

Evaluation of the Factors that Affect Family Planning Methods in Clients Attending Maternal Child Health Services at Kyabugimbi Health Centre IV, Bushenyi District, Uganda.

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ABSTRACT

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. This study was aimed at assessing the factors affecting utilization of family planning methods among clients attending child health (MCH) Clinic at Kyabugimbi health Centre IV. A cross-sectional study design was used. 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. 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.

Keywords: Family planning, maternal mortality, abortions, contraceptives.

INTRODUCTION

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 [1; 2; 3; 4; 5; 6; 7]. 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" [5; 6; 7; 8; 9; 10; 11; 12; 13; 14]. Failure to plan a pregnancy can adversely affect the health of the

mother, the child and the families as a whole [9; 15; 16; 17; 18; 19; 20]. Family planning can also protect women from high-risk pregnancies, unsafe abortion, reproductive tract infection (RTI) and sexually transmitted infections (STIs) including HIV/AIDS [21; 22; 23; 24]. 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% [25; 26; 27; 28].

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According to [10; 29; 30; 31], 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 [11; 12; 13; 2; 14]. 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 [15]. 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 [15].

A study carried out in Ethiopia by [16] 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%)

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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%).

In Africa, 53% of women of reproductive age have an unmet need for modern contraception [17; 32; 33; 34; 35]. Rwanda and Uganda have the highest unmet need for contraception rates [17]. 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 [17]. 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.

Currently the maternal mortality rate in Uganda is five hundred and ninety one per thousand (591/100,000) live births. 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) [18]. 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.

Statement of Problem

Family planning 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% [19]. Many

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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.

Justification of the Study

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.

Study Design

A descriptive cross sectional study design was used.

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 [20] 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

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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.

Aim of the Study

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

Specific Objectives of the Study

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?

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?

METHODOLOGY

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

www.idosr.org 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.

Study Population

Clients attending Maternal Child health services at Kyabugimbi HC IV.

Inclusion Criteria

All Women were allowed to take part in the study; married and singles were also

Ahimbisibwe included in the study; of age bracket between 18 to 50 years.

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.

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	100000	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.

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.

Study Variables

Independent Variables

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

Dependent Variable

Family planning uptake by clients.

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.

Data Analysis

Data was entered in Ms Excel 2013 and analyzed by the software. The result was

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

presented in form of tables, graph and pie-charts.

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.

RESULTS

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 RESPONDENTS	OF 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
Occupation	Engaged	24	27
	Self employed	17	19
	Civil servant	14	16
	Peasant	59	65
Religion	Muslims	23	26
	Protestants	37	41
	Catholics	30	33

Level of Awareness about Family Planning Methods among Clients Attending MCH Clinic at Kyabugimbi Health Centre IV.
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.

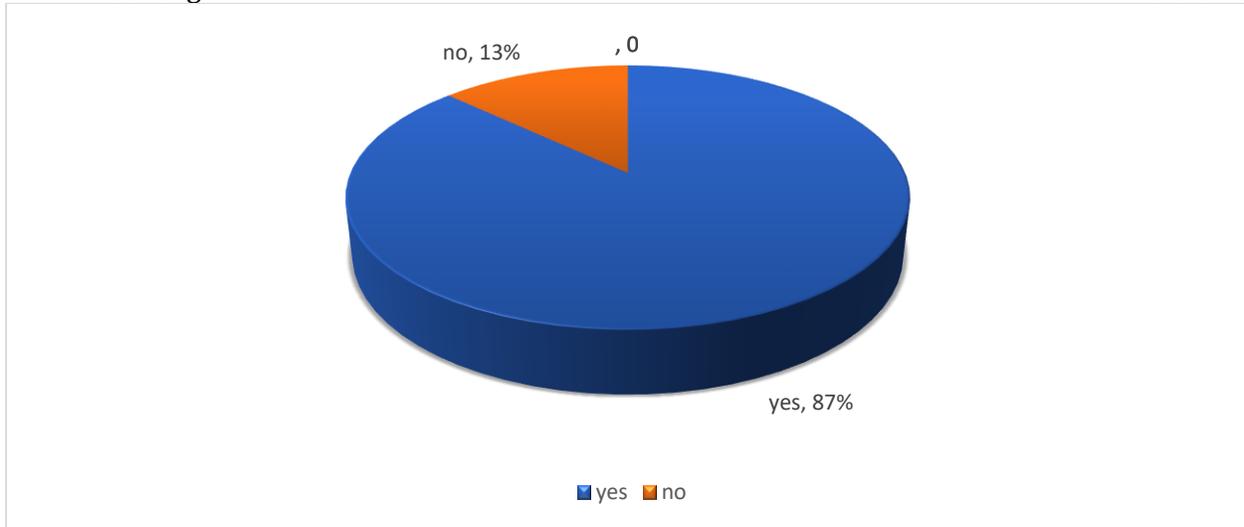


Figure 1: percentage of participants who were aware about family planning services.

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.

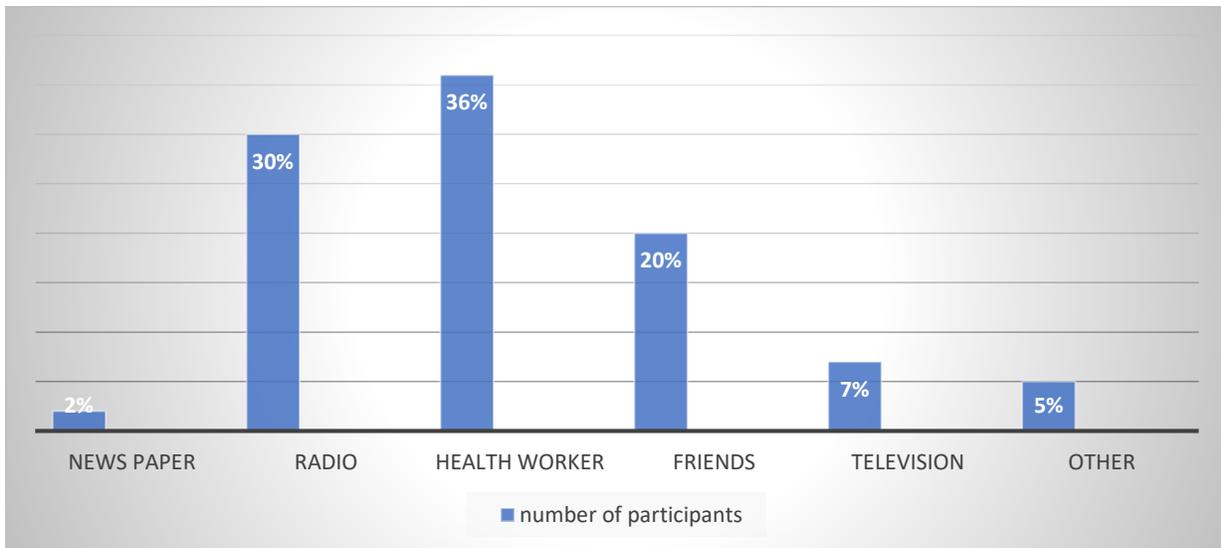


Figure 2: source of information about family planning services according to the clients.

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

Are currently using any family planning methods?

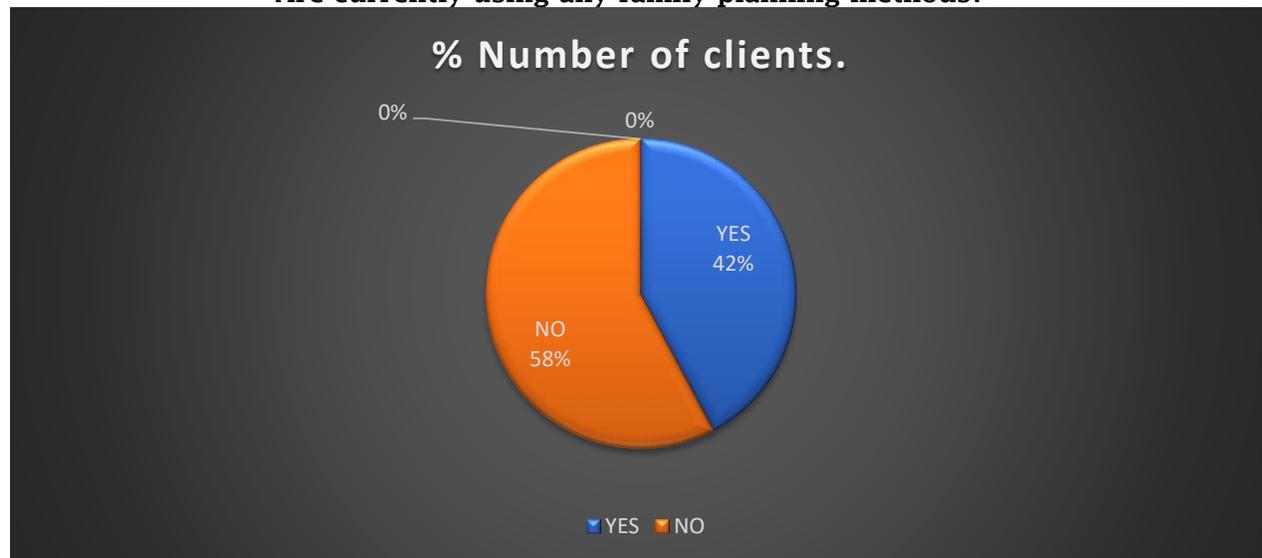


Figure 3: percentage number of clients.

According to the figure above, 42% 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.

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

Factors affecting Utilization of Family Planning Methods among Clients Attending MCH Clinic at Kyabugimbi Health Centre IV, Bushenyi District?

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%

DISCUSSION

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.

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 [21], 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 [22] 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 [22] 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 [21] 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.

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) [23].

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).

Factors Affecting Utilization of Family Planning Methods among Clients Attending MCH Clinic at Kyabugimbi Health Centre IV, Bushenyi District.

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

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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 [24] 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

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.

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

Ahimbisibwe birth control are unavailability, poor health care services, spousal disapproval, religious concerns, and misinformation about the effects of birth control [17].

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 [25]. Similarly, [26] 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.

CONCLUSION

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.

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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