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Factors Which Influence Utilization of Family Planning Services Among Reproductive Women (15 To 49) Years in Bushenyi District

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ABSTRACT

The purpose of the study was to determine factors which influence the utilization of FP services among reproductive women in the Bushenyi District. The specific objectives of the study were; To determine the demographic factors which influence the utilization of FP services in Bushenyi district, to determine the socio-economic factors which influence the utilization of FP services in Bushenyi District and to determine reproductive women's knowledge towards FP services in Bushenyi District. The study employed a cross-sectional descriptive research design using both quantitative and qualitative approaches. The researcher sampled a total of 42 respondents, as determined by the Morgan table. However, only participants who consented were selected for the study. The researcher used structured interviews to determine the factors affecting family planning service utilization among women of reproductive age in Bushenyi. The findings revealed that the majority of respondents showed that family planning methods lead to weight gain or loss, 28.6% cited continuous bleeding, 21.4% cited conceiving a disabled child unlike 14.3% showed that a woman may become infertile. The study concluded that despite the high educational status, knowledge and acceptability of family planning methods observed in this study, the practice of those methods was still relatively low. More targeted and well-organized educational campaigns were needed to improve this trend. The study recommended that Campaigns against harmful community norms and cultural beliefs could hinder mothers from accessing health services. The Ministry of Health should improve the staffing of healthcare workers at all levels of service delivery.

Keywords: FP services, Reproductive women, Health services, Ministry of Health, Healthcare workers.

INTRODUCTION

Family planning has been defined [1] as "Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. It is achieved through the use of contraceptive methods and the treatment of infertility" [1]. While the previous definition focuses on limiting the size of the family, the 2009 Collins English Dictionary, specifies the use of contraceptives when defining family planning as "the control of the number of children in a family and the intervals between them, especially by the use of contraceptives" [2]. The Medical Dictionary on the other hand adds a sense of intention and determination to the two previous definitions by stating that, "family planning intended to determine the number and spacing of one's children through effective methods of birth control". [3].The right to life and health is a basic human right and therefore, all should be guaranteed the right to a healthy reproductive life. Reproductive life implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce, and the freedom to decide if, when, and how often to do so. Implicit in this are the rights of men and women to be informed and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice, and the right to appropriate health care services. [4], [5] Globally,

family planning (FP) is widely acknowledged as an important intervention towards achieving Sustainable Development Goals (SDGs) as it has been proven to reduce maternal and child mortality and entrench human rights for women and girls [6] FP covers a wide range of services concerning women, children and their families including access to birth control, contraceptives, sexual education, and other health resources. Access to FP services can be a major source of knowledge for birth spacing and can help to make known the benefits of birth spacing. Infant mortality can be reduced by such knowledge as it plays a critical role. In addition, Maternal mortality, unwanted pregnancies and births, as well as improving the overall health of the mother, child, and ultimately the welfare of the family unit were key benefits of Family planning. (Kavanaugh& Anderson, 2013). In a world characterized by dwindling natural resources, burgeoning population growth and escalating levels of poverty, FP has the potential to make enormous contributions to poverty reduction, enhancing sustainable development through the reduction of excessive childbirth and stabilizing population growth. Family planning is well known to be crucial in the deterrence of unwanted pregnancies and unsafe abortions as well as the spread of Sexually Transmitted Infections (STIs) including the much-threaded HIV/AIDS [7]. As a consequence of the actual and perceived positive impacts of FP, many countries around the globe especially those in Sub-Saharan Africa and Asia where birth rates are still unacceptably high, have embraced FP as one of the means to lessen the rate of infant mortality, improving women and children's health and even reducing the rate of population growth [8]. Many countries in Sub-Saharan Africa including Uganda have over the last half a century, made substantial progress not only in promoting FP but also making FP services available and accessible to their citizens [8]. Services in the country. The aim of such efforts is to enhance access to and utilization of FP, especially by poor people in rural areas and urban slums. This is done against the hope that FP would make very useful contributions to poverty alleviation, improving maternal and child health, and fostering development [9]. However, despite the fact that FP services are widely available, it is evident that access to these FP services and more so in rural areas is still challenging for many women with high cultural resistance to family planning [10].

Statement of Problem

Family planning is critical in safeguarding individual health rights but also in improving the quality of life for women. The World Health Organization observes that low contraceptive use coupled with high fertility rates can always contribute to women's and young children's ill health, and yet family planning can avert up to 25–30 per cent of all maternal deaths that occur [11]. [12] indicate that access to FP services can decrease the number of healthy years of life that are normally lost due to disability and premature deaths among women and their newborn babies by more than 60%. by more than 60%. In Uganda, despite the efforts made to increase the ease of access to and use of family planning services through organizations such as the Ministry of Health, there are still many impediments as the *Unmet* need for Family Planning is still high although it has reduced from 34 *per cent* in 2011 to 28 *per cent* in 2016, and is targeted to reduce further to 10 *per cent* by 2020. [13]. However, the unmet need for FP in the western region has been increasing over time to 27.3 in 1995, 31.0 in 2000 to 2001, and 38.9 in 2006. [14] Furthermore, abortions, unwanted and unplanned births are high as a result of unintended pregnancies (34%) in Uganda [15]. The state of affairs in this area has resulted in high rates of many children, uneven birth spacing, unwanted pregnancies, unplanned deliveries, unsafe abortions and maternal mortalities. Given the significance of FP in reducing poverty, and promoting gender equality and empowerment, it was imperative to undertake empirical research in the Bushenyi district to identify and determine the actual factors that influence rural women from utilizing FP services.

Aim

To determine factors which influence the utilization of FP services among reproductive women in Bushenyi District.

Specific Objectives

- ❖ To determine the demographic factors which influence the utilization of FP services in the Bushenyi district.
- ❖ To determine the socio-economic factors which influence the utilization of FP services in the Bushenyi district.
- ❖ To determine reproductive women's knowledge towards FP services in the Bushenyi district.

Research Questions

i. What are the demographic factors which influence the utilization of FP services in the Bushenyi district?
ii. What are the socio-economic factors which influence the utilization of FP services in the Bushenyi district?
iii. What is the reproductive women's knowledge towards the use of FP services in the Bushenyi district?

METHODOLOGY

Research Design

The study employed a cross-sectional descriptive research design using both quantitative and qualitative approaches. The study described demographic and socio-economic factors that influence the utilization of FP services among women in Bushenyi. This was a snapshot of the state of affairs regarding how modern FP methods were utilized in Bushenyi.

Area of Study

Bushenyi District lies between 0o N and 0o 46' S of the equator and 29o 41' East and 30o30' East of Greenwich. It is surrounded by the districts of Buhweju and Bunyaruguru in the North, Sheema in the East and Mitooma in the South. The District has a land area of 841 square kilometres and is 910-2500 meters above sea level. It has a land area of 841 square kilometres. The study was conducted in the Bushenyi district.

Target population

Target population refers to the population to which a researcher wants to generalize the results of a study [16]. The target population constituted Bushenyi women.

Study Population

The study population was women of reproductive age from 15 to 49 years from the Bushenyi district who are enrolled in the hospital or had turned up for family planning services.

Inclusion Criteria

All Bushenyi women of reproductive age from 15 to 49 years, who consented.

Exclusion Criteria

Mentally ill patients and those who did not consent. Patients who were very sick and admitted to hospital. Very old patients above 50 years and those younger than 15 years old.

Sample Size

The researcher sampled a total of 42 respondents, as determined by the Morgan table. However, only participants who consented were selected for the study.

Sampling Method

The study area has 5 hospitals; two hospitals were selected. A simple random sampling procedure was adopted. The simple random sample was taken by writing the name of each division on a slip of paper. These hospitals were KIU teaching hospital, Ishaka Adventist, Reproductive Health Uganda Bushenyi, Comboni and Kyambugimbi Health Centre IV. The four slips of paper were prepared and put into a cup and mixed thoroughly and then the researcher drew as a lottery (without looking) the required number of slips, two, for the sample one after the other without replacement. The researcher ensured that in successive drawings each of the remaining elements of the division has the same chance of being selected. Since this was a finite population of five hospitals and the researcher needed a sample size of 2 divisions, the probability of drawing any one division for the sample in the first draw was 2/5. The probability of drawing one more division in the second draw was 1/4, (the first division to be drawn won't be replaced) Since these draws were independent, the joint probability of the two elements constituted the sample that the product of their individual probabilities and this worked out to 2/5 □ ¼ = 1/10. (Kothari, 2004) noted that the practical utility of such a method is very much limited in complex problem sampling. Therefore, if the researcher chose one sampling method in such a way that each had the probability of 1/10 of being chosen, then this was called a random sample. The first two pieces of paper drawn out of the cup were Ishaka Adventist Hospital and Kyambugimbi Health Centre IV and these were used for the study. These hospitals have respondents of all socio-cultural backgrounds and therefore they were reflective of the whole target population.

Data collection method

The researcher used structured interviews to determine the factors affecting family planning service utilization among women of reproductive age in Bushenyi. The questionnaires were interpreted using the local language for those who didn't understand English. Four research assistants were chosen to help the respondents in interpreting their local language.

Quality Control

Six research assistants with a minimum senior four education level were used to collect data two for each village in a period of two weeks and handed to the principal researcher who compiled the results for data analysis.

Ethical Consideration

A letter of introduction was collected from the KIU Western campus allowing me to carry out the research after approval by IRC (institutional research committee). Another letter of introduction from local Council 3 was obtained to allow me to go into the community. Informed consent was obtained from all respondents (caretakers) and a record of it was taken informed of a signature or thumbprint. Confidentiality was maintained and participants were allowed to leave at any time during the research study. Collected data was used for this research's purpose only and the thereafter filled questionnaires were destroyed.

RESULTS

Socio-demographics of the respondents

This section focuses on family planning methods as the study set out to establish in terms of age, marital status, religion, level of education and parity.

Table 1: Socio-demographics of respondents

Age	**Frequency**	**Percentage**
15-25	20	47.7
26-33	14	33.3
34-41	8	19
42 -49	0	0
Total	**42**	**100**
Marital status		
Single	1	2.3
Married	39	93
Divorced	2	4.7
Total	**42**	**100**
Religion		
Catholic	15	35.7
Protestant	16	38
Islam	7	16.8
Other Religion	4	9.5
Total	**42**	**100**
Level of education		
Primary level	18	43
Secondary level	16	38
Tertiary institution	8	19
None	0	0
Total	42	100
Number of pregnancies you have had		
1-2	**29**	**69**
3-4	**11**	**26.2**
More than 4	**2**	**4.8**
Total	**42**	**100**
Number of children born to you		
1-2	**20**	**47.7**
3-4	**8**	**19**
4 and above	**0**	**0**
None	**14**	**33.3**
Total		

Table 1 above demonstrates the socio-demographic characteristics of respondents. In terms of age, the majority of respondents were in the age bracket of 15-25 years (47.7%) followed by those in 26-33 (33.3%) and lastly 34-41 years (19%). Most of the participants were married (93%), those living a single (2.3%) and those who had

separated/divorced (4.7%). the study revealed that marital status plays a significant role in determining women 's utilization of family planning methods It was discovered that some married women go for family planning earlier than single, widowed and divorced mothers. As regards to religious beliefs, most of the respondents were Christians. Protestants constituted (38%) followed by Catholics (35.7%), Muslims (16.8%) and other religions with 9.5%. A comparison of Christian and Islam religions on the utilization of family planning services revealed no significant difference. Religious beliefs were also found to affect women's family planning literacy. In this regard, study participants reported that some religions discouraged them to use family planning because doing so prevented egg fertilization by the sperm thus preventing pregnancy. This, according to them, is against God's will for people to fill the earth. Family planning thus constitutes interfering with God's plan: In an interview. Our religion does not allow us to use any form of family planning. Using it is like killing your eggs and your unborn child. That is why you will never hear any Imam or Sheikh in the mosque preaching to his followers about using family planning. That is why many people are not even interested in finding information on it. On the level of education, most of the respondents had attained primary level (43%), Secondary level (38%), and Tertiary institution (19%) and none of the respondents had not attained education. There was a significant difference in the proportion of respondents regarding the timing for family planning services and the use of other family planning methods in relation to literacy levels. The study findings revealed that the low levels of education had significantly influenced the timing and utilization of family planning services at health facilities. In regard to gravidity, the majority of respondents were of gravidity 1-2 (69%). There were fewer respondents in the gravida bracket 3- 4 (26.2%)and more than 4 (4.8%). The distribution of respondents by gravidity revealed that mothers with fewer gravida (1-2) pregnancies start family planning services during pregnancy than those who have experienced more pregnancies.

The socio-economic factors which influence utilization of FP services in Bushenyi district

Table 2. The socio-economic factors which influence utilization of FP services in Bushenyi district

Socio-economic factors	Frequency	Percentage
Household		
Temporally house	**17**	**40.5**
Semi-permanent	**15**	**35.7**
Permanent house	**10**	**23.8**
Total	**42**	**100**
Occupation		
Housewife	9	21.4
Farmer	15	35.7
Business	13	31
Civil servant	3	7.1
Others	2	4.8
Total	**42**	**100**
Place of residence		
Rural area	28	66.7
Urban centre	14	33.3
Total	**42**	**100**
Distance from home to the health facility		
0-2km	14	33.3
2-4km	16	38
4-6km	8	19
6km and above	4	9.7

Table 2 demonstrates the socio-economic factors influencing the utilization of family planning services. On household wealth, the majority of respondents lived in temporary houses constituting (40.5%), 35.7% lived in semi-permanent houses, and 23.8% was in permanent houses. The findings implied that the majority of women utilizing family planning services in the Bushenyi District were considered poor as they lived in a temporary house. Women in the richest household (permanent house) utilized modern family planning methods compared with those in the poorest household (temporary house). On occupation, the majority of respondents were farmers (subsistence farming) constituting 35.7%, 31% were businesswomen (Hair salon), 21.4% were housewives, and 7.1% were civil

servants unlike 4.8% were none of the above-mentioned occupations. On the place of residence, the majority of respondents 66.7% lived in rural areas while 33.3% lived in urban areas. Distance from home to the health centre, from the questionnaire interviews with respondents. it was noted that the majority of women (38%) live at a distance of 2-4 km from the Hospital where family planning services are available, 33.3% were from 0-2kms,19% were from 4-6kms while the rest of the women 9.7% were 6kms and above. In comparison Women that cover long distances to the health facility where family planning services are provided started p late compared to those in nearby places. However, respondents were asked to identify the nature of the road in their area. The responses are summarized below in the table.

Table 3. Nature of road

Nature of roads	Frequency	Percentage
Tarmac	**7**	**16.7**
Murram	**15**	**35.7**
Both	**20**	**47.6**
Total	**42**	**100**

The above findings show that the majority of respondents 47.6% responded that the road was both tarmac and murram road hence it was a bit in good condition, 35.7% revealed that the road was murram road unlike 16.7% agreed that there was a tarmac road. Furthermore, respondents were asked to outline the mode of transport used while going for family planning services.

Figure 1: Respondents' responses on the mode of transport used while going to family planning services.

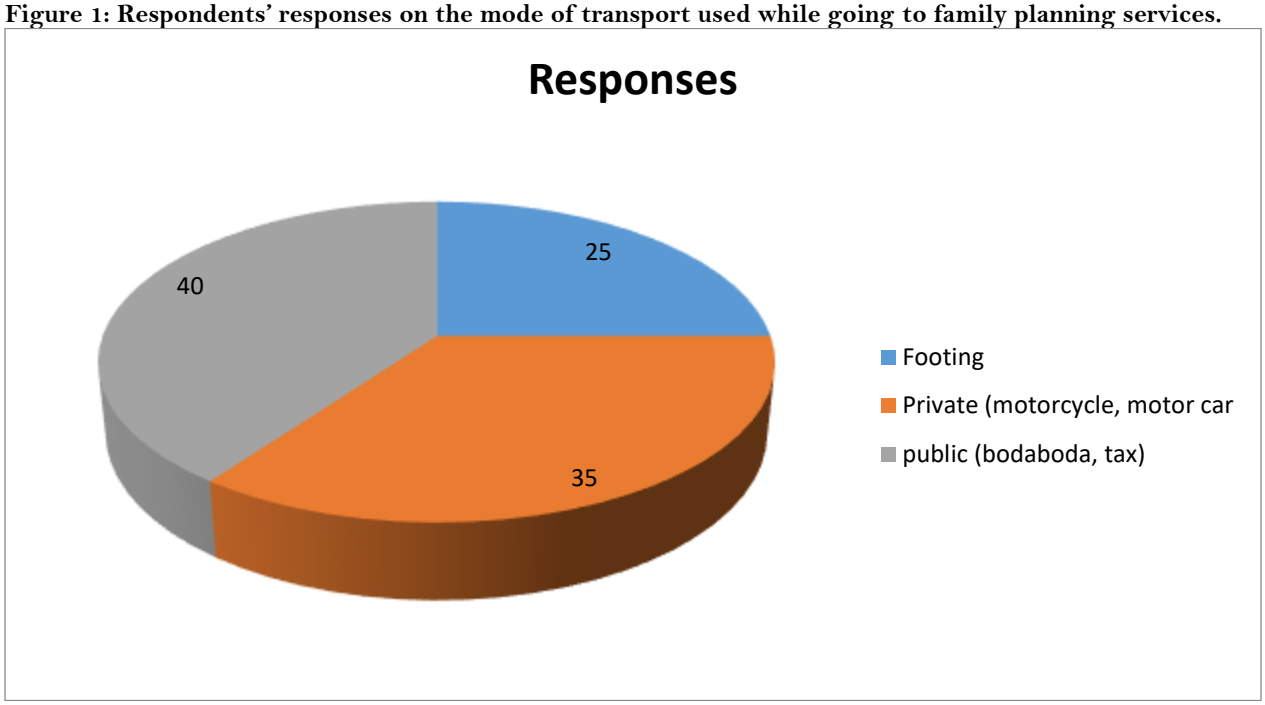


Figure 1 shows that the majority of respondents used public transport that is bodaboda and Tax, 35% used private transport that is motorcycle and motor car while few of respondents used footing (25%).

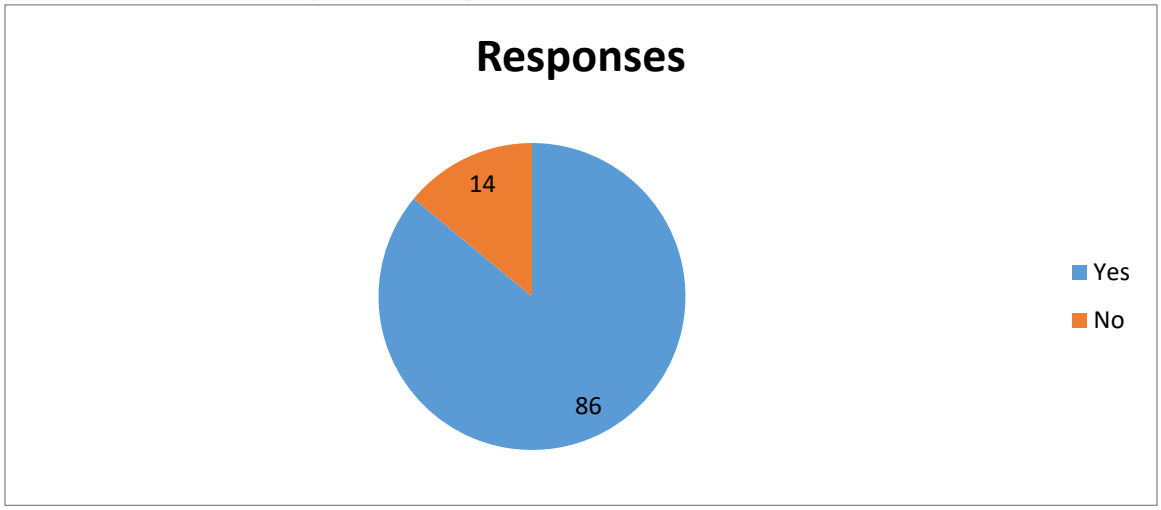
Table 4: level of income of respondents

Level of income(laughs)	Frequency	Percentage
50,000-300,000	38	90.4
310,000-590,000	2	4.8
600,000 and above	2	4.8
Total	**42**	**100**

Table 4 shows the majority of respondents (90.4%) were between 50,000-300,000 level of income, 4.8% of respondents were between 310,000-590,000 level of income and likewise 600,000 and above. This showed that the majority of them were under the poverty line since they were low-income earners which affected their healthy seeking facility.

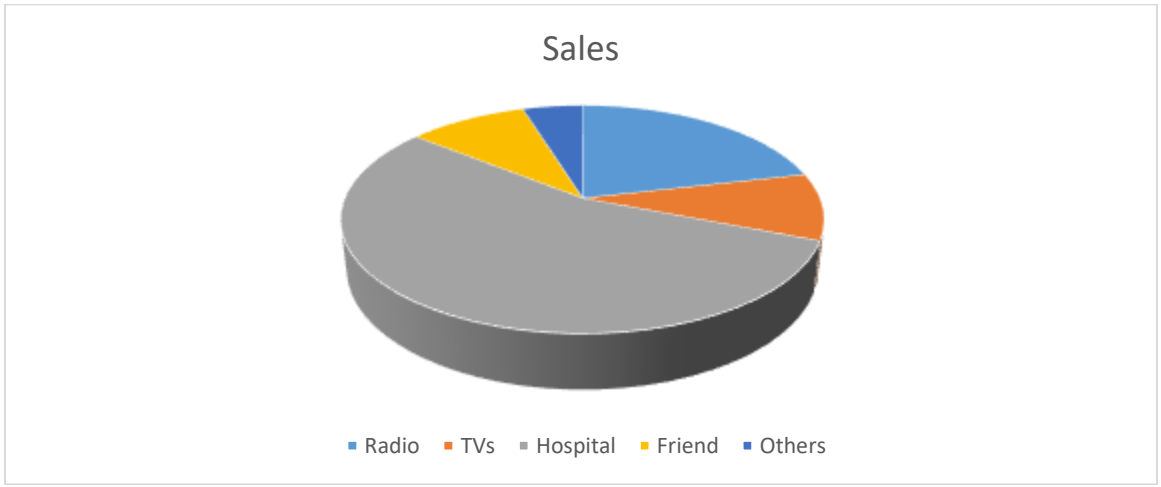
Reproductive Women's Knowledge towards FP Services in Bushenyi District

Figure 2: Respondents' responses on whether they have ever heard of FP services



The above findings show the majority of respondents (86%) that ever heard about family planning services while 14% of respondents had never heard about family planning services. This implied that the majority of women attend family planning services in the Bushenyi district. Respondents were also asked to identify where they have ever heard of family planning services. Responses are tabulated in the table below.

Table 3: Mode of communication do respondents hear family planning services



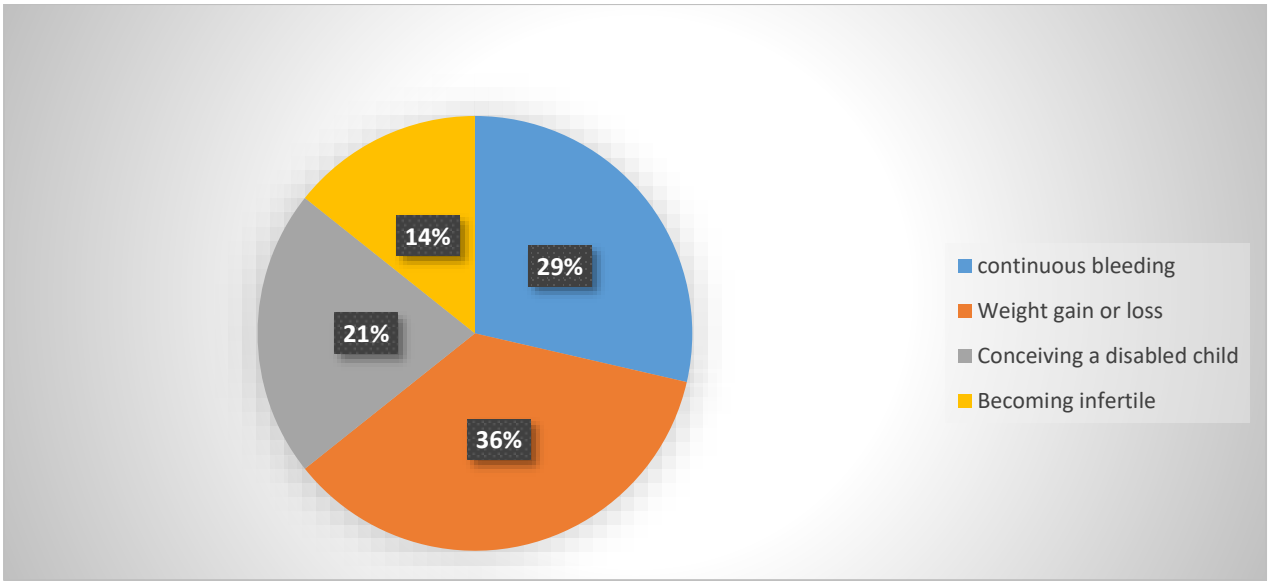
The above results show that the majority, 54.8 % agreed that they heard about family planning services in the hospital, 21.4% agreed that they heard it on the radio, and 9.5% cited on both TVs and friends unlike 4.8% agreed on other services. The findings implied that there is wide communication between healthcare workers and the community: However, most women said that there should be individual or group information sessions for pregnant women. Respondents were also asked whether they know family planning services. The results are summarized below.

Table 6: Whether respondents had any side effects after using any modern FP services

Responses	Frequency	Percentage
Yes	24	57.1
No	18	42.9
Total	42	100

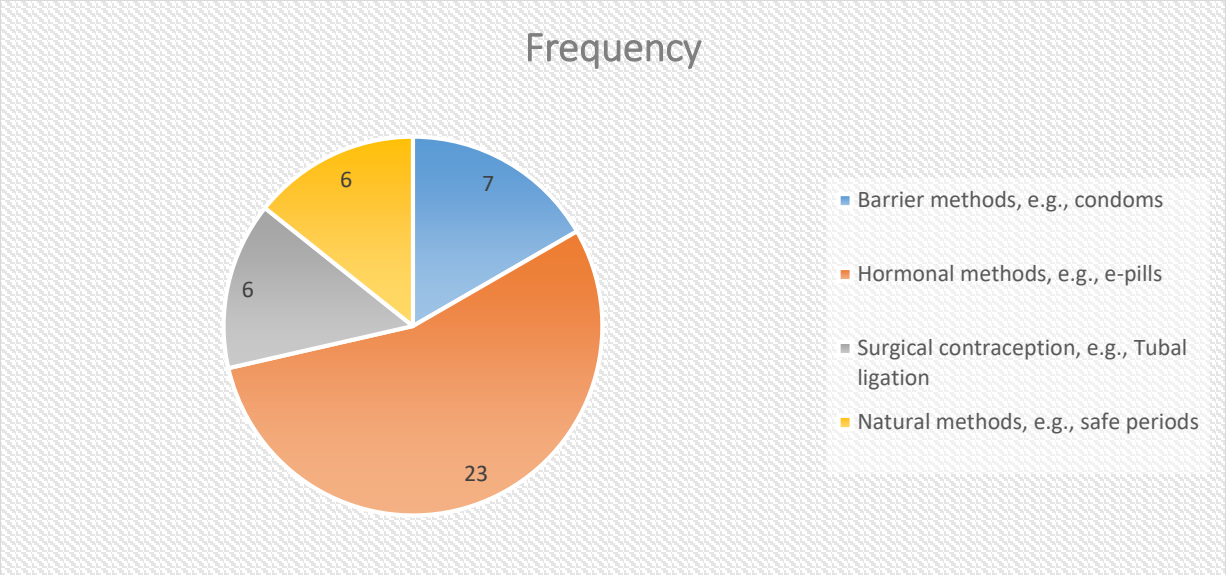
The findings above show that 57.1% had some side effects after using any modern family planning services unlike 42.9% did have.

Figure 4: Side effects after using any FP services



The findings revealed that the majority of respondents showed that family planning methods lead to weight gain or loss, 28.6% cited continuous bleeding, 21.4% cited conceiving a disabled child unlike 14.3% showed that a woman may become infertile. In an interview with some key informants, they argued that; Side-effect that most people talk about is the danger of women developing cervical cancer. They say that once you start using the pills, your belly will start swelling…that is when you know that you have problems. As a result, many people discourage their use. At our school, we have a special program for disabled children. Now if you try to trace the source of many children's disabilities, you will find that they are a result of their mothers' use of syringes [contraceptives] when they were pregnant. So, the syringes affected the fetus in the womb and that is why the children were born disabled.

Figure 5: Family planning methods



According to the findings, 54.7% of respondents used hormonal methods like e-pills, 16.7% cited Barrier methods for example condoms while 14.3% cited Surgical contraception which was Tubal ligation and Natural methods like safe periods. In an interview, respondents showed that sometimes we are told to use a calendar as one of the family planning methods. However, this method might be good for those with adequate levels of literacy as it might be easier for them to follow their calendars. The problem is that it is difficult, especially for us who have not gone to school, to apply such a method as most of us do not know how to follow such a calendar.

DISCUSSION

The demographic factors which influence utilization of FP services in Bushenyi district

In terms of age, the majority of respondents were in the age bracket of 15-25 years (47.7%) followed by those in 26-33 (33.3%) and lastly 34-41 years (19%). Most of the participants were married (93%), those living a single (2.3%) and those who had separated/divorced (4.7%). the study revealed that marital status plays a significant role in determining women 's utilization of family planning methods It was discovered that some married women go for family planning earlier than single, widowed and divorced mothers. As regards religious beliefs, most of the respondents were Christians. Protestants constituted (38%) followed by Catholics (35.7%), Muslims (16.8%) and other religions with 9.5%. A comparison of Christian and Islam religions on the utilization of family planning services revealed no significant difference. Religious beliefs were also found to affect women's family planning literacy. In this regard, study participants reported that some religions discouraged them to use family planning because doing so prevented egg fertilization by the sperm thus preventing pregnancy. This, according to them, is against God's will for people to fill the earth. Family planning thus constitutes interfering with God's plan: the findings are in line with a study in Daadab Refugee Camp found that Muslim women were opposed to modern FP methods and hence did not use them [15]. Similarly, a study in Bondo District found that women were of the view it was God who determined the number of children a woman would have hence were mostly against the use of contraceptives [17-23]. Contrarily a study in Western Kenya did not find any association between religion and contraceptive use [18-23].

The socio-economic factors which influence utilization of FP services in Bushenyi district

On household wealth, the majority of respondents lived in a temporary house constituting (40.5%), 35.7% lived in a semi-permanent house, and 23.8% were in a permanent house. The findings implied that the majority of women utilizing family planning services in the Bushenyi District were considered poor as they lived in a temporary house. Women in the richest household (permanent house) utilized modern family planning methods compared with those in the poorest household (temporary house) On occupation, the majority of respondents were farmers (subsistence farming) constituting 35.7%, 31% were businesswomen (Hair salon), 21.4% were housewives, and 7.1% were civil servants unlike 4.8% were none of the above-mentioned occupations. On the place of residence, the majority of

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Reproductive women's knowledge towards FP services in Bushenyi district

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CONCLUSIONS OF THE STUDY

Despite the high educational status, knowledge and acceptability of family planning methods observed in this study, the practice of these methods is still relatively low. More targeted and well-organized educational campaigns are needed to improve this trend. Many women believe modern contraceptive methods jeopardize future reproductive potential. The high infant mortality rate has also encouraged large families as parents anticipate that some of their children will die, hence they embark on replacement or insurance births cost of the women received their family planning information from health workers in the hospital and the mass media. This may be one of the positive results of publicity, education, and regular work in the family planning and antenatal clinics by health workers. This also indicates the value of the mass media in the dissemination of family planning information. This medium of communication requires continuous support and encouragement from the government and policymakers.

RECOMMENDATIONS OF THE STUDY

Campaign against harmful community norms and cultural beliefs that could hinder mothers from accessing health services Ministry of Health should improve the staffing of healthcare workers at all levels of service delivery Government through the Ministry of Health should construct more health facilities to improve availability and accessibility, especially in rural areas Ministry of Health and District Medical Offices should strengthen other aspects of reproductive health such as family planning to reduce on the unintended pregnancies.

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