**

The study was limited to three month of data collection and report writing

#### **1.7.2 Geographic scope:**

The study was limited to FPRRH

#### **1.7.3 Content Scope:**

The study was limited to family planning services including factors affecting utilization, knowledge and level of utilization by mothers delivering at FRRH.

## 1.7 Conceptual Frame Work

### Independent variables

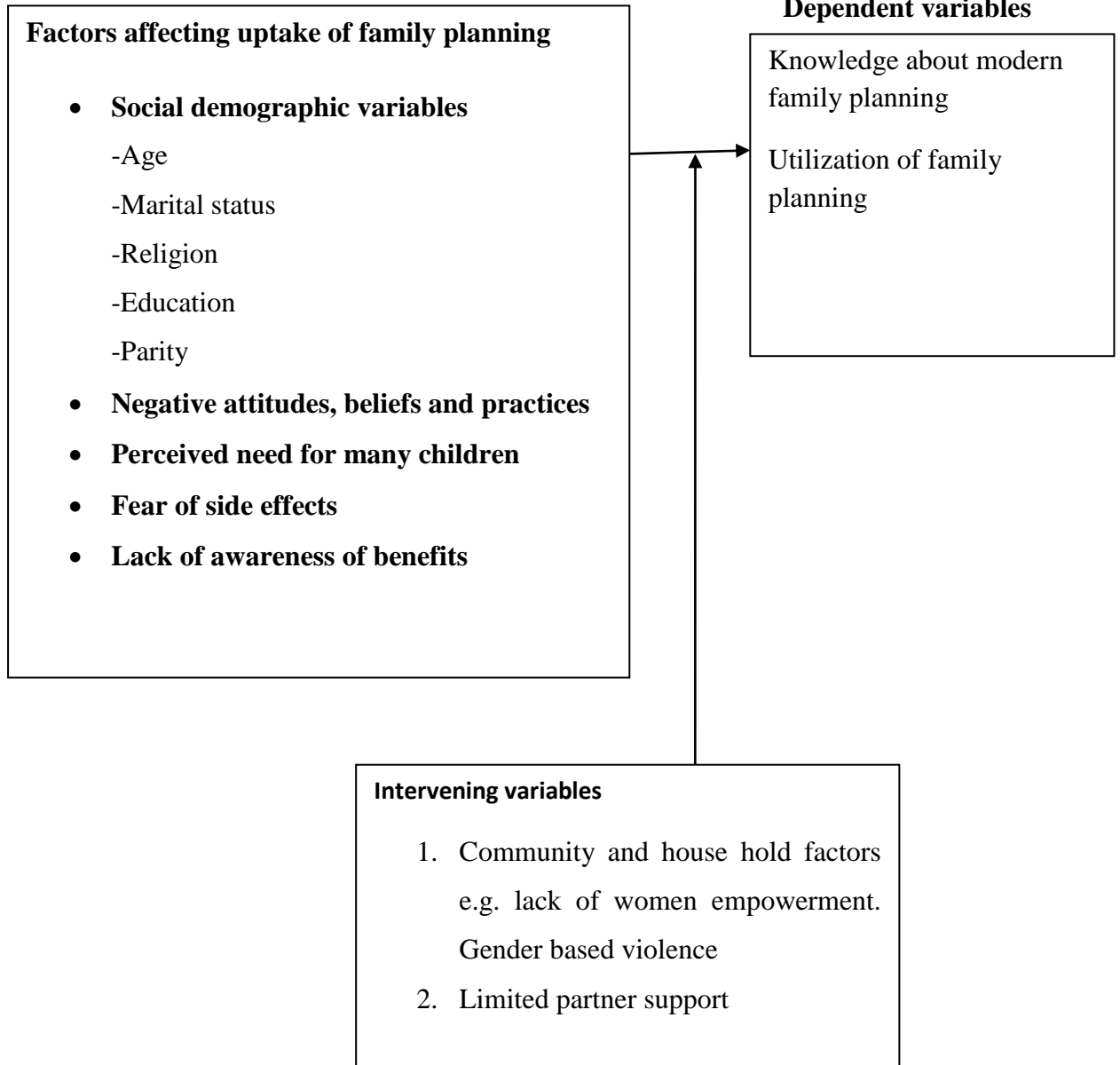


Figure 1: Conceptual Framework, designed by the investigator

## CHAPTER TWO

### LITERATURE REVIEW

#### **2.1 Introduction**

This chapter consists of literature reviewed from journals, books and different websites. The information has been synthesized and discussed according to the objectives stated in chapter one

#### **2.2 level of utilization of family planning services among women of reproductive age.**

Ezegwuiet *al.*,(2013) conducted a study to determine the trend in the use of Intra-uterine Contraceptive Device results show that of the total of 133,375 clients who were seen at the family planning clinic between 1999 and 2007. Out of 6,947 users of IUCD, during the period, 1,659 were new acceptors. The IUCD acceptance rate was 5.21%. Majority of the clients (29.7%) were aged 40 years and above. Majority 1,359 (82.4%) did not use any method of contraception prior to IUCD insertion (Ezegwuiet *al.*, 2013)

A study was conducted to determine the predictors of modern contraceptive use during the postpartum period among women in Uganda, this was a population-based cross sectional study and the results revealed that more than a quarter (28%) of the women used modern family planning during the postpartum period in Uganda. Postpartum family planning was significantly associated with primary or higher education, rich wealth status; protestant religion was associated with number of surviving children (Rutaremwaa *et al.*, 2015).

A cross-sectional survey was conducted among 964 HIV positive women in selected 12 health centers of Tigray region to determine Contraceptive Utilization and associated factors among HIV Positive Women, the results showed that Three hundred ninety four (46.5%) of all HIV positive women had intension to have more children. Three hundred seventy five (44.3%) were using contraceptive methods at time of survey. Injectable (70.7%) and male condom (47.6%) were most commonly used type of contraceptives. (Melaku *et al.*, 2014)

Olugbenga *et al.*, (2011) assessed contraceptive practices among women in rural communities in south-western Nigeria and showed that majority of the respondents, 538(87.8%) were within the age group 20 years and above and married (86.3%). More than half 406(66.3%) were currently using a modern contraceptive method, 41(6.7%) and 4(0.7%) were using natural and traditional methods respectively, however, 161(26.3%) were not using any method, main reasons being affordability and availability 184(41.2%), and reliability (20.1%). (Olugbenga *et al.*, 2011)

Another study was conducted to evaluate the contraceptive choices and usage of women in rural Aba, Southeastern Nigeria, and identify factors influencing their choice and usage of modern contraceptive methods. Qualitative data was collected by in-depth interviews (IDIs) of 88 out of 188 clients whose records were analyzed. Majority of the clients (71.8%) accepted injectable hormonal contraceptives followed by the intrauterine contraceptive devices (IUDs) (14.4%). Sub-dermal contraceptive implants were accepted by 6.9% of the women and female sterilization by 3.2%. The oral contraceptive pills and the male condom were the least accepted by the clients. (Chigbuet *et al.*, 2011)

Additionally, a study was conducted in India with the following objectives; to study the prevalence of contraceptive acceptance, the type of contraceptive used and the reasons for not accepting contraceptive methods in rural area. A cross sectional study was carried out in rural field practice area of Department of Community Medicine at village Chanai, Ambajogai, Maharashtra Dt., and India. Out of 512 married women 48.63% were contraceptive acceptors; 64.66% women accepted permanent method of contraception. Among the temporary methods most commonly accepted was IUD by 19.28% women. Commonest reason for not accepting contraceptives was desire of children in 25.85% women followed by fear of side effects in 16.34% women (Murarkaret *et al.*, 2011)

### **2.3 Knowledge of women of reproductive age about family planning services.**

One study was conducted in a refugee camp by Okanlawon *et al.*, (2010) among youth. Data on perceptions, knowledge, access and attitudes toward contraceptive use were collected from 208 refugee youths living in Oru refugee camp, Nigeria. Findings revealed that respondents experience difficulty gaining access to family planning services, which are not available in the camp. Most respondents had little correct information about contraceptives; 42.9% had misperceptions about its safety, believing that contraceptives are dangerous and that chemicals in contraceptives can damage their reproductive system. Such beliefs have resulted in the low use of contraceptives (31.6% use last sex) and many unintended pregnancies, which have caused some refugee girls to drop out of school. By (Okanlawon *et al.*, 2010)

A Cross-sectional quantitative study among 368 undergraduate students was conducted using self-administered questionnaire Assessing knowledge, attitude, and practice of emergency contraception results showed that Among the total participants (n = 368), only 23.4% were sexually active. Majority (84.2%) had heard of EC; 32.3% had a positive attitude towards it. The main source of information reported by the respondents was Media (69.3%). Among those who were sexually active, about 42% had unprotected sexual intercourse. Among those who had unprotected sexual intercourse, 75% had ever used EC. Sexually active participants had significantly better attitude towards EC than sexually inactive participants (Ahmed *et al.*, 2012).

In addition to the above, contraception knowledge and attitudes truths and myths among African Australian teenage mothers in Greater Melbourne, Australia were also evaluated and it was reported that Knowledge of contraception among this group of migrants was low and filled with myths. (Watts *et al.*, 2014)

A cross-sectional study regarding knowledge, attitude & practices of family planning was conducted in an immunization center of Indore district. All the females coming to immunization center for vaccinating their infants were interviewed using a pretested, semi structured Performer during a fixed study period. The performer included details like socio demographic features, questions related to knowledge, attitude and



practices (KAP) regarding contraceptive use. Results showed poor contraceptive knowledge amongst females. 18% KAP Gap was found in total subjects. Maximum KAP Gap was found in the 19-21 year age group. The KAP Gap was not significantly more in Muslim women as compared to Hindu women. The KAP Gap was more in Housewives than other occupations. Knowledge of various family planning methods should be provided to all the females coming to health center (Mahawaret *et al.*, 2011).

In another cross sectional study, a total of 100 married women of reproductive age group having  $\leq 2$  children of Vasna ward of AMC were selected by purposive sampling in order to determine the knowledge, attitude & practice (KAP) towards contraception among women results showed that about 56% of study population was within 18-24 years of age group. Maximum knowledge regarding contraception was of condom (76%) followed by OC-pills (63%). Major sources of knowledge was link workers (50%) followed by media (38%). Commonly used contraceptive method between 1st & 2nd child was condom (41.7%) followed by OC-pills (15.2%) (Brahmbhatt *et al.*, 2013)

Similarly another descriptive survey of 136 females aged 18-45 years was done using a structured knowledge questionnaire, results showed that majority (55.9%) had one living child and 98.5% got information through health personnel. Majority (67.60%) had moderate knowledge on contraceptive methods and 17.60% had high knowledge (Sherpa *et al.*, 2013).

Kripa *et al.*, (2017) conducted a study about Knowledge, attitude and practice of contraception among the postnatal women in a tertiary care hospital in a rural area in Southern Karnataka, India results revealed good knowledge amongst females, but the knowledge was brought to practice in only 32% females mainly due to lack of knowledge and preference for male babies.

Similarly in another study it was shown that Among 109 women, 61 (56%) women were in age group 26-30 years. 84 (77%) women were Hindu by religion. 68 (62%) women belonged to socioeconomic class III. 73 (66.97%) women were having knowledge of tubectomy]. 64 (58.72%) women felt that contraceptives should be used

after having 2 children. 59 (54.13%) women had undergone tubectomy. It was concluded that knowledge of barrier and hormonal methods of contraceptives was poor among mothers. Positive attitude was seen towards use of contraceptive (Digole *et al.*, 2014).

Hospital based, cross-sectional survey conducted amongst the women of post natal ward of a referral hospital mainly catering rural population. Knowledge, Attitude and Practice survey of family planning was conducted. Results showed that, of the total of 4221 subjects interviewed, 58% of these women were aware of contraceptive methods, mostly Permanent followed by IUCD, Condom, least of oral pills. It was concluded that spacing methods are less known amongst rural women while the use is even lower which calls for the further strengthening of existing awareness programmes (Kushwahet *et al.*, 2017).

Cross-sectional study was carried out for a period of one month by Udgiriet *et al.*, (2016). A total of 162 postnatal mothers who were admitted in postnatal general ward of OBG Department were included. The data was collected using semi-structured questionnaires. Statistical test like percentage, chi-square test was applied to know the association. It was shown that, 65.4% of mothers knew about family planning methods. Significant association was found in relation to education ( $p= 0.000$ ), religion ( $p= 0.055$ ) and parity ( $p= 0.01$ ). It was recommended that, the literacy level will definitely help to gain the information regarding family planning.

#### **2.4 Factors that affect the utilization of family planning services.**

A national study was done to assess factors affecting utilization of family planning, results for low utilization of services included having less than a college education, being black, being 35–44 years old, having infrequent sexual intercourse, not being in a current relationship, being dissatisfied with one method and believing that contraceptive service providers were not available to answer method-related questions (Frost *et al.*, 2007).

Weston *et al.*, (2012) assessed barriers and facilitators to uptake of the intrauterine device (IUD) among primgravidas of African American adolescent mothers and

reported that; twelve participants did not obtain IUDs and instead used condoms, used no method, or intermittently used hormonal methods, resulting in 3 repeat pregnancies. Outdated IUD eligibility requirements, long wait times, lack of insurance coverage, and fear of IUD-related side effects precluded or delayed uptake. Facilitators to IUD uptake included strong recommendations from providers or family members, planning for IUD during pregnancy, and perceived reproductive autonomy

Similarly another similar study revealed that, 89% (249/280), of respondents involved in the study were aware of family planning services, 18% (50/280) of respondents had used family planning services in the past. Parity and educational level of respondents were positively associated with usage of family planning services ( $P < 0.05$ ). Major motivating factors to the usage of family planning services were to space children, 94% (47/50) and to prevent pregnancy and sexual transmitted infections 84% (42/50). Major reasons for not accessing family planning services were opposition from husbands, 90% (207/230) and misconceptions about family planning, 83% (191/230). (Apanga *et al.*, 2015).

Malalu *et al.*, (2014) conducted a study to find the determinants of use of modern family planning methods in Baringo North District Kenya, results indicated that of all the 344 respondents, 80.8 percent were aware of Modern FP methods. Pills and injection were most commonly known and used methods, mentioned by 66.2 percent and 64.4 percent of study subjects respectively. Sixty two percent of the respondents approved use of modern contraception while the current use rate was 32.3 percent. The significant predictors of use of these methods were the respondents' age, marital status, knowledge on the methods and their side effects, and method approval by self and partner ( $p < 0.05$ ).

Another study was conducted to determine the acceptance of long acting reversible contraceptives. It was found out that, it was 16.4%. The main reasons mentioned for not accepting long acting reversible contraceptive was developing side effects 128 (44.8%), and fear of infertility after use 117(40.9%). More than half 181 (52.9%) of the women had a non-supportive attitude towards long acting contraceptives. Mothers

who had a supportive attitude towards long acting reversible contraceptive was the only independent predictors of acceptability of long acting contraceptive (AOR=2, 95% CI (1.084, 3.75) hence acceptance of long acting reversible contraceptives was very low. Supportive attitude towards long acting contraceptives was the only factors that affect acceptance of long acting contraceptive. (Gebremichae *et al.*, 2014)

Other major determinants of contraceptive use are age, respondents' and partners' approval of family planning, family planning discussion with partner, number of living children, work status, education and visit to a health Centre (Palamulen *et al.*, 2013). Other factors include exposure to integrated primary healthcare services, the level of education, and socioeconomic status, couple fertility, preference, marital status, and parity. (Achana *et al.*, 2015)

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 Introduction:**

This chapter includes the methods that were used in carrying out this study. It explains the design, population, setting, sample size determination. The chapter presents an overview of the study design and methodology. It explains how the study was carried out, designed and performed. It shows the data collection procedures, the sample size and sampling procedures that was used including exclusion and inclusion criteria. It also gives the ethical considerations that were followed and the limitations of the study with the possible ways to alleviate these limitations.

#### **3.2 Study design.**

A cross sectional study was used.

#### **3.3 Study site.**

The study was conducted at fort portal regional referral hospital, the hospital is 500 meters from the Centre of fort portal municipality, it's about 400 kilometers from Kampala the capital city of Uganda, and it is in the south western part of the country. The rationale for the choice of this hospital is the fact that the hospital is a government hospital and serves 10 districts as a regional referral hospital where all sick people are first referred before going to national referral hospital in case of severe complications.

The hospital has a well-organized obstetrics and gynecology wards admitting up to 30 expectant mothers daily.

#### **3.4 Study population.**

The study population was constituted of mothers delivering at FRRH.

##### **3.4.1 Sample size determination**

Sample size was determined using a statistical formula adapted from Fishers given by

$$n = \frac{z^2 pq}{\quad}$$

$$d^2$$

Where

n=Number of samples required

z=1.96 (95% confidence interval)

p=is the proportion of mothers admitted at FPRRH who are expected and have delivered

q=1-p

d=is the degree of precision required

When d=13% (0.15), p=50% (0.50)

$$n = \frac{(1.96)^2 \times 0.50 (1-0.50)}{(0.13)^2}$$

n=100 patients

The justification of the above sample is that according to obstetrics records, there are about 500 mothers delivering from the hospital monthly and therefore this will be sufficient representation of the entire population

### **3.4.2 Sampling procedure.**

Purposive sampling technique was used to select mothers who have delivered from the hospital. This was done by identifying these mothers from the ward and consented them to participate. The rationale for this non probability sampling technique is the fact that it relies on the judgment of the researcher when it comes to selecting the participants that are to be studied.

## **3.5 Data collection**

### **3.5.0 Introduction**

This chapter focused on the methods by which the study was conducted and also covered the study design, the study population, the study area, the sample size etc.

#### **3.5.1 Data collection instrument**

Data was collected using open ended questionnaires, the questionnaire had four sections and the respondents were required to tick where appropriately and to write in the spaces provided.

### **3.5.2 Data collection procedure**

Using the questionnaire, Participants were given these instruments to fill them and those that did not know the English language got translation at the time of data collection. Completed questionnaires were collected ready for analysis.

### **3.6 Data analysis**

Data was electronically analyzed using a computer program statistical package for social sciences (SPSS) version 20.1 and then be summarized and displayed into a table, graphs and pie charts.

### **3.7 Data presentation method**

Data was presented in form of tables, which represent the statistical data collected from the respondents. Descriptive statistics was used where percentages for each response was calculated.

### **3.8 Inclusion Criteria**

The following was the inclusion criteria

- (i) Expectant mothers.
- (ii) Mothers who have already delivered.
- (iii) Those who came for post natal care.

### **3.9 Exclusion Criteria**

The following was the exclusion criteria followed

- I. Critically ill and unstable mothers
- II. Those already using any method of contraceptive
- III. Those un able to give informed consent

### **3.10 Data quality control**

- (i) Only completely filled questionnaires were used.
- (ii) Trained research assistants were used to sort and cross examine the filled questionnaires.

### **3.11 Data management:**

Questionnaires were kept out of reach of non-members of this research by passwording the collected data. The soft copy was password protected to avoid access by unauthorized people. Data was entered into Epidatas version 3.1, cleaned, coded, edited and exported to SPSS version 18 for analysis.

### **3.12 Limitations of the study**

The study was limited by the following;

- (i) Recall bias since the participants were asked some of the questions in their past experience. This was mitigated by allowing them appropriate time to think before completing the questionnaire.

### **3.13 Ethical consideration**

The researcher observed all relevant ethical and legal considerations that are applicable to scientific research. Approval was sought from KIU-Research committee. After approval of the proposal, the researcher presented it together with introduction letter to the Hospital Director to seek permission. Then proceed to the ward for data collection

All information obtained in the time of this study was used with utmost confidentiality and was not used outside the scope of the study and objectives.

### **3.14 Dissemination of results**

Copies of the report were forwarded to;

- (i) KIU-Faculty of clinical medicine and dentistry.
- (ii) FPRRH administrator to be shared among the staffs and will act as feedback.
- (iii) Personal copy for future reference.



## CHAPTERFOUR

### RESULTS

#### 4.1 Background of respondents

Table 1: Demographic details of the study population

| Category       | Variable       | Frequency | Percentage (%) |
|----------------|----------------|-----------|----------------|
| Age            | 20-24          | 20        | 20             |
|                | 25-29          | 27        | 27             |
|                | 30-34          | 20        | 20             |
|                | 35-39          | 20        | 20             |
|                | 40-44          | 10        | 10             |
|                | 45 and above   | 3         | 3              |
| Marital status | Married        | 57        | 57             |
|                | Single         | 12        | 12             |
|                | Widowed        | 3         | 3              |
|                | divorced       | 2         | 2              |
|                | cohabiting     | 26        | 26             |
| Education      | Primary        | 19        | 19             |
|                | Secondary      | 37        | 37             |
|                | Tertiary       | 11        | 11             |
|                | Never          | 33        | 33             |
| Religion       | Christian      | 70        | 70             |
|                | Atheist        | 3         | 3              |
|                | Islam          | 20        | 20             |
|                | Traditional    | 7         | 7              |
| Occupation     | Farmers        | 42        | 42             |
|                | Traders        | 32        | 32             |
|                | Salary workers | 9         | 9              |
|                | Unemployed     | 17        | 17             |

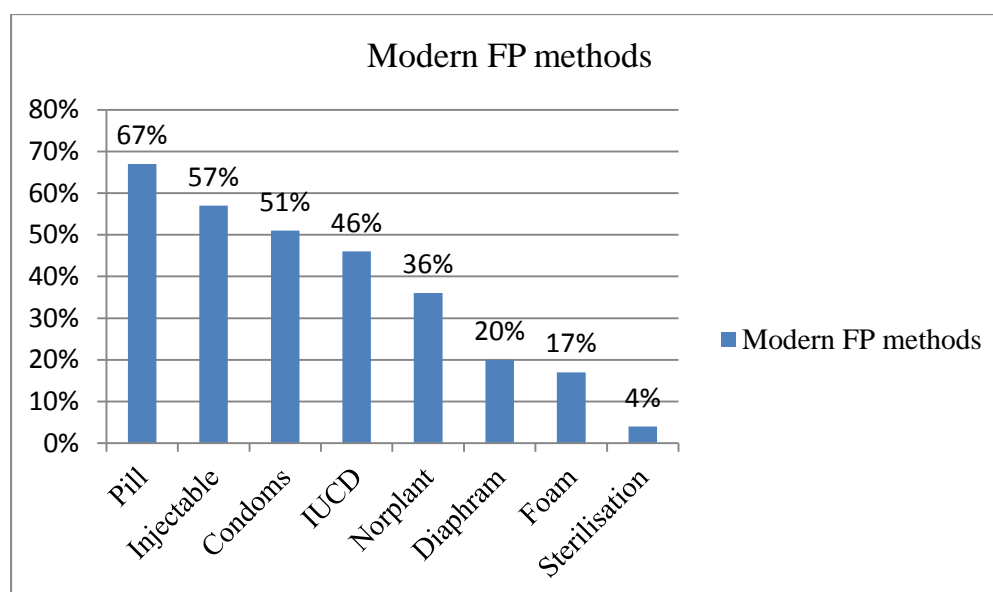
The average age of the respondents was 31 years. Fifty three percent (53%) of the respondents were above the age of 29 years. The minimum age was 20 years and maximum age was 48 years. Out of the 100 respondents, 33 representing 33% had not had any formal education whilst the rest, 67% had formal education. Over a quarter 42% were farmers, 32% traders and 9% salary workers. The unemployed accounted

for 17%. The respondents who were working formed 69.1%. Over 80% of the clients had sexual partners. Out of these 57% indicated that they were married. Christians constituted the majority group among the respondents (70%) whereas Atheists representing 3% formed the minority. As far as ethnic grouping was concerned the Batoro formed 58.8%, Banyoro, 4.2%, Munya, 9.1% and Bakonjo, 4.8% as detailed in table 4.1 above.

#### 4.2 Level of utilization of family planning services

Pills, Injectable, Condoms and IUCD forming 67%, 57%, 51% and 46% respectively were the modern FP methods utilization by the respondents. The others utilization were Norplant, 36%, Diaphragm, 20%, Foam, 17%, and Sterilization, 4% as shown in Figure 4.2

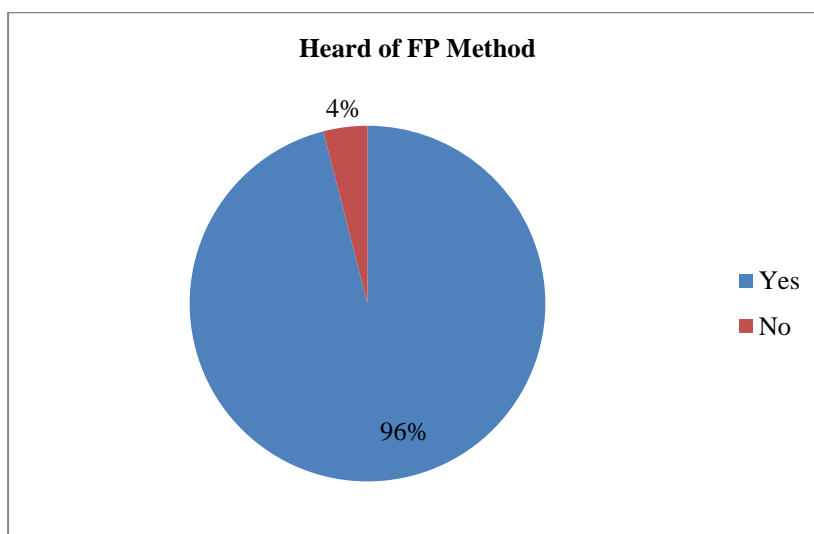
Figure 2: Type of modern FP methods utilized



#### 4.3 Knowledge on contraceptives and its relationship with background of respondents

As shown in Figure 4.1 below, 96% percent of the respondents had heard about FP services whilst 4% indicated that they had never heard about the services

Figure3: Hearing about FP method



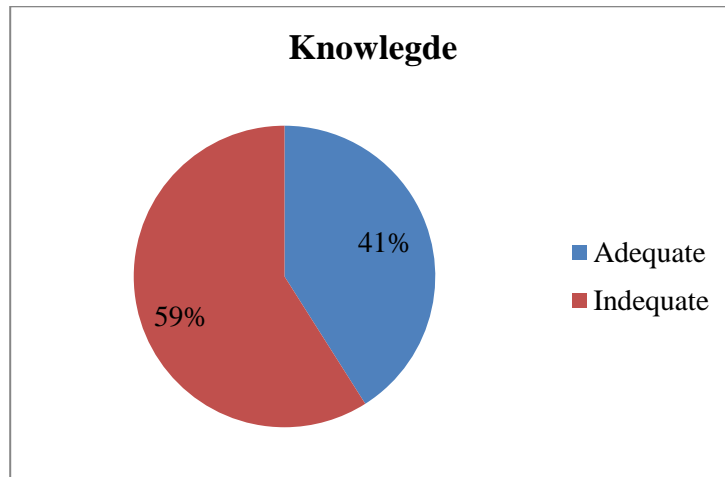
The major sources of information about contraceptive methods were radio 45% and television 24%. As tabulated in Table 4.2, 48% considered family planning as important and 27% thought that it was not important.

Table 2: Source of information and opinion on family planning

| Variable                           | Frequency | Percentage (%) |
|------------------------------------|-----------|----------------|
| <b>Source of information on FP</b> |           |                |
| Television                         | 24        | 24             |
| Radio                              | 45        | 45             |
| Relatives/peers                    | 17        | 17             |
| Clinic                             | 14        | 14             |
| <b>Opinion about FP</b>            |           |                |
| Very important                     | 17        | 17             |
| Important                          | 48        | 48             |
| Not important                      | 27        | 27             |
| Don't know                         | 9         | 9              |

Fifty nine percent (59%) of the women had inadequate knowledge (i.e. ability to identify one to three contraceptives methods) and 41% had adequate knowledge (more than three contraceptives methods identified) as detailed in Figure 4.2

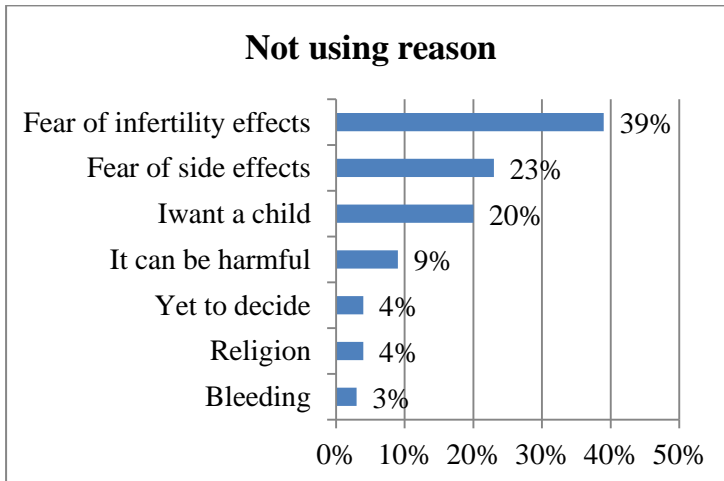
Figure 4: Level of knowledge (n = 100)



#### 4.4 Factors affecting utilization of FP services

The reasons accounting for the non-use of FP methods as shown Figure 4.4 included fear of infertility effect, 39%; fear of side effects, 23%; wanting a child, 20% and that it could be harmful 9% . .

Figure 5: Factors affecting utilization of FP services (n=100).



## CHAPTER FIVE

### DISCUSSION CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 DISCUSSION

##### 5.1.1 Background of respondents

Majority of the women were above 30 years however, most of them could not read and write in any language. At a relatively older age, the women might have had a high exposure to family planning issues that could be social, cultural or religious yet their inability to read or write in any language could affect the extent to which they can synthesize issues affecting their health including that related to family planning (Takyi, 2015). The level of exposure to sexual relations poses a challenge to many women. Legitimizing sexual relations in the form of marriage gives most women pride and respect in society yet this desirable state is hardly achieved by some of them. Most of the women in this study were in active sexual relationships but only 57% were married. The implication is that for most of the women who were unmarried, they may have desirable tendencies of preventing pregnancies, which is rarely done in most developing nations (GSS, 2016). The non-use of family planning methods among this group and even among those married, results in self-induced abortions with its resultant complications including anemia, infertility and also death (Kongnyey, 2017). The socio-cultural context of family planning use could be weakened by mixed cultural settings where there is likely to be little dominance of a cultural stand on family planning use by a tribe over the others. The possible integration of socio-cultural ideas could influence acceptance or rejection of contraceptives. In this study, even though Batoro formed the majority group, there was relatively enough representation of other tribes including Banyoro, Munya and Bakonjo and this might have created intertribal marriages and therefore integration of cultural ideas on the use of family planning methods.

##### 5.1.2 Level of utilization of family planning services

The use of FP is very low in the district. Even the few people who had ever used FP could be said not be adherent to it. Out of the 100 respondents interviewed, 96 had heard about FP methods, out of which 29% indicated that they had ever used FP, and 71% had never used FP. Many women had decided not to use FP because of

experienced or perceived side effects of the methods. This was confirmed during a focus group discussion which revealed that they don't use FP methods because "it gives health problems", "we are afraid" and "we don't want others to see that we are using contraceptives" the women said.

It has been reported (Hoque, 2017) that intermittent bleeding and other side effects of the methods in addition to the social stigma and fear related to the use of the methods could account for this position by some women. Modern contraceptives use has been documented to cause temporal infertility due to delay ovulation as a result of hormone imbalance (Hoque, 2017). Religious enculturation on the use of FP such as that claimed by women in the district is enshrined in the doctrine that Gods plan for humans is to multiply and that He takes care of all humans they have and have not – and therefore, it is sinful if one attempts to interrupt or prevent the normal fertilization process. Several efforts are being made to allay the fears of women about the side effects of modern contraceptives but may not have yielded the desired results.

There are strong relationships between the socio-economic characteristics of women and the use of FP methods. Age, educational level, occupation and marital status had strong association with the use of FP. These factors have been also identified by White, 2015 but are dissimilar to Tawiah's observation in 1997. As women age, they make efforts to take control over unexpected pregnancies, especially when they have had the desired or more than expected number of children. Such decisions are taking due to high economic and social burden of fending for the children. Having a job to do could earn women some income to fend for themselves and their dependents and therefore a delayed decision to use FP methods. A similar observation was made by Benefo, 2015).

Other reasons that could be assigned to this is the fact that most of the women did not have the free will to decide on the usage of FP methods as alleged by Benefo that deciding to use modern contraceptives is a difficult decision by most prospective users, especially women. The difficulties he said arose from the strength of the interplay of influences from close family relations. Further, the economic dependence

level of the woman on her close relations affect the decision process for the uptake of contraceptives (Benefo,2015).Other findings also attribute it to the type of work and the amount of income earned by the woman in particular have a strong relations to use of contraceptives. In addressing the distribution of financial resources in relation to AIDS and family planning methods use in Offinso, Ghana, Duodo and other implied that the inequitable distribution of resources to the detriment of rural communities affect contraceptive use (Duodo et al, 2018).

### **5.1.3 Knowledge on contraceptives and its relationship with background of respondents**

Ninety-six percent (96%) of the respondents had heard about FP services whilst 4% indicated that they had never heard about the services. This means that most of the respondents were aware of family planning programmes. Knowledge of family planning was defined operationally as having heard of a method. The survey, which used an interviewer prompt method, showed that knowledge of contraceptive was known by 98 % of women and 99 % of men (GSS, 2016) Also in an assessment of gender issues relating to contraceptive use in Edo state, Nigeria, Osaemwenkha observed that educated and sexually active youth had a wide-spread knowledge of contraceptives. (Osaemwenkhas, 2014). Obviously, such wide knowledge does not necessarily mean that such persons have adequate exposure to the use of contraceptives because other decision-making influences could determine its use or otherwise. Even though Pills, injectable, Condoms and IUCD forming 67%, 57%, 51% and 46% respectively were the modern FP methods identified by the respondents. The others identified were Norplant 36%, Diaphragm 20%, Foam 17%, and Sterilization 4%. Radio 45% and television 24% were the major sources of information about contraceptives methods. 48% considered it as important and 27% thought that it was not important. Fifty nine percent (59%) of the women had inadequate knowledge (i.e. able to identify one to three contraceptives methods) and 41% had adequate knowledge (more than three contraceptives methods identified)

#### **5.1.4 Factors affecting utilization of FP services**

The use of FP is very low in the district. Even the few people who had ever used FP could be said not be adherent to it. Out of the 100 respondents interviewed, 96 had heard about FP methods, out of which 29% indicated that they had ever used FP, and 71% had never used FP. Many women had decided not to use FP because of experienced or perceived side effects of the methods.

The study revealed that utilization was affected by fear of infertility and these similar results were reported by Frost *et al.*, 2017, surprisingly these results were also in agreement to those reported by Gebremicha el *et al.*, 2014 in which both studies agree that side effects, wanting children negatively influence the utilization of family planning services.

Our study also reveals that religion and bleeding affect the utilization similarly It has been reported Hoque, 2017 that intermittent bleeding and other side effects of the methods in addition to the social stigma and fear related to the use of the methods could account for low utilization especially in low resource countries

The results also revealed that most participants had not yet decided and this possibly could be explained as the low awareness with which these participants have towards family planning as well as poor attitude, such behavioral factors as attitude and awareness were also identified in a study conducted by Kongnyey *et al.*.,2017 in Cameroon

#### **5.2 CONCLUSIONS**

- 1) The respondents had low levels of knowledge about family planning services
- 2) Factors affecting utilization of family planning in this study include stigma, fear of side effects, wanting to have children, fear of infertility, religion, and intermittent bleeding
- 3) There is low levels of utilization of family planning among women delivering at fort portal regional referral hospital

#### **5.3 RECOMMENDATIONS**

- 1) There is the need for intensification of public education at the community level with major emphasis on the use of FP.



- 2) Public awareness on the use of family planning should be emphasized
- 3) Family planning policy should be made and implemented to facilitate utilization of family planning services

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## APPENDICES

### APPENDIX I: CONSENT FORM

#### **Introduction**

Am a student doing a degree in medicine and surgery from KIU and doing a research entitled “Utilization of family planning services among mothers delivering at Fort portal regional referral hospital”

The information given will be kept confidential. You have the right to participate, abstain or withdraw from the study at any point with no conditions attached. Your data will not be used for anything other than the primary goal.

#### **Participant’s declaration**

As a form of participation, I am requested to fill a questionnaire. I have been assured that this study is for academic purposes and not of any harm or risk to my life. I have also been assured of privacy and confidentiality of my views and that I was given the option to withdraw from participation from this study any time if I want to withdraw since I have been informed that the research is voluntary

Your Initials or thumb print.....Date.....

Thank you for your cooperation.

## APPENDIX II QUESTIONNERE

Please tick where necessary

**Topic: “Utilization of family planning services among mothers delivering at Fort portal regional referral hospital”**

**Name of student.....PRESTIGEIOUS IDERE GODFREY.**

### INSTRUCTIONS

Tick (✓) where applicable and give appropriate answers where asked.

#### Section A: Respondents Profile (Bio data)

1) Marital Status

- a) Married [ ]
- b) Single [ ]
- c) Widowed [ ]
- d) Divorced [ ]
- e) Separated [ ]

2) Age.

- a) 20 - 30 years [ ]
- b) 31-40 years [ ]
- c) 41-50 years [ ]
- d) 51 -60 years [ ]
- e) 60 and above [ ]

3) Education level

- a) Primary [ ]
- b) Secondary [ ]
- e) Tertiary [ ]
- c) Never [ ]

4) Religion.

- a) Catholic [ ]
- b) Protestant [ ]



- c) Moslems [ ]
- d) Others specify.....
- 5) Tribe.....
- 6) Parity/Gravidity.....

**Section B: Knowledge of women about family planning services**

- 7) Have you ever heard about family?
  - a) Yes [ ]
  - b) No [ ]

8) If yes, what does family planning mean?

.....

09) What are the benefits of family planning?

.....

10) Where can you get FP services in case you need them?

- a) Health center [ ]
- b) Hospital [ ]
- c) Clinic [ ]
- d) Drug shop [ ]
- e) Others specify .....

11) How did you get information about FP?

- a) Health worker [ ]
- b) Radio [ ]
- c) Friend [ ]
- d) Husband [ ]
- e) Others specify .....

**Section C: level of utilization of family planning services.**

- 7) Have you ever used family planning services?
  - a) Yes
  - b) No

- 8) If yes, which methods have you used?
- a) Periodic abstinence (fertility awareness) method. [ ]
  - b) Use of breast feeding or lactational amenorrhea method (LAM) [ ]
  - c) Coitus interruptus (withdrawal or pulling out) method [ ]
  - d) Combined oral contraceptives (COCs) or “the pill”[ ]
  - e) Progestogen-only pills (POPs) or "the minipill [ ]
  - f) Implants [ ]
  - g) Progestogen only injectable [ ]
  - h) Monthly injectable or combined injectable contraceptives (CIC) [ ]
  - i) Combined contraceptive patch and combined contraceptive vaginal ring (CVR)[ ]
  - j) Intrauterine device (IUD): copper containing [ ]
  - k) Intrauterine device (IUD) levonorgestrel [ ]
  - l) Male sterilization (vasectomy)[ ]
  - m) Female sterilization (tubal ligation)[ ]
  - n) Emergency contraception pills (ulipristal acetate 30 mg or levonorgestrel 1.5 mg)[ ]
  - o) Standard Days Method or SDM [ ]
  - p) Basal Body Temperature (BBT) Method [ ]
  - q) Two-day Method [ ]
  - r) Sympto-thermal Method [ ]

**Section D: Factors that affect the utilization of family planning services.**

14. If you are using or have ever used family planning what factors inspired you to use family planning?

.....

15. If not, what hindered you from using family planning (please list as many as you can).

.....

End thanks.

**APPENDIX III: MAP OF UGANDA SHOWING THE LOCATION OF KABAROLE DISTRICT.**

