FACTORS AFFECTING UTILIZATION OF FAMILY PLANNING AMONG CLIENTS ATTENDING MATERNAL CHILD HEALTH SERVICES AT KYABUGIMBI HEALTH CENTRE IV BUSHENYI DISTRICT

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A RESEARCH REPORT SUB-MITTED TO THE SCHOOL OF ALLIED HEALTH SCIENCES IN PARTIAL FULLFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF DIPLOMA IN CLINICAL MEDICINE AND COMMUNITY HEALTH OF KAMPALA INTERNATIONAL UNIVERSITY

JULY, 2017

DECLARATION

I Ahimbisibwe Jackson declare that this research report write up is my own and has never been submitted to any institution for any academic award. Therefore the work presented here is in its original form. Where the work of other people has been quoted, references have been made.

AHIMBISIBWE JACKSON

DCM/0037/143/DU

…… ……

Signature Date

APPROVAL

This is to certify that this research report titled "**Factors affecting utilization of family planning methods among clients attending MCH services at Kyabugimbi Health Centre IV, Bushenyi district"** was prepared by Ahimbisibwe Jackson under my close supervision.

Mr. MBURUGU MARTIN

……. ……..……

Signature Date

DEDICATION

I dedicate this research work to my dear and beloved parent Mrs. Janet Mpamizo who made me a visible child today, Mrs. Owomugisha Olive, my beloved wife, twins Mark and Martha plus Devine young daughter, Dr. and Mrs. Mugisa Charles Mate who tirelessly supported me from the beginning up to the end, Bushenyi local government who supported me financially in particular the CAO, District Health Team , my immediate supervisor Dr. Bamugisha Sadic, staff Kyabugimbi H/C IV, Mpamizo united families my brothers and sisters.

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First of all the almighty God who has made it all possible for me.

Special appreciation further goes to my parent Mrs. Janet Mpamizo and my wife for their endless support and encouragement whenever I could lose hope.

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LIST OF ABREVIATIONS

AVSC	Association for Voluntary Surgical Contraception
BLG	Bushenyi Local Government
CPR	Contraceptive Prevalence Rate
FP	Family Planning
FPAU	Family Planning Association of Uganda
FPRWG	Family Planning Revitalization Working Group
HSD	Health Sub District
IMR	Infant Mortality Rate
IPPF	International Planned Parenthood Federation
LARCs	Long-Acting Reversible Contraceptives
MCH	Maternal and Child Health
MDG	Millennium Development Goals
MOH	Ministry of Health
NGO	Non-government Organization
SRH	Sexual and Reproductive Health
STDs	Sexually Transmitted Diseases
TFR	Total Fertility Rate
TL	Tubal Ligation
UDHS	Uganda Demographic and Health Survey
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
UAC	Uganda AIDS Commission
UBOS	Uganda Bureau of Statistics
VSC	Voluntary Surgical Contraception
WFR	Wanted Fertility Rate
WHO	World Health Organization

ABSTRACT

Introduction

Family planning can help reduce maternal mortality by reducing the number of pregnancies, the number of abortions, and the proportion of births at high risk in Bushenyi District. It has been estimated that meeting women's need for modern contraceptive use would prevent about one quarter to one third of all maternal deaths.

Objectives

This study was aimed at assessing the factors affecting utilization of family planning methods among clients attending MCH Clinic at Kyabugimbi health Centre IV.

Method

Where a cross-sectional study design was used.

Results

According to this study, most of the respondents, were aged 25-34 (48%), had no formal education (60%), married (45%) by marital status, peasants (65%) by occupation, while by religion, majority were protestants (41%). Majority (87%) had ever heard about family planning while the minority (13%) had never. The sources of information were health workers (36%), 30% radio and 20% from friends. 38% of the clients reported to be using at least one method of family planning while the majority (56%) was not. Majority of participants reported to be using injecta-plan (14%), pill-plan (9%), condoms (6%), IUDs (4%) and minority (2%) calendar and 6% reported to be using other methods not listed above.

This study revealed that majority of the clients reported not to utilize family planning services because they feared side effects (83%), 75% could not afford to travel long distance to the health facility, 67% reported that their religions were against the use of family planning methods while 41% reported that they were not effective in preventing pregnancy.

Conclusion

In this study, the level of awareness of family planning methods was high (87%) where most common sources of information were health workers (36%), 30% radio and 20% from friends. However, the level of utilization of family planning methods was low 38%. Among the factors hindering utilization of FP method in Kyabugimbi HC IV were; 83% feared side effects, 75% reported long distance to the health facility, 67% religion was against the use of family planning methods while 41% reported that they were not effective in preventing pregnancy.

Recommendations

Holding family planning campaigns, educating these clients about the benefits of family planning as well as giving them detailed information in order to put an end to the misconceptions and false beliefs they have about family planning services.

More research should be carried on bigger populations for instance referral hospitals to capture larger sample sizes and urban settings.

CHAPTER ONE
INTRODUCTION

1.1 Background

Family planning services are defined as educational, comprehensive medical or social activities which enable individuals, including minors to determine freely the number and spacing and timing of their children, and to select the means by which this may be achieved, furthermore, a woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy (WHO 2011).

Family planning assists "families in achieving the number of children desired with appropriate spacing and timing, ensuring optimal growth and development of each family member" (Leke, 2010). Failure to plan a pregnancy can adversely affect the health of the mother, the child and the families as a whole. Family planning can also protect women from high-risk pregnancies, unsafe abortion, reproductive tract infection (RTI) and sexually transmitted infections (STIs) including HIV/AIDS.

Globally, use of modern contraception has risen slightly, from 54% in 1990 to 57.4% in 2015, the proportion of women aged 15–49 reporting use of a modern contraceptive method has risen minimally or plateaued between 2008 and 2015 while in Africa it went from 23.6% to 28.5%, in Asia it has risen slightly from 60.9% to 61.8%, and in Latin America and the Caribbean it has remained stable at 66.7% (WHO, 2016).

According to WHO (2016), a number of contraceptive methods are available to prevent unwanted pregnancy. There are a range of contraceptive methods, each with particular advantages and disadvantages. Behavioral methods to avoid pregnancy that involve vaginal intercourse include the withdrawal and calendar-based methods, which have little upfront cost and are readily available, but are much less effective in typical use than most other methods. Long-acting reversible contraceptive methods, such as intrauterine device (IUD) and implant are highly effective and convenient, requiring little user action. When cost of failure is included, IUDs and vasectomy are much less costly than other methods. In addition to providing birth control, male and/or female condoms protect against sexually transmitted diseases (STD) and these are also considered to be the most available type of birth control. Condoms may be used

alone, or in addition to other methods, as backup or to prevent STD. Surgical methods (tubal ligation, vasectomy) provide long-term contraception for those who have completed their families.

In Eastern Africa and Southern Africa, for instance, injectables are the most popular methods, accounting for over 40 per cent of contraceptive use (UN, 2015). In 2015, 64 per cent of married or in-union women of reproductive age worldwide were using some form of contraception, however, contraceptive use was much lower in the least developed countries (40 per cent) and was particularly low in Africa (33 per cent) contrary to other major geographic areas, where contraceptive use was much higher, ranging from 59 per cent (UN, 2015).

The need for contraception, and the type of method needed, is also likely to change over a woman's life course. She may move from using a traditional method to modern methods, from using a short-term method (pills, injections, to longer term methods (IUDs) or permanent methods (sterilization or vasectomy), condoms or she may have gaps between methods (because she is pregnant or postpartum or wants a child). In addition, shifts in pregnancies for having a child often occurs in response to changing life circumstances such as entering serious relationship, attaining the level of education desired, or changes in household finances (Smith, 2013).

In sub-Saharan Africa, 23 percent of married women are using family planning—18 percent with a modern method and 5 percent with a traditional method, however, an even larger percentage of women—25 percent—report having an "unmet need," meaning that they would prefer to stop having children or delay their next birth, but are not using any method of family planning. Within sub-Saharan Africa, use of family planning and unmet need vary greatly (James Gribble and Joan Haffey, 2008).

Malwenna, Jayawardana and Balasuriya (2012) concluded in their study that, in the developing countries millions of women in the reproductive age who don't use contraceptives prefer to postpone or limit their birth, this indicates their failure to take necessary decision to prevent and avoid unwanted pregnancy. An estimated 225 million women in developing countries would like to delay or stop childbearing but are not using any method of contraception and according to WHO (2016) the reasons for this include limited choice of methods; limited access to contraception, particularly among young people, poorer segments of populations, or unmarried

people; fear or experience of side-effects; cultural or religious opposition; poor quality of available services; users and providers bias as well as gender-based barriers.

Maternal mortality has remained high in Uganda despite the high economic growth the country has achieved over the past 20 years. The Uganda Demographic Health Survey of 2006 found that the maternal mortality rate declined by just 14% in the past 10 years, from 506/100,000 to 435/100,000, compared to a 28% decline in the previous 7 years (UBOS, 2007). The total fertility rate (TFR) in rural (7.1 children per woman) higher than the urban TFR (4.4children per woman) and the contraceptive prevalence rate (CPR) is 23%. Teenage pregnancy is at 25%, out of every six children born one dies. The report reveals that the proportion of women delivering in health units remains low at 41%, although the percentage that attends antenatal care is about twice as high.

Family planning can help reduce maternal mortality by reducing the number of pregnancies, the number of abortions, and the proportion of births at high risk (United Nations, 2008; Hassan & Yamisha, 2007). It has been estimated that meeting women's need for modern contraceptive use would prevent about one quarter to one third of all maternal deaths, saving 140,000 to 150,000 lives a year in Sub-Saharan Africa (Darroch & Nadreau, 2011).

Most of the countries with lowest rates of contraceptive use, highest maternal, infant, and child mortality rates, and highest fertility rates are in Africa (World Bank, 2013). Only about 30% of all women use birth control, although over half of all African women would like to use birth control if it was available to them (WHO, 2011; Cleland et al., May 2011). The main problems that prevent access to and use of birth control are unavailability, poor health care services, spousal disapproval, religious concerns, and misinformation about the effects of birth control (World Health Organization, 2012). According to Ochako and colleagues (2015), the main barriers to modern contraceptive uptake among young women are myths and misconceptions, known barriers to uptake include side effects, lack of access to commodities and partner approval.

According to a study by Arbab, Bener and M. Abdulmalik in 2011 on Qatari women, only 511 (47.8%) women were currently using contraceptives, which was significantly associated with age, husband's age, and years of marriage, education level, income level and attitude to family planning and their study further revealed that the most commonly known and used

contraceptives were intrauterine device and pills. In their research, they also concluded that friends were the most common source of knowledge about family planning methods (80.0%).

Currently the maternal mortality rate in Uganda is five hundred and ninety one per thousand (591/100,000) live births (CSO, 2008). This figure is very high and its mostly attributed to high fertility rates DHIS2 Reports shows that there are five thousand (500,000) live births every year in Uganda and the total fertility rate is about seven point six (7.6) (MOH, 2008). Together with other nations, Uganda has made commitments to achieving Millennium Development Goal five (5) to reduce the maternal mortality rate by three quarters (3/4) by the year 2015. One of the ways of reducing the maternal mortality rate is by encouraging family planning in reproductive health matters. It is clear that involvement of men in family planning by encouraging them to undertake vasectomy could contribute to the reduction in maternal mortality and morbidity and in turn lead to improved maternal and neonatal health. This is because the number of women who die from pregnancy related complications will reduce.

1.2 Problem Statement

According to UDHS (2011), in Uganda the maternal mortality ratio (MMR) has barely reduced in the past decade; currently at 438/100,000 live birth and the total fertility rate (TFR) of 6.2 has resulted in a population growth rate of 3.2%, the fastest in Africa and the third highest in the world. The contraceptive prevalence rate (CPR) among married women, which has recently improved from 24% to 30% (UDHS 2011), is still unfortunately low.

FP uptake at Kyabugimbi Health Centre IV in Bushenyi like in many other districts in Uganda is very low and the factors responsible for this are not clear. According to Health Management Information System reports of the year 2010, the CPR was only 26.8% (HMIS, 2010). Many mothers (70%) take their infants for immunization, unfortunately the coverage of FP or its uptake in these clinics is still low; this has vast consequences like the high TFR which undermines the health of the mother and creates unfavorable conditions for the infant and child survival. These reproductive health problems are partly contributed by ineffectiveness of the family planning programs due to, among other reasons, the unavailability of the contraceptive methods that one may desire to choose. If the woman misses the contraceptive method she wants, then puts herself in danger of unintended pregnancy and all the consequences associated

with it. Contraceptive choice is a central element of quality of care in the provision of family planning services. Studies have shown that increased choice is associated with increased uptake and with better health outcomes such as lower pregnancy rates and fewer STIs. As pregnancy rate is still high in Bushenyi, there may be factors hindering utilization of family planning and hence increase pregnancy rate and its consequences thus the need to carryout research targeted on clients attending MCH Clinic at Kyabugimbi Health Centre IV.

1.3 Study Justification

This study attempts to investigate factors affecting FP among clients attending MCH services at Kyabugimbi Health Centre IV in Bushenyi District. Furthermore, not many studies have been conducted on this topic in Uganda and Kyabugimbi in particular. This study will therefore, assist by generating data that can be used as a basis for subsequent studies and investigations. It is hoped that the findings of this study will be utilized by policy makers, health care workers providing family planning services, Non-Governmental Organizations (NGOs) and all concerned stakeholders including BLG to form effective strategies on how to promote family planning and to improve service delivery.

1.4 Main Objective

To assess the factors affecting utilization of family planning methods among clients attending MCH Clinic at Kyabugimbi health Centre IV, Bushenyi District.

1.5 Specific Objectives.

1. To determine the proportion of clients practicing family planning methods at Kyabugimbi Health Centre IV.

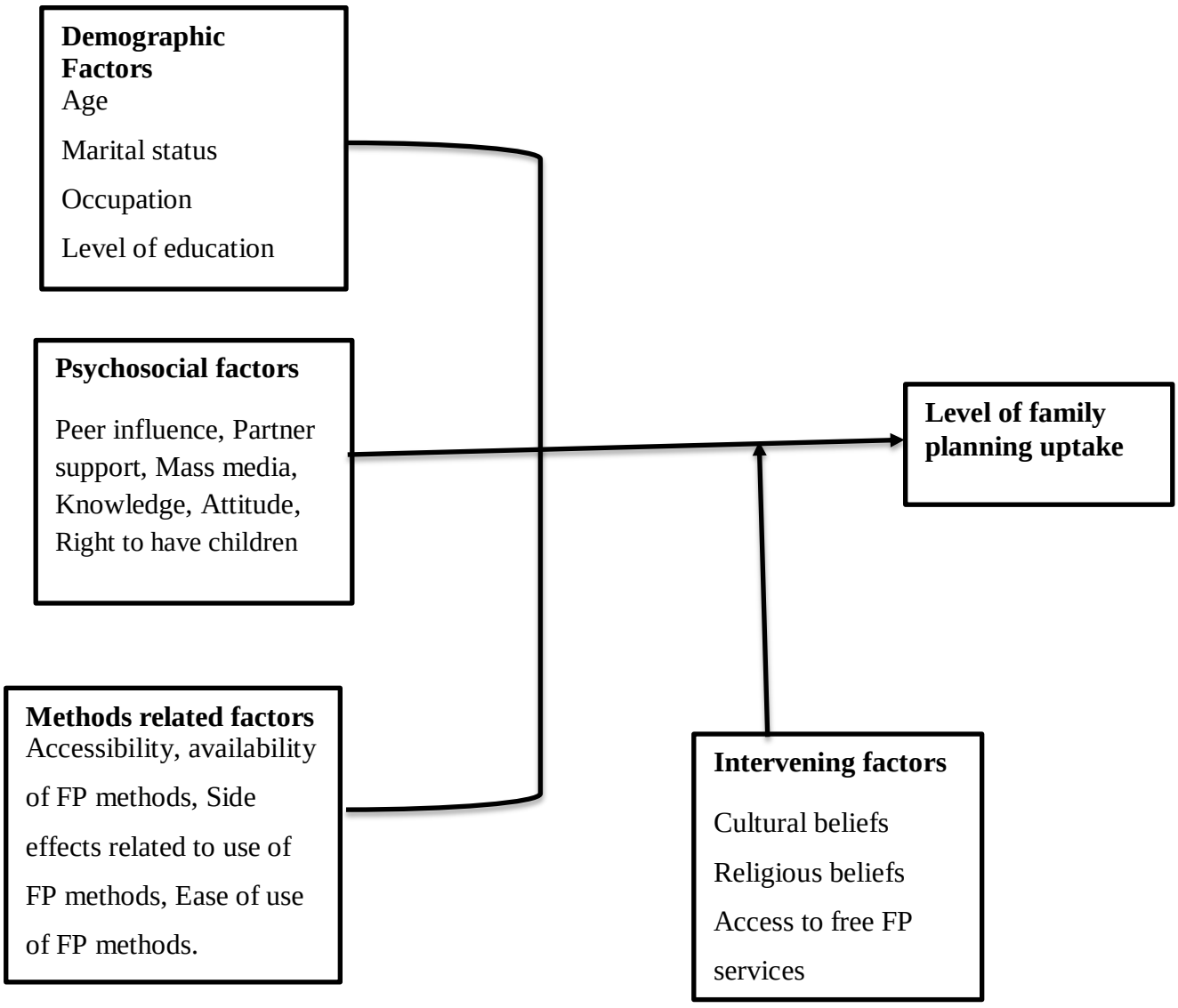
2. To find out the level of awareness about family planning methods among clients attending MCH clinic at Kyabugimbi health Centre IV.

3. To determine the factors affecting utilization of family planning methods among clients attending MCH Clinic at Kyabugimbi health Centre IV, Bushenyi District?

1.6 Research questions

1. What is the proportion of clients practicing family planning methods at Kyabugimbi Health Centre IV?
2. What is the level of awareness about family planning methods among clients attending MCH clinic at Kyabugimbi health Centre IV?
3. What are the factors affecting utilization of family planning methods among clients attending MCH Clinic at Kyabugimbi health Centre IV, Bushenyi District?

1.7 CONCEPTUAL FRAMEWORK.



1.7 Scope of study.

The study was conducted at Kyabugimbi health Centre IV, Bushenyi district to assess the factors affecting utilization of family planning methods among clients attending MCH Clinic. The independent variables of this study included socio-demographic factors, pycho-social as well as socio-economic factors, while the intermediate variables included cultural and religious beliefs. However, this study focused mainly on factors which could be having a direct impact on family planning uptake, these included age, marital status, employment status, level of education, religion, cultural aspect, attitude and perception and how these parameters affect the participants' decision to take up family planning services.

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

In this chapter, attempts will be made to review relevant literature to help in the understanding of the various factors which affect utilization of family planning methods among clients attending MCH services. The researcher acknowledges the fact that there is some literature on utilization of family planning methods worldwide. Most of the literature to be reviewed will be from the different sources these include articles, journals, text books and websites. The purpose of literature review is to establish what is known about the topic and to identify if there are gaps in the existing literature.

2.1 The level of awareness about family planning methods among women worldwide

A study carried out in Ethiopia by Tejineh and others (2015) showed that the female youth students who ever heard of contraceptive and family planning in this study were 288 (97.3%). All the respondents had awareness of at least one form of modern contraceptive method. The most commonly known methods were Injectable 182 (63.3%) and oral pills 178 (60.8%). Majority of respondents (61.5%) knew about family planning while they were in secondary school level and 111 (38.5%) were aware of it in their primary school level. The first common source of information about family planning was mass-media (62.5%) and the least source was internet 24 (8.3%).

The researchers went ahead and pointed out that regarding the benefit of family planning, majority (75.6%) of the respondents reported for the prevention of unplanned pregnancy and the rest, 152 (51.8%) for birth spacing, 65 (22.6%) for prevention STI/ HIV. On the disadvantage of family planning use, more than half of the respondents (54.5%) thought it has no significant negative effect but some of the respondents 36 (12.2%) thought as it causing cancer, 58 (19.6%) increase marital unfaithfulness, 24 (8.1) promote promiscuity and 21 (7.1) decrease sexual pleasure.

Lasisi et al (2014) in their study examined the awareness and utilisation of family planning among married women in the traditional core areas of Ibadan, Oyo State. Results showed that the

utilisation of family planning methods was low among married women in Opo Yiosa (9%) and Ayeye (11.2%), but high in Mapo, Oja Oba and Inalende with utilisation rates of31.5%, 29.2% and 19.1% respectively.

A study by Reshma (2015) in Baliyana village (Rohtak), India showed that information on the source of family planning awareness revealed that majority of the women in the area was fully aware of the usage of family planning. It further showed that 3 (12%) had the knowledge of family planning through doctors/nurses; 6 (24%) of the women source of knowledge was from relatives/ friends. The media source added to women's knowledge as 11 (44%) got the information from the radio/television, 4 (16%) had it through the newspapers, while only 1 (4%) knew about family planning through chemist attendants. The leading role of the mass media (TV and radio) in the campaign of family planning cannot be over emphasised. This is because this mass media source brings the message of family planning to the people in their language and in a way that is appealing to the listener. This means that the mass media and relatives/friends constitute the main sources of family planning awareness.

According to a study by Arbab, Bener and M. Abdulmalik in 2011 on Qatari women, only 511 (47.8%) women were currently using contraceptives, which was significantly associated with age, husband's age, and years of marriage, education level, income level and attitude to family planning and their study further revealed that the most commonly known and used contraceptives were intrauterine device and pills. In their research, they also concluded that friends were the most common source of knowledge about family planning methods (80.0%).

In early 2016, a study showed that nearly all women responded that they were familiar with condoms and birth control pills, with 90 percent and 86 percent, respectively, reporting that they had heard a lot about those methods. Across the full range of methods studied, a majority of women had heard some or a lot about each method. Among the hormonal methods, women were least aware of the ring and the patch. Women also had limited awareness of other barrier methods beyond condoms. Interestingly, women reported high awareness of the withdrawal method, but fairly low awareness of the rhythm method (Shartzer, 2016). The researchers went ahead to demonstrate that Half of women (55 percent) reported that they had heard a lot about IUDs, and another 25 percent reported they had heard some about that method. Of the women surveyed, 20 percent reported that they had heard little (11 percent) or nothing at all (9 percent)

about IUDs. Women were far less familiar with the other LARC method, implants. Only 34 percent reported that they had heard a lot about implants, the lowest percentage among all methods included in the survey. One in five women (20 percent) reported they had heard nothing at all about implants. Only 31 percent of women had heard a lot about both IUDs and implants. The share of women who have heard little or nothing about IUDs and implants highlights the need for increased efforts to improve awareness of those methods (Shartzer et al., 2016).

2.1 The utilization of family planning methods among women worldwide.

In Africa, 53% of women of reproductive age have an unmet need for modern contraception (WHO, 2012). Rwanda and Uganda have the highest unmet need for contraception rates (World Bank, 2012). According to a study done by Nwachukwu and Obasi in Nigeria in 2008, modern birth control methods were used by 30% of respondent. Namibia, with a contraception use rate of 46% in 2006-07, has one of the highest rates in Africa, while Senegal with a rate of 8.7% in 2005 has one of the lowest (WHO, 2012). In Sub-Saharan Africa, extreme poverty, lack of access to birth control, and restrictive abortion laws cause about 3% of women to have unsafe abortions.

In sub-Saharan Africa, 23 percent of married women are using family planning—18 percent with a modern method and 5 percent with a traditional method, however, an even larger percentage of women—25 percent—report having an "unmet need," meaning that they would prefer to stop having children or delay their next birth, but are not using any method of family planning. Within sub-Saharan Africa, use of family planning and unmet need vary greatly (James Gribble and Joan Haffey, 2008).

In 2015, 64 per cent of married or in-union women of reproductive age worldwide were using some form of contraception, however, contraceptive use was much lower in the least developed countries (40 per cent) and was particularly low in Africa (33 per cent) contrary to other major geographic areas, where contraceptive use was much higher, ranging from 59 per cent (UN, 2015).

A study in Ethiopia pointed out that Current contraceptive prevalence rate among married women is 25.4% (95% CI: 24.2, 26.5). Unmet need of contraception is 52.4% of which 74.8% was attributed to spacing and the rest for limiting. Reasons for the high unmet need include commodities' insecurity, religion, and complaints related to providers, methods, diet and work

load. Contraception is 2.3 (95% CI: 1.7, 3.2) times higher in urbanites compared to rural highlanders. Married women who attained primary and secondary plus level of education have about 1.3 (95% CI: 1.1, 1.6) and 2 (95% CI: 1.4, 2.9) times more risk to contraception; those with no child death are 1.3 (95% CI: 1.1, 1.5) times more likely to use contraceptives compared to counterparts. Besides, the odds of contraception is 1.3 (95% CI: 1.1, 1.6) and 1.5 (1.1, 2.0) times more likely among women whose partners completed primary and secondary plus level of education. Women discussing about contraception with partners were 2.2 (95% CI: 1.8, 2.7) times more likely to use family planning. Nevertheless, contraception was about 2.6 (95% CI: 2.1, 3.2) more likely among married women whose partners supported the use of family planning.

2.3 Factors affecting utilization of family planning methods among women, these include;

According to a recent study by Ochako and colleagues (2015) on women in Kenya showed that all the respondents in the study were familiar with modern methods of contraception and most could describe their general mechanisms of action, condoms were not considered as contraception by many users while others associated contraception with promiscuity and straying. The research further pointed out that fear of side effects and adverse reactions were a major barrier to use and that the biggest fear was that a particular method would cause infertility. Many fears were based on myths and misconceptions. They also revealed that young women learn about both true side effects and myths from their social networks.

2.1.1 Poor health care services

A study in Kenya showed that Contraceptive Prevalence Rate (CPR) among married women in Kenya has stagnated over the past 10 years, and currently stands at a low of 46% with only 39% of women using a modern family planning method. The unmet need for family planning is estimated at 24%, largely due to inadequate service provision and poor access especially among the poor and socially disadvantaged groups including adolescents and youth (Republic of Kenya, 2012).

2.1.2 Spousal disapproval

According to *Nwachukwu, Ike, and Obasi (2008),* some of the factors identified that prevented use of modern birth control methods in a 2008 study in Nigeria were "perceived negative health reaction, fear of unknown effects, cost, spouse's disapproval, religious belief and inadequate information.

Another study revealed that about 33% of wives in Nairobi and 50% in Bungoma desired no more children; husbands desired about four or more children than wives wanted *(Rutenberg, N; Watkins, 2007)*. Lack of couple agreement and communication were primary reasons for nonuse. Compared to Ghana, the man is considered the decision maker. The husband has a greater desire for more children, preferably sons, because they are able to provide financial security for their parents.

2.1.3 Religious concerns

A recent article by Stacey (2016) states that for many people, religion plays a significant role in influencing decisions about birth control use, Contraception was condemned by Christianity as a barrier to God's procreative purpose of marriage until the start of the 20th century. The nation's largest Protestant denomination, the Southern Baptists, uphold the use of some methods of family planning by married couples, Birth control views vary among the Orthodox, Conservative, and Reform branches of Judaism. The Torah promotes prolific childbirth; Orthodox rabbis believe that being fruitful and multiplying is a male duty. But many rabbis allow birth control in cases where pregnancy would seriously harm the woman. Many Muslim scholars approve of family planning. Yet, some also believe that birth control is forbidden as the Qur'an contains the command to "procreate and abound in number." These scholars argue that only God can decide the number of children that a couple will have. Lastly, the writer pointed out that Catholicism is the only major faith in the United States that forbids the use of contraception. The Church teaches that sex must be both unitive and procreative, so it's against all chemical and barrier methods of birth control and considers them morally unacceptable

2.1.4 Lack of education and knowledge

In a research carred out in Canada**,** informants cited schools as the cornerstone for public family planning knowledge, but noted inconsistent sexual education as a common problem in schools.

Those working with strong school sexual education programs saw this as a major strength, whereas weak school programs were seen as contributing to major knowledge gaps. School curricula were often characterized as: "*not standardized, taught by some teachers that don't want to talk about it, a very small number of hours, and not a very good program*" (Public Health Nurse, British Columbia) (Halme et al., 2015).

2.1.5 Cultural barriers

Fortier (2013) in her article stated that the following are some examples of socio-cultural barriers to family planning among some countries in the sub-Saharan Africa. Although each community has its own socio-cultural barriers to family planning, many of the same issues that exist in one country are similar in other African countries; Traditionally, having many children symbolized high social status, adolescents are not considered adults until they have a child, dowry's suggest that women must bear many children as a way to repay it, women become a man's property after marriage, therefore having little say in family planning and lastly in impoverished areas, women have few choices other than becoming a mother and wife at home.

2.1.6 Cost Barriers

Halme and others in their research in Canada (2015) stated that the cost of contraceptive methods was the most important barrier to family planning cited by informants. Women who are least able to afford contraception are also least likely to be insured. Participants shared stories of sacrifice and unwanted pregnancies owing to the cost of contraceptives, especially among adolescents, young adults no longer eligible for youth clinics, immigrants and the working poor.

Others include; misinformation about the effects of birth control as well as limited access to transportation in order to access health clinics (WHO, 2012).

CHAPTER THREE

METHODOLOGY

3.0 GENERAL INTRODUCTION

This chapter outlined the major approaches in the study methodology including the methods and tools that were used to conduct the research, design, data collection methods, tools, research sample sizes and questionnaire.

3.1 Study design

A descriptive cross sectional study design was used.

3.2 Study area

The study was conducted at Kyabugimbi health Centre IV which was located in Kyabugimbi Sub county, Bushenyi district. The total population of Bushenyi district was estimated to be 235,621 (UBOS 2014) and majority of the people around depended on commercial farming especially cash crops like tea and coffee with a small number being cattle keepers. This clearly implied that a bigger portion of the population depend on agriculture hence a low income status which directly affects uptake of some family planning methods due to cost. Kyabugimbi Health Centre IV offered a number of health services among which is Maternal Child Health services (MCH). The MCH at Kyabugimbi HC III operated three days per week and served approximately 60 clients per week, a total of approximately 240 clients per month and it has three nurses running the clinic for the three days. New clients are grouped together, health education and information about various methods of contraception is given. Family planning services provided include; IUCD, Implants (Implanon), Injectable, Pills (COC and POP), Barrier method (male condoms). There after individual client including the follow up clients enters one after another to the family planning provider to get more information about a method of her choice and then the contraceptive method is provided.

3.3 Study population

Clients attending Maternal Child health services at Kyabugimbi HC IV.

3.3.1 Inclusion criteria

All Women were allowed to take part in the study; married and singles were also included in the study; of age bracket between 18 to 50 years.

3.3.2 Exclusion criteria

Women in the above age category but who did not consent to participate in the study as well as very ill clients who couldn't talk and Clients who were mentally unstable.

3.4 Study sample

The sample size was obtained directly from Krejcie and Morgan table for determining sample size for Finite Population, as illustrated below basing on the known value of the total number of clients attending MCH services in a month at Kyabugimbi HC IV.

Table 3.1

Table for Determining Sample Size of a Known Population

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	354
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	7000	364
50	44	180	123	420	201	1400	302	8000	367
55	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	370
65	56	210	136	480	214	1700	313	15000	375
70	59	220	140	500	217	1800	317	20000	377
75	63	230	144	550	226	1900	320	30000	379
80	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	242	2200	327	50000	381
90	73	260	155	700	248	2400	331	75000	382
95	76	270	159	750	254	2600	335	1000000	384

Note: N is Population Size; S is Sample Size *Source: Krejcie & Morgan, 1970*

The known value of the total number of clients who attend MCH services was approximately 240, therefore using Morgan tables, a total number of 148 participants were taken as the sample size for the study but due to limited manpower as well time factors, a total number of 90 participants were used in the study.

3.5 Sampling technique

The sampling was done at Kyabugimbi HC IV, employing simple random sampling; informed consent was sought from the mothers. Thereafter two lots containing yes and no for prospective participants to choose were made in order to determine who were to participate in the study; those clients that chose yes in the lot were subsequently recruited into the study.

3.6 study variables

3.6.1 Independent variables
Level of knowledge and perception of family planning methods by the study participants.

3.6.2 Dependent variable
Family planning uptake by clients.

3.7 Data collection
Data collection was done using interviewer-administered structured questionnaires, where the respondent was required to tick on the desired choice, as well as fill-in type of questions where dashes were provided for the respondent to elaborate where necessary. Both open and closed questions were used in the questionnaire. Translation was done to those respondents who didn't understand the language being used.

3.8 Data analysis
Data was entered in Ms Excel 2013 and analyzed by the software. The result was presented in form of tables, graph and pie-charts.

3.9 Ethical issues consideration
Consent was sought from each participant after reading to her information statement about the study. Participants were informed about objectives of the study and they were assured of voluntary participation. Confidentiality was maintained throughout by ensuring that no names or numbers that would identify the participant were disclosed to anyone. Permission to conduct research was sought from the office of the administrator, school of Allied Health Sciences, KIU-WC. The benefits of the research were also explained to the respondents.

CHAPTER FOUR
STUDY FINDINGS

4.1 INTRODUCTION

This chapter consists of results of data collected, which were presented in terms of tables, pie charts and bar graphs.

4.2 AGE OF RESPONDENTS

According to the table below, most of the respondents were aged between 25-34(48%), while majority had no formal education (60%) while majority of the study participants were single 45%; the study also revealed that majority of the participants were peasants 65%, while by religion, majority were protestants (41%).

Table 1: Showing Age Distribution of the Respondents.

CHARACTERISTIC	CATEGORY	NUMBER OF RESPONDENTS	PERCENTAGE %
Age	15-24	11	**12**
	25-34	43	**48**
	35-44	22	**24**
	45-54	14	**16**
Education level	No formal education	30	**60**
	Primary	6	**12**
	Secondary	12	**24**
	Tertiary	2	**4**
Marital status	Married	41	**45**
	Singles	15	**17**
	Separated	4	**4**
	Widow	6	**7**
	Engaged	24	**27**
Occupation	Self employed	17	**19**
	Civil servant	14	**16**
	Peasant	59	**65**
Religion	Muslims	23	**26**
	Protestants	37	**41**

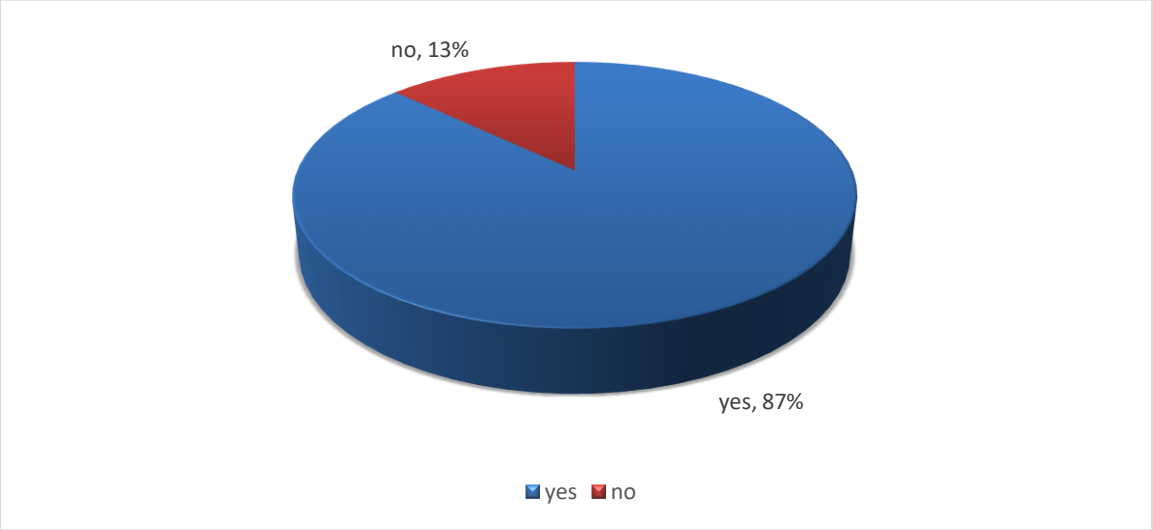
	Catholics	**30**	**33**

4.2 LEVEL OF AWARENESS ABOUT FAMILY PLANNING METHODS AMONG CLIENTS ATTENDING MCH CLINIC AT KYABUGIMBI HEALTH CENTRE IV.

4.2.1 Have you ever heard about family planning methods?

As shown in the figure below, majority of the participants (87%) had ever heard about family planning while the minority (13%) reported not to have heard about family planning methods before.

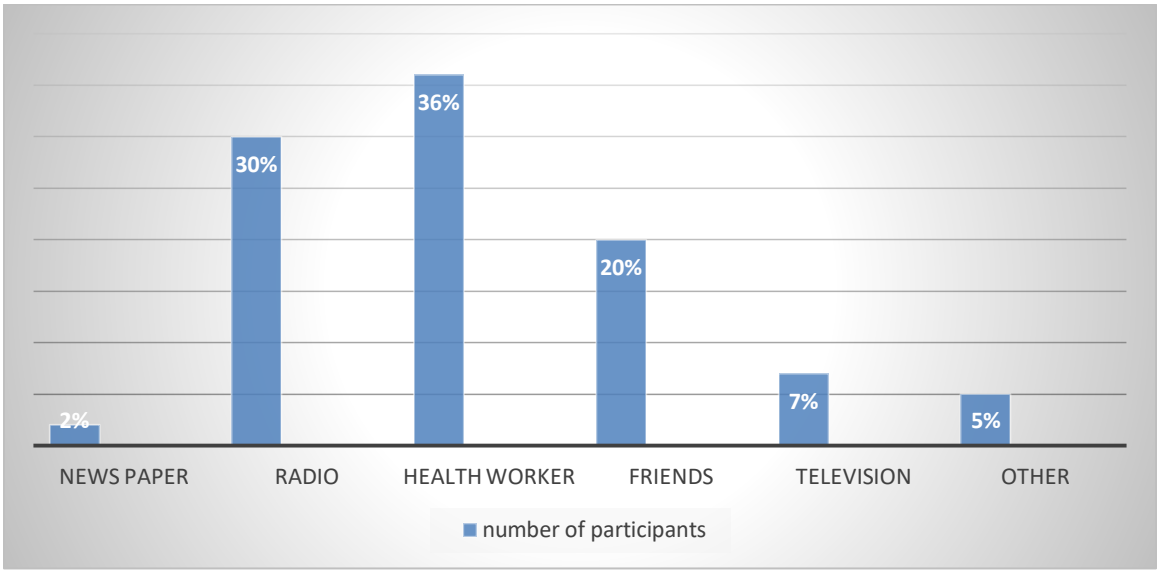
Figure 1: percentage of participants who were aware about family planning services.



4.2.2 Source of information about family planning methods.

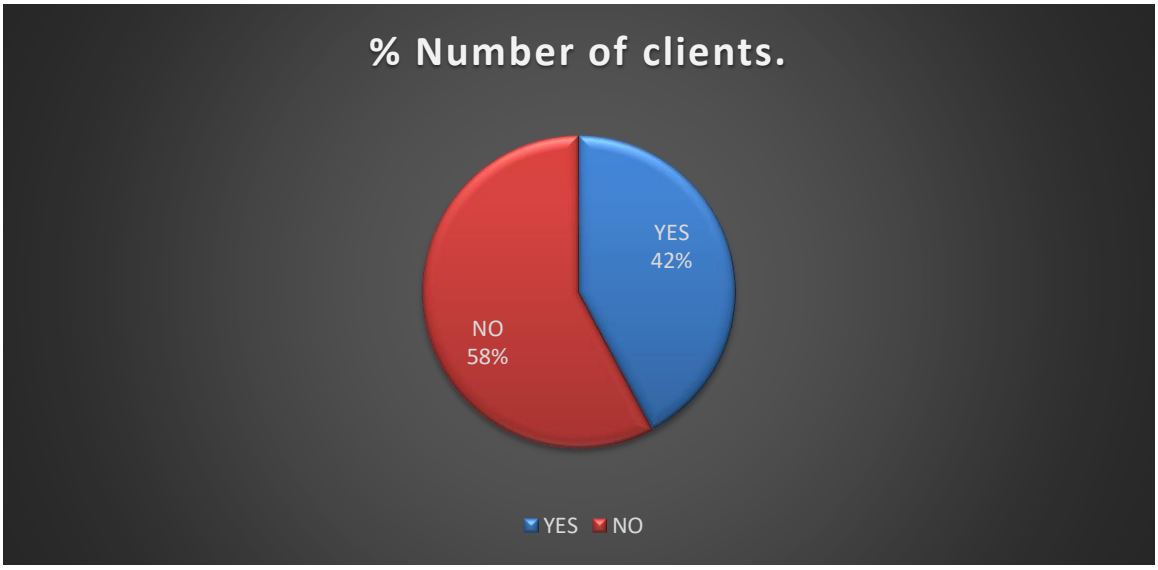
Majority, of the participants reported to have heard about family planning through a health worker (36%) followed by 30% of the clients who reported to have heard about family planning through the radio, and 20% from friends while 7%, 5% and 2% heard from television, other sources as well as newspapers respectively, this is as shown in the figure below.

Figure 2: source of information about family planning services according to the clients.



4.3 PROPROTION OF CLIENTS PRACTICING FAMILY PLANNING METHODS AT KYABUGIMBI HEALTH CENTRE IV?

4.3.1 Are currently using any family planning methods?



According to the figure above, 48% of the clients reported to be using at least one method of family planning while the majority (58%) reported not to be using any form of planning method due to one reason or the other.

4.3.2 What family planning method are you currently using?

Majority of participants reported to be using injecta-plan (14%) followed by pill-plan (9%) and condoms (6%) as well as implants which were used by the minority (3%) while 6% of the participants reported to be using other methods not listed above and 62% of the participants reported not to be using family planning methods as shown in the table below.

Table 2 Choice of family planning method according to the clients attending MCH services at Kyabugimbi HC IV, Bushenyi District.

Family planning method	**Number participants using this method**	**PERCENTAGE (%)**
IUDs	4	4%
Condoms	5	6%
Injecta-plan	13	14%
Pill-plan	8	9%
Calendar method	2	2%
Implant	3	3%
Tubaligation	Nil	0%
Other	5	6%
None	50	56%
TOTAL	90	100

4.4 FACTORS AFFECTING UTILIZATION OF FAMILY PLANNING METHODS AMONG CLIENTS ATTENDING MCH CLINIC AT KYABUGIMBI HEALTH CENTRE IV, BUSHENYI DISTRICT?

4.4.1 What are the major barriers to getting family planning services among clients attending MCH services at Kyabugimbi HC IV, Bushenyi District?

The study revealed that majority of the clients reported not to utilize family planning services because the clients reported that they fear the side effects associated with family planning

methods (83%), 75% of clients said that they didn't use any family planning methods because they could not afford to travel long distance to the health facility just to receive family planning services while 67% reported that their religions were against the use of family planning methods while 41% reported that they were not effective in preventing pregnancy.

Table 4: Attitude and perception of respondents at Kyabugimbi HC IV, Bushenyi District towards family planning methods.

Barrier	YES	NO
a) Lack of information	40%	60%
b) My culture does not allow use of family planning methods	31%	69%
c) They have so many side effects	83%	17%
d) They are not effective	41%	59%
e) Family planning methods are expensive	5%	5%
f) Long distance to the facility	75%	25%
g) My religion does not allow the use of family planning methods	67%	33%
h) Others	20%	80%

CHAPTER FIVE
DICUSSIONS, CONLUSIONS AND RECOMMENDATIONS

5.1 DISCUSSION OF THE STUDY FINDINGS.

Research study was targeting clients attending MCH services at Kyabugimbi HC IV, Bushenyi District of which 90 clients participated. The participants were chosen at random irrespective of their age, sex, and marital status, level of education, occupation or religion.

5.2 LEVEL OF AWARENESS ABOUT FAMILY PLANNING METHODS AMONG CLIENTS ATTENDING MCH CLINIC AT KYABUGIMBI HEALTH CENTRE IV.

In this study, majority of the participants 78(87%) had ever heard about family planning while the minority (13%) reported not to have heard about family planning before. These findings are similar to those from a similar study in Ethiopia by Tejineh and others (2015), where also majority of the participants 288 (97.3%) had ever heard of contraceptive and family planning. Also similar to findings from a similar study by Reshma (2015) in Baliyana village (Rohtak), India where he concluded that of family planning awareness revealed that majority of the women in the area were fully aware of the usage of family planning.

This study also revealed that majority, of the participants reported to have heard about family planning through health workers (36%) followed by 30% of the clients who reported to have heard about family planning through the radio, and 20% from friends while 7%, 5% and 2% heard from television, other sources as well as newspapers respectively. These findings are quite different from those from a similar study by Reshma (2015) in Baliyana village (Rohtak), which they pointed out that the most common source of information regarding family planning was the media (44%) followed by (24%) from relatives/friends, (16%) had it through the newspapers while the minority (12%) heard it through doctors/nurses; and concluded that in their study. Also different from findings from a similar study carried out in Ethiopia by Tejineh and others (2015) which showed that the first common source of information about family planning was mass-media (62.5%) and the least source was internet 24 (8.3%). These differences may be attributed to difference in area setting.

5.3 PROPORTION OF CLIENTS PRACTICING FAMILY PLANNING METHODS AT KYABUGIMBI HEALTH CENTRE IV.

In this study, 38% of the clients reported to be using at least one method of family planning while the majority (62%) reported not to be using any form of planning method due to one reason or the other. This is in line with the findings from a similar study a by James Gribble and Joan Haffey (2008) where they concluded that in sub-Saharan Africa, only 23 percent of women are using family planning. Another similar study in Ethiopia revealed that the current contraceptive prevalence rate among women was 25.4% (95% CI: 24.2, 26.5) (Wubegzier and Alemayehu, 2011).

Majority of participants reported to be using pill-plan (14%) followed by injecta-plan (9%) and condoms (6%) as well as implants which were used by the minority (3%) while 6% of the participants reported to be using other methods not listed above and 62% of the participants reported not to be using family planning methods. Similarly, according to a similar study in Ethiopia, contraceptive pill were the most commonly used method 46.7% and other methods followed including IUD (10.2%), injections (7.5%) and concluded that condom use was lowest among the participants. This can be attributed to their ease of use (pills) as well as availability (pills and injections) while others are less used because of perception that they are less effective (condoms) and others are expensive to some clients (IUD).

4.4 FACTORS AFFECTING UTILIZATION OF FAMILY PLANNING METHODS AMONG CLIENTS ATTENDING MCH CLINIC AT KYABUGIMBI HEALTH CENTRE IV, BUSHENYI DISTRICT.

4.4.1 What are the major barriers to getting family planning services among clients attending MCH services at Kyabugimbi HC IV, Bushenyi District?

This study revealed that majority of the clients reported not to utilize family planning services because the clients reported that they fear the side effects associated with family planning methods (83%), 75% of clients said that they didn't use any family planning methods because they could not afford to travel long distance to the health facility just to receive family planning services while 67% reported that their religions were against the use of family planning methods while 41% reported that they were not effective in preventing pregnancy.

Similarly, a similar study by Ochako and colleagues (2015) on women in Kenya showed that out that fear of side effects and adverse reactions were a major barrier to use family planning methods and that the biggest fear was that a particular method would cause infertility. Another article by WHO stated the main problems that prevent access to and use of birth control are unavailability, poor health care services, spousal disapproval, religious concerns, and misinformation about the effects of birth control (World Health Organization, 2012).

Similarly, another study in Kenya pointed out that the unmet need for family planning is estimated at 24%, largely due to inadequate service provision and poor access especially among the poor and socially disadvantaged groups including adolescents and youth (Republic of Kenya, 2012). Similarly, Fortier (2013) in her article stated that some examples of socio-cultural barriers to family planning among some countries in the sub-Saharan Africa included; traditionally, having many children symbolized high social status and that adolescents were not considered adults until they have a child.

5.2 CONCLUSION

In this study, the level of awareness of family planning methods was high (87%) where most common sources of information were health workers (36%), 30% radio and 20% from friends. However, the level of utilization of family planning methods was low 38%. Among the factors hindering utilization of FP method in Kyabugimbi HC IV were; 83% feared side effects, 75% reported long distance to the health facility, 67% religion was against the use of family planning methods while 41% reported that they were not effective in preventing pregnancy.

5.3 STRENGTHS AND WEAKNESSES

Among the strengths cited out was that it was revealed that this was the first of its kind study about family planning to be carried out in Bushenyi District. Being a study on specifically women, this study also to some extent helps in empowering women, making them feel that their problems are also recognized out there.

Among the weaknesses was the issue of a small sample size compared to other studies which used sample sizes above 200 participants. Additionally, the study was predominantly female, since no man was involved in the study, yet they also use family planning methods.

5.3 RECOMMENDATIONS.

Holding family planning campaigns to sensitize people about family planning services. As well provision of free family planning services or at a reduced price to the natives who cannot afford them in order to pursue them to take up these services. Additionally, educating these clients about the benefits of family planning as well as giving them detailed information in order to put an end to the misconceptions and false beliefs they have about family planning services.

More research should be carried on bigger populations for instance referral hospitals to capture larger sample sizes and urban settings where most people are knowledgeable and the bigger percentage of the people in this setting can afford majority of family planning methods.

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APPENDIX A: QUESTIONARE

DESIGNED FOR THE COMMUNITY ON FACTORS AFFECTING UTILIZATION OF FAMILY PLANNING METHODS AMONG CLIENTS ATTENDING AT KYABUGIMBI HEALTH CENTRE IV, BUSHENYI DISTRICT.

PART ONE: Demographic data

1) Age [ ] Sex [ ]

2) Education level:

d) Primary [ ] b) secondary [ ] c) tertiary [ ]
d) university [ ]

e) None [ ]

3) Occupation:

a) Civil servant [ ] b) self-employed [ ] c) casual worker [ ] d) unemployed [ ]

4) Marital status:

a) Single [ ] b) married [ ] c) family size [ ] d) expected number of children [ ].

5) RELIGION:

a) Muslim [ ] b) protestant [ ] c) catholic [ ]

PART TWO: AWARENESS ABOUT FAMILY PLANNING METHODS

1) Have you ever heard about family planning methods?

a) Yes [ ] b) No [ ]

If yes where?

a) Radio [ ]

b) Newspapers [ ]

c) Health worker [ ]

d) TV [ ]

e) Others

specify……

2) Which family planning method are you using?

a) Implants [ ] b) IUDs [ ] c) condoms [ ]

d) Injectaplan [ ] e) pills [ ] f) tubal ligation [ ]

g) Others [ ] h) none [ ]

4) What reasons do you give for this method? .....

PART THREE: HINDRANCE TO FAMILY PLANNING METHODS,

1) What are the major barriers to getting family planning services?

a) The family planning methods are not available at the Health Centers.

b) My culture does not allow use of family planning methods [ ]

c) Lack of skilled and trained personnel [ ]

d) Lack of facilities and equipment [ ]

e) Family planning methods are expensive [ ]

f) Long distance to the facility [ ]

g) My religion does not allow the use of family planning methods [ ]

h) Others [ ]

2) Do you have cultural beliefs about family planning?

Yes [ ] No [ ] Have not heard [ ].

3) If yes which are the beliefs?

…… …….

……

4) Do you have religious believes about family planning?

Yes [ ] No [ ]

If yes which reasons discourage family planning? .....

.....

.....

.....

5) Do you think some of the cultural and religious believes about family planning are true?

Yes [ ] No [ ]

6) Which cultural and religious believes are true?

.....

.....

THANK YOU FOR YOUR TIME

MAP OF BUSHENYI DISTRICT

Figure 3: Showing Map of Bushenyi District

MAP OF UGANDA SHOWING BUSHENYI DISTRICT

Bushenyi District