

Evaluating Family Planning Knowledge, Attitudes, and Practices Among Married Women of Reproductive Age in Mubende Town Council, Mubende District, Uganda

Maweje Musa

Faculty of Clinical Medicine and Dentistry Kampala International University Western Campus Uganda.

ABSTRACT

This study examines the knowledge, attitude, and practices of married women of reproductive age in Mubende Town Council, Mubende District on family planning methods. A cross-sectional descriptive study was conducted on 292 married women aged 15-49 years, with 77.4% being married and 86% being Christians. Most completed primary, secondary, and tertiary education, and 95.1% had at least given birth. Most had one to two children. 91% of the women were aware of different family planning methods, with major sources of information coming from hospitals, health workers' newspapers, radios, and friends. Health centers, hospitals, and pharmacies were the primary places for family planning services. Birth control provided more sexual freedom (24.3%), while cervical mucus method carried a risk of pregnancy (21.6%). Permanent methods (15.4%) were suitable when children were no longer wanted. Some respondents expressed concerns about using condoms, fearing they might burst or remain inside a woman's vagina, and the risk of bleeding. The majority used injectables (39.4%), implants (24.9%), and condoms (20.2%) as family planning methods, with intrauterine devices (4.1%) and female sterilization (1.6%) being other options. In conclusion, the majority of respondents were married, mostly Christians, and had completed primary, secondary, or tertiary education.

Keywords: Family planning, Children, Married women, Condoms, Health workers.

INTRODUCTION

Family planning refers to a conscious effort by a couple to limit or space the number of children they have through the use of contraceptive methods. Contraceptive methods are classified as modern or traditional methods. Modern methods include female sterilization, male sterilization, the pill, the intrauterine contraceptive device (IUD), implants, injectables, male condoms, female condoms, emergency contraception, standard days method (SDM), and lactational amenorrhea method (LAM). Methods such as rhythm, withdrawal, and folk methods are grouped as traditional [1]. Family planning services can bring a wide range of benefits to women, their families and the society as a whole [2]. An International Conference on Population and Development (ICPD) in 1994 in Cairo, Egypt and the Fourth World Conference on Women in Beijing, China in 1995

emphasized women empowerment including reproductive and sexual rights as the basic tool for development [3]. Unintended pregnancy is currently one of the greatest challenges faced by women of reproductive age in most developing countries of the world [4]. It has become a public health concern in some countries like Nigeria because its effects are not limited to women, but also the families and society. It has negative economic, educational and social consequences for both the family and the nation [5]. According to the [6], 28 percent of currently married women have an unmet need for family planning services, while 39 percent of married women are currently using a contraceptive method. Therefore, nearly seven in ten currently married women in Uganda (67 per cent) have demands for family planning. At present, 58 per cent of the total demand for family

planning is being met, almost entirely by modern methods (52 per cent of total demand). Thus, if all married women who said they wanted to space or limit their children were to use family planning methods, the Contraceptive Prevalent Rate (CPR) would increase from the current level of 39 per cent to 67 per cent. Uganda's population dynamics can be turned into a valuable demographic dividend if it emulates the policy roadmap followed by the East Asian Tigers—against which the country benchmarks itself in its long-term strategy, Vision 2040 [7]. The demographic dividend refers to the economic benefit a society enjoys when fertility and mortality rates decline rapidly and the ratio of working-age adults significantly increases relative to young dependents. The dividend is not automatic—it depends on investments and reforms in three sectors: family planning, education, and economic policy. First, a country must undergo a steady decline in fertility to achieve a structure concentrated in the working ages. Voluntary FP programmes play an important role in reducing fertility desires and enabling couples to realize their reproductive preferences, thereby shaping a country's demographic path while simultaneously improving health and increasing savings across development sectors [7]. If only modest investments in family planning and education are made along with aggressive economic and governance policies, gross domestic product (GDP) per capita in Uganda is projected to reach \$6,084 USD by 2040 (up from \$506 USD in 2011). However, when more ambitious FP and education programmes are prioritized together with economic and governance policies, a demographic dividend of about \$3,500 USD in GDP per capita could be realised, bringing it to more than \$9,500 USD by 2040, achieving the country's Vision 2040 [33].

Statement of Problem

Although family planning and reproductive health programs have

Research Design

The research was a cross-sectional study combining a collection of both qualitative

contributed immensely to a global decline in the incidence of unintended pregnancy, the rates of unintended pregnancies are still very high in some developing countries. This could be attributed to none or inappropriate use or failure of the birth control methods of choice [8]. Epidemiological studies suggest that postpartum women are among the most highly vulnerable to unintended pregnancy [8], probably because many of them worldwide lack access to, or do not wish to use hormonal contraceptive methods for fear of transmission of exogenous hormones to the infant. Disparities in contraceptive use exist by age, marital status, education, socioeconomic status, and rural-urban geographic location. Unmarried women of reproductive age have substantially higher use of modern contraceptive methods compared to married women (Uganda Bureau of Statistics and Measure [9]. According to UDHS of 2016 overall, 39 per cent of currently married women are using a method of family planning with 35 per cent of them using a modern method and 4 per cent using a traditional method. Among currently married women, the most popular methods are injectables (19 per cent) and implants (6 per cent) [1]. The contraceptive prevalence rate (CPR) among married women generally increases with age, peaking at age 40-45 (47 per cent) before declining to 29 per cent among women aged 45- 49. Women with no education are less likely (26 per cent) than women who have any education (38-51 per cent) to use a method [1]. Contraceptive use also increases with economic status and number of living children [6]. Owing to the current scenario of family planning statistical data mentioned above, it was important to understand the knowledge, attitude and practice of family planning methods among married women of reproductive age (15-49 years) in Mubende town council, Mubende District, Uganda and to identify the factors influencing contraceptive practices.

METHODOLOGY

and quantitative and involved data collection methods through in-depth interviews with married women of

INOSR APPLIED SCIENCES 10(3):158-167, 2023
reproductive age in Mubende town council
Mubende district, Uganda. The interviewee
was asked to sit in a private place and
conduct the interview. The interview was
conducted in English the language that is
convenient for the interviewees.

Area of Study

The study was carried out at Mubende town council located in the central part of Uganda Mubende District, 120 km from Kampala capital city. It is located along Kampala -Kasese road; it is about 200 km from Kasese District at latitude of 033'25N and longitude 308'13E. Baganda is the major tribe in Mubende and they carry out crop farming and animal rearing as the main economic activities. Other activities carried out include both retail and whole sale trading, bodabodas and tax services. Mubende town has two seasons; rain season starting from October to January and dry season which start around mid-march or May to September and has relative hot climate ranging from 450mm to 560mm of rainfall annually. Mean annual maximum temperature ranges from 22.5 to 30 degrees Celsius depending on the season.

Study Population

The study population included all married women of reproductive age in Mubende town council that accepted to participate in the study. In 2014, the national population census put the population of Mubende district, including Mubende town council at 103,473 [10].

Sampling Size Determination

The study sample size was calculated according to Fishers *et al.*, (1960) formula below:

$$N = \frac{Z^2 PQ}{D^2}$$

Where; N=Desired sample size i.e. the sample size for the interview.

Z=standard deviation at the desired degree of accuracy = 95%=1.96%

P proportion of the population with the undesired characteristics. If there is no measurable estimate we use 50%=0.5
 $Q=1-P = 1 - 0.5 = 0.5$

D=Acceptable level of error =5%=0.05
Therefore,

$$N = \frac{1.96^2 \times 0.5 \times 0.5}{0.05^2} = 192$$

Research Collection Instruments

A structured questionnaire was used for data collection. It was translated verbally, when necessary, into Runyankole or Luganda. All married women of reproductive age regardless of parity and age were involved in the study.

The final questionnaire consisted of four parts:

- Demographic and socio-economic data which included the age, education, marital status, employment, religion, husband education status, parity, tribe, gravidity and type of family.
- Knowledge: these were questions aimed to assess the knowledge related to family planning method.
- Attitude: these were questions aimed at assessing the attitude related to the family planning method.
- Practices: these were questions aimed to assess the practices related to the family planning method.

Inclusion Criteria

Any married women of reproductive age in Mubende town council will consent to the study.

Exclusion Criteria

Any woman of reproductive age who refused to consent to the study and those who were very sick were excluded from the study.

Data Collection

An assistant was trained to help the investigator in conducting the interviews and filling out the questionnaires. Each interviewee was informed about the purpose of the study by reading out a cover letter and explaining it to them. The interviewer informed the subjects that the information would be used for the improvement of healthcare services and that the anonymity of the responders would be strictly maintained. The one-to-one interview was conducted at the homes of the respondents.

Data Analysis and Presentation

Upon completion of data collection, all the filled-up questionnaires of the survey were examined for completeness and consistency by the investigators. The

completed questionnaires were analyzed using Microsoft Excel software (windows 8) and presented in the form of frequency tables, graphs and charts.

Ethical Considerations

- Getting an introductory letter from the office of the Dean, Faculty of Clinical Medicine and Dentistry of KIU Western Campus that explained the purpose of the exercise.
- Seeking the approval (verbal) and permission from Chairpersons LCI of the different cells in Mubende town council.

- Explaining the purpose of the exercise to the participants and reassuring them that their participation is important, especially in solving the problems of unwanted pregnancy.
- Seeking permission and consent from the participants before carrying out any interview.
- Reassuring the participants that all the information they give will be kept confidential and that their participation is voluntary.

RESULTS

Socio-Demographic Characteristics

Table 1: Showing Socio-demographic Characteristics of Respondents

Socio-demographic Characteristics	Frequency	Percentage
Age (years)		
15-24	66	22.6
25-34	123	42.2
35-45	103	35.2
Religion		
Christian	251	86
Moslem	29	9.9
Other	12	4.1
Educational Status		
Non	26	8.9
Primary	50	17
Secondary	114	39.2
Tertiary	99	34
Ever given birth		
Yes	278	95.1
No	14	4.9
No. of children		
0-2	176	60.4
>2	116	39.6

From Table 1 above, most of the respondents were in the age group of 25-34 years (42.2%), followed by those between 35-45 at 35.2% and the least were those between the ages of 15 to 24 years at 22.6%. From the same table 1 above, it can be seen that a majority of the respondents were Christians (86%) and Muslims constituted 9.9% while the remaining 4.1% did not specify their religions. Again, table 1 above shows that a majority of the

respondents (39.2%) completed secondary education, followed by tertiary education at 34%, then primary education at 17% and the least were those who never went to school at 8.9%. Up to 95.1% of the respondents had at least given birth and the remaining 4.9% had not yet. Most of them (60.4%) had one to two and the remaining 39.6% had more than two children.

Knowledge of Family Planning Methods

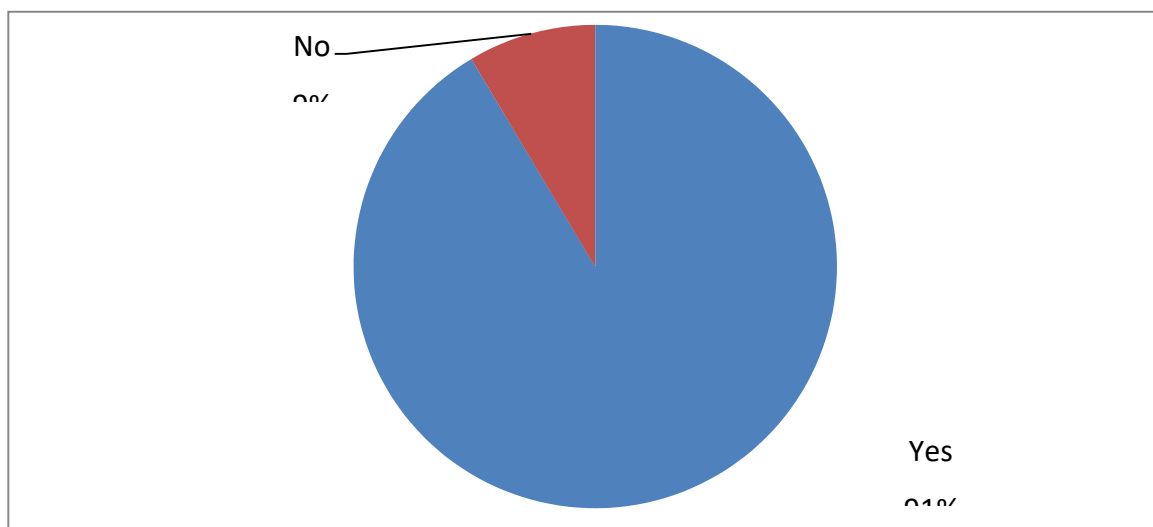


Figure 1: Pie Chart Showing Awareness about Family Planning

Figure 1 above shows that up to 91% of the women interviewed are aware of family

planning and only 9% were not averse to it.

Table 2: Showing of Information on Family Planning

Knowledge (n=292)	Frequency	Percentage
Source of information on family planning methods		
Hospital	90	30.8
Newspaper	46	15.7
Friends	24	8.2
Health worker	66	22.6
Relatives	15	5.1
Radio	31	10.6
T.V	17	5.8
Posters	3	0.7

Table 2 above reveals that the major sources of information about family planning for the respondents were hospitals and health workers at 30.8% and 22.6% respectively. Other sources were

newspapers, radios and friends at 15.7%, 10.6% and 8.2% respectively. Television, relatives and posters made only 5.8%, 5.1% and 0.7% respectively.

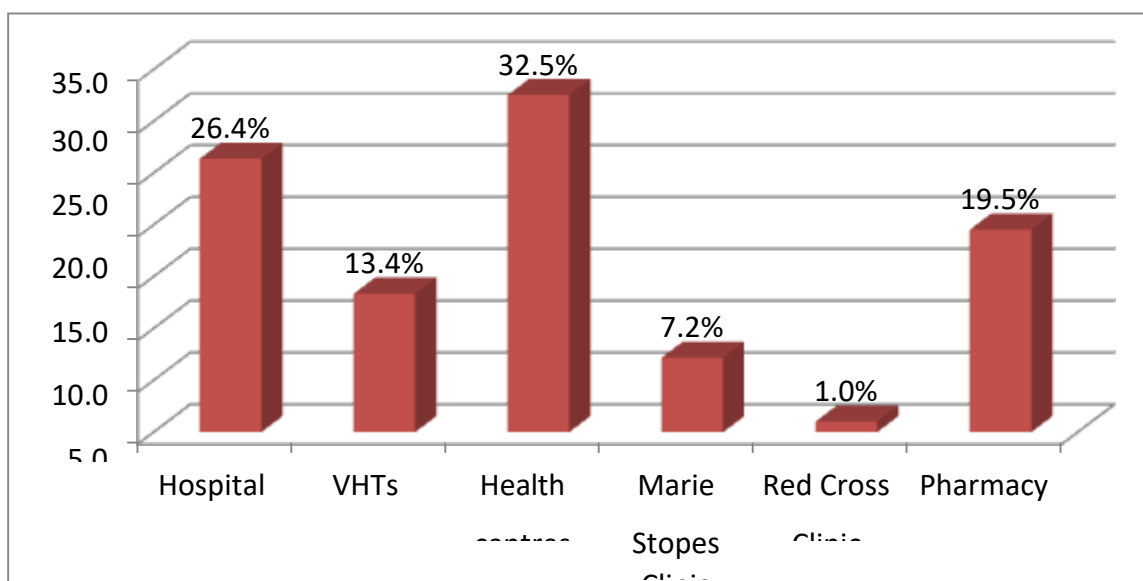


Figure 2: Showing Places of Family Planning Services for Respondents

From Figure 2 above, the majority of respondents reported health centres, hospitals and pharmacies (32.5%, 26.4% and 19.5% respectively) as places they get

family planning services. Others include village health teams (VHTs), Marie Stopes Clinics and Red Cross Clinics at 13.4%, 7.2% and 1.0% respectively.

Attitudes Toward Family Planning Methods

Table 3: Showing the Attitude of Respondents towards Family Planning Methods

Attitude	Frequency	Percentage
Fear of condom bursting or sticking in me	21	7.2
Birth control methods provide more sexual freedom	71	24.3
Hormonal contraceptive is fattening	18	6.2
Not have children anymore using tubal ligation	45	15.4
May get pregnant while using the mucus method	63	21.6
Using condoms shows a lack of confidence in your partner	35	12.0
Pills make you bleed a lot	28	9.6
No pleasure in having sex with a condom	11	3.8
Total	292	100

Table 3 shows the attitudes of respondents toward the different family planning methods and reveals that most respondents agree that birth control methods provide more sexual freedom (24.3%), cervical mucus method carries a risk of getting pregnant (21.6%) and not having children by using permanent methods like tubal ligation and vasectomy

(15.4%). Other respondents agree that using the condom shows lack of confidence in your partner (12.0%), pills make people bleed a lot (9.6%), bursting of condom (7.2%) and fattening when using hormonal contraceptives at 6.2% and least was lack of pleasure in having sex with condoms.

Practice of Family Planning Methods

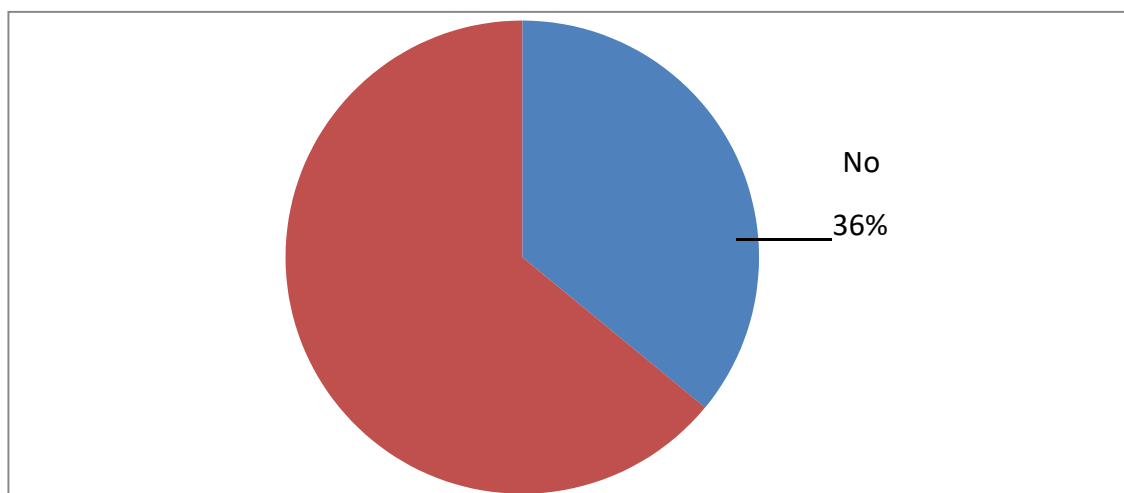


Figure 3: Pie Chart Showing Respondents' Awareness of Family Planning methods

Figure 3 above shows that a majority (64%) of the respondents were aware of family

planning methods compared to 36% who were not.

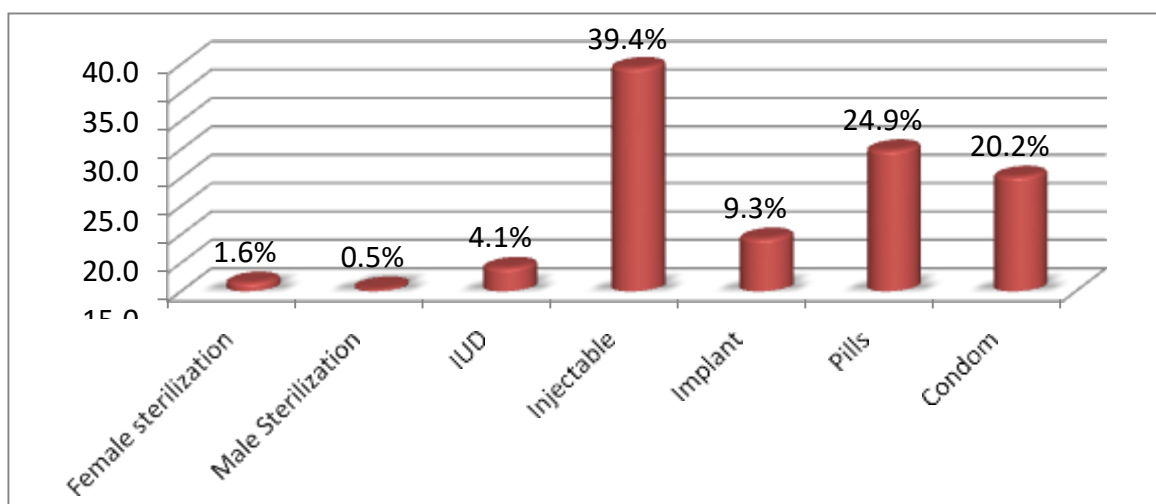


Figure 4 above shows the different family planning used by respondents.

It can be seen that a majority of respondents use injectables (39.4%), implants (24.9%) and condoms (20.2%) as

family planning methods. other methods are implants (9.3%), intrauterine devices (4.1%) and female sterilization at 1.6%.

RESULTS

Socio-Demographic Characteristics

Most of the respondents were in the age group of 25-45 years making up 77.4% and up to 86% are Christians. A majority of the respondents (90.1%) completed primary, secondary or tertiary education. Only 8.9% never went to school. Up to 95.1% of

respondents had at least given birth and the remaining 4.9% had not yet. Most of them (60.4%) had one to two and the remaining 39.6% had more than two children.

Knowledge of Family Planning Methods

Up to 91% of the women interviewed were

aware of different family planning methods and the major sources of information were from hospitals and health workers at 30.8% and 22.6% respectively. Other sources were newspapers, radios and friends at 15.7%, 10.6% and 8.2% respectively. Television, relatives and posters made only 5.8%, 5.1% and 0.7% respectively. The majority of respondents reported health centres, hospitals and pharmacies (32.5%, 26.4% and 19.5% respectively) as places they get family planning services. Others include village health teams (VHTs), MarieStopes Clinics and Red Cross Clinics at 13.4%, 7.2% and 1.0% respectively. In contrast, a survey by [10] showed that 30% of married women of reproductive age (15-49 years) were using family planning methods—an increase from 15% in 1995 and 24% in 2006 [9]. This study illustrates that there is a very high level of awareness about family planning methods in Mubende Town Council.

Attitudes Toward Family Planning Methods

Most respondents agree that birth control methods provide more sexual freedom (24.3%) and that the cervical mucus method carries a risk of getting pregnant (21.6%). They also agree that using permanent methods like tubal ligation and vasectomy (15.4%) is suitable when you no longer want children. Other respondents asserted that using a condom shows a lack of confidence in your partner (12.0%) and that 7.2% said condoms may burst or remain inside a woman's vagina during

sexual activity. The respondents also have the fear that pills make people bleed a lot (9.6%) and that hormonal contraceptives make people fat (6.2%) while some said that using condoms was less pleasurable while having sex.

Practice of Family Planning Methods

It can be seen that a majority of respondents use injectables (39.4%), implants (24.9%) and condoms (20.2%) as family planning methods. Other methods are implants (9.3%), intrauterine device (4.1%) and female sterilization at 1.6%. According to the [6],[11]-[15] modern methods of contraception include female sterilization, male sterilization, the pill, the intrauterine contraceptive device (IUD), implants, injectables, male condoms, female condoms, emergency contraception, standard days method (SDM), and lactational amenorrhea method (LAM). The UDHS also groups methods such as rhythm, withdrawal, and folk methods as traditional ways of achieving contraception [1]. According to [1] overall, 39 per cent of currently married women are using a method of family planning with 35 per cent of them using a modern method and 4 per cent using a traditional method. Among currently married women, the most popular methods are injectables (19 per cent) and implants (6 per cent) [1]. In comparison, this also found that injectables, implants and male condoms are the most common modern methods of contraception among the respondents [16 - 19].

CONCLUSION

A majority of respondents were in the age group of 25-45 years, most are Christians and a majority of them had completed primary education, secondary education or tertiary education. A very high proportion of them had at least given birth too. Most of the women are aware of the different family planning methods and their major sources of information about these were from hospitals, health workers, newspapers, radios, friends, televisions, relatives and posters. The majority of them reported health centres, hospitals, pharmacies village health teams (VHTs), Marie Stopes Clinics and Red Cross Clinics

as places they get family planning services. However, most of them did not mention the more traditional ways of contraception but were aware of them. This illustrates that there is a very high level of awareness about modern family planning methods in Mubende Town Council. Most respondents stated that birth control methods provide more sexual freedom, that the cervical mucus method carries a risk of getting pregnant and that using permanent methods like tubal ligation and vasectomy is suitable when you no longer want children. Other respondents asserted that using a condom shows a lack of confidence

in your partner and that condoms may burst or remain inside a woman's vagina during sexual activity. The respondents also have the fear that pills make people bleed a lot and that hormonal contraceptives make people fat while some said that using condoms was less pleasurable while having sex. A majority of respondents use injectables, implants and condoms as family planning methods.

Recommendations

Relevant stakeholders should invest in training/teaching women of reproductive

age on contraceptives and contraceptives use as increasing knowledge on contraceptives and contraceptive use amongst women helps eliminate the negative perception. More trainings on traditional modes of contraception should be enhanced and encouraged as women fears they are less effective. The use of radios and television in disseminating information about family planning methods should be stepped up as these are mass modes of communication and education.

REFERENCES

1. Demographic and Health Survey (2011). Kampala, Uganda and Calverton, Maryland
2. Bill and Melinda Gates Foundation (2014). Family Planning Overview. <http://www.gatesfoundation.org/familyplanning/Pages/overview.aspx> (2014, accessed 20 October 2015).
3. Ahmed, S., Qingfeng, L., Li, L. and A. O. T. (2013). Maternal Deaths Averted by Contraceptive Use: An Analysis of 172 Countries. *lancet* 2012; 380: 111-25.
4. Singh, S., Jacqueline, E. D. and Lori, A. (2013). Adding It Up: The Need for and Cost of Maternal and Newborn Care—Estimates for 2012. New York: Guttmacher Institute. Retrieved 2 October 2014 from <http://www.guttmacher.org/pubs/AIU-MNH-2012-estimates.pdf>.
5. Dixit, P., Ram, F. and Dwivedi, L. K. (2012). Determinants of unwanted pregnancies in India using matched case-control designs. *BMC pregnancy and childbirth* 12: 84.
6. Uganda Bureau of Statistics and measure DHS/ ICF International (2012). Uganda.
7. Uganda National Planning Authority (2014). Report: Harnessing the Demographic Dividend Accelerating Socioeconomic Transformation in Uganda.
8. Huang, Y. M., Merkatz, R., Kang, J. Z., Roberts, K., Hu, X. Y., DiDonato, F., Sitruk-Ware, R. and Cheng, L. N. (2012). Postpartum unintended pregnancy and contraception practice among rural to urban migrant women in Shanghai. *Contraception* 89(6):731-738.
9. Uganda Bureau of Statistics and measure DHS/ ICF International (2012). Uganda
10. UBOS (2014). The Population of The Regions of the Republic of Uganda and All Cities And Towns of More Than 15,000 Inhabitants. Citypopulation.de Quoting Uganda Bureau of Statistics (UBOS). Retrieved 26 February 2015.
11. Okoroiwu, I. L., Obeagu, E. I. and Vivian, E. V. (2021). Assessment of White Blood Cell Count and Platelet Count in Women on Hormonal Contraceptives in Owerri, Imo State, Nigeria. *J Res Med Dent Sci.*, 9(12):498-501.
12. Viola, N., Kimono, E., Nuruh, N. and Obeagu, E. I. (2023). Factors Hindering Elimination of Mother to Child Transmission of HIV Service Uptake among HIV Positive Women at Comboni Hospital Kyamuhunga Bushenyi District. *Asian Journal of Dental and Health Sciences*, 15;3(2):7-14.
13. Akandinda, M., Obeagu, E. I. and Katonera, M. T. (2022). Non-Governmental Organizations and Women's Health Empowerment in Uganda: A Review. *Asian Research Journal of Gynaecology and Obstetrics*, 8(3):12-6.
14. Asomugha, I. C., Uwaegbute, A. C. and Obeagu, E. I. (2017). Food insecurity and nutritional status of mothers in Abia and Imo states, Nigeria. *Int. J. Adv. Res. Biol. Sci.*, 4(10):62-77.
15. Ibekwe, A. M., Obeagu, E. I., Ibekwe, C.

- E., Onyekwuo, C., Ibekwe, C. V., Okoro, A. D. and Ifezue, C. B. (2022). Challenges of Exclusive Breastfeeding among Working Class Women in a Teaching Hospital South East, Nigeria. *Journal of Pharmaceutical Research International*. 2022 Jul 27;34(46A):1-0.
16. Ivan, B., Andrew, T. and Sunday, A. (2023). Intentional Behaviors that Affect Utilization of Family Planning Services among HIV-Positive Women Attending Antiretroviral Therapy Clinics in Bushenyi District- Uganda. *INOSR Experimental Sciences*. 10 (1), 61-85.
17. Jackson, A. (2023). Evaluation of the Factors that Affect Family Planning Methods in Clients Attending Maternal Child Health Services at Kyabugimbi Health Centre IV, Bushenyi District, Uganda. *IDOSR Journal of Science and Technology*. 9(1), 53-65.
18. Mbambu, M. Jannet. (2023). Evaluation of the knowledge, attitude and practice among women attending family planning at Bwera general Hospital. *INOSR Experimental Sciences*. 11(1), 1-16.
19. Pennina, Kiden. (2023). Evaluation of Factors that Contribute to Low Utilization of Methods for Family Planning Among Adolescents at Adjumani Hospital, Adjumani District. *IDOSR Journal of Scientific Research*. 8(2), 89-104.

CITE AS: Mawejje Musa (2023). Evaluating Family Planning Knowledge, Attitudes, and Practices Among Married Women of Reproductive Age in Mubende Town Council, Mubende District, Uganda. INOSR APPLIED SCIENCES 10(3):158-167