

Factors Influencing the Utilization of Family Planning in Ishaka District, Western Uganda

¹Umi Omar Bunu and Umar Ibrahim²

¹Kampala International University Teaching Hospital, Ishaka Town, Western Uganda

²Public Health Department, Kampala International University, Western Campus, Ishaka

*Corresponding Author: Umi Omar Bunu, Email: bunuumi@gmail.com, Phone: +254722838846

Paper history:

Received 22 September 2022

Accepted in revised form 19 November 2022

Keywords

Family-Planning, Contraceptives, Methods, Knowledge, Factors

Abstract

This study was conducted on factor influencing the utilization of family planning in Ishaka community, Western Uganda. The study aims to look at various factors that influence the use of family method, in Ishaka town. The data were collected using questionnaires developed by the researcher, through descriptive field survey approach. The population of the study were women of reproductive age 15 to 49 years. A sample of 120 respondents, with 30 respondents equally drawn from four designated directions of the city at A, B, C, and D, applying random sampling technique. The collected data was analyzed using frequency distribution tables, simple percentages and Chi-square test to determine the relationships between the categorical variables, at significance level of P-values at ≤ 0.05 . The study revealed that high level knowledge of family planning, did not translate to high contraceptive use. It also shows that men need to be involved in the conduct of family planning; and also, demonstrate a positive relationship between husband/partner on family planning practice and discussion. Furthermore, the chi square test of the respondent's educational level was found to be highly significance with a X^2 Value of 27.734 @ 0.000* with P-values set at ≤ 0.05 . Therefore, religious and traditional leaders should be involved in educating and encouraging their members on the significance of family planning. Further research should be conducted in different locations of the region to bridge the gap between the modern knowledge of family planning and its traditional practice.

Nomenclature and units

<i>sh</i>	Sunshine hours
<i>rsh</i>	Relative sunshine hours
ϕ	Latitude
ΔT	Change in temperature
T_{av}	Average temperature
<i>H</i>	Humidity
<i>RH</i>	Relative humidity

1.0 Introduction

Child spacing and attempt to control population growth has route in family planning practice. Increase and decrease in population size concept is pursuit through family planning practice (Yahya & Pumpaibool, 2017; Mairiga *et al.* 2010; (Namasivayam *et al.* 2022), as such, family planning practice refers to adopted means of relationship adopted voluntarily, guided by the basic knowledge, attitude and decision-making ability of the individuals involves, for the purpose of spacing the birth gap between their children, or minimizing the number of children they intend to have, according to how they want it (Yahya & Pumpaibool, 2017), so as to enhance the health and well-being of their family and contribute to the community development. Family planning safeguards women against the dangers of unwanted pregnancies, illegal abortions and unprepared child bearing accompanied consequences on their personal health and that of the fetus (Allen *et al.* 2016; Namasivayam *et al.* 2022).

Family planning is approach from two angles. They are the use of FP and and/or contraceptives delivery services. The use of contraceptives is from the client perspectives; which is aimed to promote healthy sexual relationships without fears of unwanted pregnancies or contraction of sexual transmitted diseases (Afra *et al.* 2019). The delivery aspect of the family planning involves the procurement and supply chain of the contraceptives, up to the level of storage, distribution and use (Allen *et al.* 2016).

Uptake of FP is encouraged by the desire to avoid unwanted pregnancy. Decision to practice FP play a vital role in the promotion of maternal and child health, more especially in the countries with increase birth rates (Afra *et al.* 2019; Okech *et al.* 2011). FP has the potential of eliminating poverty and hunger and preventing maternal mortality by 32% and about 10% of children mortality (Marijanatu *et al.* 2020; Allen *et al.* 2016). Use of FP also contribute to the reduction of Total Fertility Rates (TFR). Fertility rate at the global level is declining steadily from 2.9 in 2010 to 2.8 in 2012, and 2.4 in 2017. The occurrence highlights a direct connection between birth rate and economic growth. Thus, developed countries have lower birth rates than developing countries (Okech *et al.* 2011; Marijanatu *et al.* 2020). Several countries around the globe including African countries rely on FP approach, such as the use of modern contraceptives (Marijanatu *et al.* 2020; Umar *et al.* 2014).

Socio-cultural factors such as support from the spouse influence the use of FP. Such needed relationship usually arise from the socio-cultural relevance of children, not as vital social assets, but as signs of status in the community (Ba *et al.* 2019; Allen *et al.* 2016). Husbands often frown seeing their wives' using contraceptives, is viewed as a sign of non-loyalty, or even consider it as undermining their position as leaders in the household (Oni and McCarthy, 1991; Namasivayam *et al.* 2022). In that respect, decisions on the use of contraceptives does not involves the wife, who not only comply to marital responsibilities, but also to the ideas of respecting child birth. Okech *et al.* (2011) posited that men highly influence their spouse choice of using contraceptives, based on the fact that husband's approval is significant to the wife's option of using FP.

The demand for family planning is not so high in Uganda. The indices of the utilization of modern contraceptives by women of child bearing age in Western Uganda is low, compared to other

regions (Kyaterekera 2022; Okech *et al.* 2011). Several factors were found to exert influence on the utilization of FP. Obtaining FP information and access to it was a major factor in health system issue due to the relative influencing potentials regard to the use of modern contraceptives. Bigger section of those not using FP were mainly rural dwellers. This means that unmet supply of FP commodities in the district level inhibits it utilization (Kyaterekera 2022, Ilene *et al.*,2018; Markos & Ayele, 2019). Examining of factors influencing the used contraception is of critical importance, as such, the study aims to look at the factors influencing the use of family planning in Ishaka town, Western Uganda.

2.0 Materials and Methods

This section describes the research design, area of study, study population, sample, and sampling techniques, data collection tool and method of data analysis. Descriptive field survey technique was adopted for the study, using structured questionnaire developed by the researcher; the questionnaire was pre-tested for reliability, and also validate applying a test and retest technique. The questionnaires were administered by the researcher and four trained Research Assistants, who can competently interpret the questionnaire in to the local language. one from each of the four directions of the city. The targeted populations of the study were women of child bearing age that is from 15 to 49 years in Ishaka town, Western Uganda. Women who responded to the invitation to fill in the research instruments constitute the sample size, of 120 respondents, with 30 of the selected from each of the four directions, designated A, B, C and D were selected for the study. A multi-stage sampling method was utilized to get the sample size of the study, in four stages. Stage I, was the division of the city in to 4 directions designated as A, B, C and D; in stage II women of reproductive age were invited through radio announcement and poster invitations, to meet in a specific meeting point in each of the directions. In stage III, a sampling frame for all the attendees in each of the meeting point ward was drawn from the meeting attendance list, through table of random numbers was used to select the first 30 respondents. In stage IV, household address and consent were obtained from the selected participants for subsequent follow-up and the conduct of the interview. All the selected eligible respondents were met in their houses and interviewed using the pre tested questionnaires, conducted by the researcher and the trained researchers, from the months of April to June 2022. The data was analyzed using frequency and simple percentage tables, and Chi-square test to determine the relationships between the categorical variables, with the level of significance place at P-values of ≤ 0.05 . SPSS Version 21.0 was used for the data analysis.

3.0 Results

The main objective of this section is to present the analyzed, interpreted data obtained from the findings of the study.

Table 1: Demographic distribution of the respondents

S/NO	Items	Description	Frequency (N)	Percentage (%)
1	Age (Years)	Less than 20 years	5	4
		20 - 29	60	49
		30 - 39	49	42
		40 – 49	6	5
		50 & above	0	0
	Total		120	100
2	Place of residence	Urban	90	75
		Rural	30	25
		Total	120	100
3	Educational level	No-education	7	06
		Primary school	21	17
		Secondary school	59	49
		Tertiary	33	28
		Total	120	100
4	Occupation	Farming	6	05
		Civil service	18	15
		Trading	48	40
		Tailoring	12	10
		Craft work	12	10
		Unemployed	24	20
	Total	120	100	

Source: Field Survey 2022

Table 1: Use of contraceptives was found to be more among the respondents aged between 20 – 39 years (49%), compared to those below the age of 20 years (10%) and those above 39 years (41%), while none among the women in the group of those aged 50 and above was reported to be utilizing any kind of contraceptive. On the other hand, among the participants who does not use any of the family planning methods, 4% of them were less-than 20 years of age, while, for those between the age of 40 – 49 years constituted 6% respectively. Table 1 above showed that most of the respondents (75%) were urban dwellers. While 25 % of the participants were rural settlers. Practice of family planning was based on the method’s knowledge and the location of service delivery. Residential area exerts either a positive or negative effect on the FP practice. Those living in the areas designated as urban, are much more said to enjoy first-hand information on FP than their rural counterpart. Table 1 further reveals that about 20% of the respondents have no occupation, which was insignificant, compared to the 80% of them who were unemployed as at the time of the data collection. Moreover, of the 80% of the respondents only 15% are working in the civil sector. Also, in Table 1 majority of the FP users had formal education, with 49% attended secondary education, 28% had undergraduate education, while 17% attended primary schools, with about 6% of them found to have no education.

Table 2: Respondent awareness of FP

S/No	Questions	Family Planning Awareness Level	
		Yes	No
1	Do you know family planning?	96 (80%)	24 (20%)
2	Have you used family planning method?	48 (40%)	72 (60%)
3	Did you have method of family planning you preferred?	84 (70%)	36 (30%)
4	Does your religion permit you to use family planning methods?	72 (60%)	48 (40%)

Source: Field Survey, 2022

In Table 2 above, 80% of the respondents knows family planning while about 20% of the claimed not knowing it. Also 60% of the women did not use family planning method, while 70% of the respondents had used their preferred method of FP. About 40% of the respondents had no knowledge of family planning permissibility by their religion.

Table 3: Influence of socio-economic status on family planning

S/No	Questions	Socio-economic influence on family planning use decision	
		Yes	No
5	Does the community allow you to use family planning?	90 (75%)	30 (25%)
6	Is family planning accessible in your neighborhood?	12 (10%)	108 (90%)
7	Is family planning affordable in your locality?	72 (60%)	48 (40%)
8	Do you have family planning clinic close to you?	84 (70%)	36 (30%)
9	Do you have free family planning services in your locality?	96 (80%)	24 (20%)

Source: Field Survey, 2022

Table 3 above reveals that of the 120 women interviewed, only 75% indicated that their community allowed the utilization of FP, and 24% had no access to FP in neighborhood. 60% claims family planning is affordable in their locality. The FP clinic is close to 70% of the respondents in the study area.

Table 4: Constraints to the utilization (use) of FP

S/No	Questions	Utilization of FP	
		Yes	No
10	Have you ever discuss family planning with your husband?	84 (70%)	36 (30%)
11	Does your husband agree on family planning?	48 (40%)	72 (60%)

12	Did you agree on method of family planning to be use with your spouse?	108 (90%)	12 (10%)
13	Are women around your locality practicing family planning?	90 (75%)	30 (25%)
14	Are women practicing family planning method in Ishaka community accepted?	96 (80%)	24 (20%)

Source: Field Survey, 2022

Table 4 above reveals that about 30% of the respondents indicated that they don t discuss family planning with their husbands. The table also reveals that 10% of the respondents indicated that agreement with their husband is their major constraint to the use of FP. Perception that having many children is an indication of God’s blessing. About 75% of the respondents did not accept to practice modern birth control methods in their locality. Seventy five percent (48%) of the respondents said FP methods were not available to them. Many of the women (70%) revealed that their partner’s decision is paramount to their practice of family planning.

Table 5: Factors Influencing the use of FP Methods

Chi square result of the factors influencing choice of family planning

Respondent’s Characteristics	χ^2 value	P value
Age	3.126	0.926 ^{NS}
Religion	7.198	0.303 ^{NS}
Income	14.176	0.028*
Educational Level	27.734	0.000*
Occupation	38.219	0.000*

Source: Field survey 2022 NS =not significant * significant @ p=0.05

Table 5 present the factors that guide the use and/or non-usage of family planning techniques. The obtained variables at the individual, households, and community levels in general, are age, education, source of contraceptive and income. The result of the chi square test as revealed above (Table 5) was approximated for the all respondents. The utilization of Family planning method is considered as the function of the respondent’s age, education, and the educational status of her husband, and the assumptions for their household income. Education level was significant at 5% level. From a theoretical perspective, the impact of education on contraceptive use is not distinct. It is either good or bad, based on the user’s choice. Education was shown to be positive determinant of modern contraceptive utilization in this study. Age was found to statistically significant at 5% level of confidence, in describing the non-utilization of FP method. Contraceptive use was also found to have a significantly relationship with the respondent’s educational level and occupational status.

4.0 Discussions

The study revealed that majority of the respondent utilized the modern family planning services. The percentage was higher among the respondents who had prior discussion regards the use of family planning with their husbands. Spousal interaction on family planning helps in the decisions of how many children to

have (Mesfin 2002). As such, discussion with husband indicate a strong association with socio-economic status of women (Marijanatu *et al.* 2020). Discussing reproductive related issues has direct impact on the use of FP (Sharan & Valente 2002; Umar *et al.* 2014; (Sharan & Valente 2002). Consequently, some factors are responsible to the increase in the level of having the challenge of unmet supply of family planning services, with its resultant consequences on individual and the population at large. However, the challenge of the unmet supply is not clear in this study, as such, more research is needed on the factors responsible for the challenge. Family planning service uptake are not without challenges, and the challenges are numerous (Katelyn 2014; Namasivayam *et al.* 2022).

The Demographic profile of several Sub-Saharan African countries showed that the use of family planning is high among the women aged between 20 – 39 years (49%), which is in conformity with the findings of this study. In this regard, level of the FP acceptance and practice increased with the increase in user’s age; also, number of living children, level of education and income motivates the use of FP services as well (Sharan & Valente 2002). However, Ekwugha & Hayes (2016) study report a contrary finding in which cultural practices, occupation, education and age are found to be insignificant factors of FP use at first coitus experience, but pregnancy, and number of deliveries remains constant as deciding factor of FP use. Other authors, observed that occupation, especially among those working in the civil sector was found to promote FP decision, with a positive outcome, particularly on the number of children to have (Sign, *et al.* 2003; Marijanatu *et al.* 2020).

Educational status is an important decision-making factor. Educated women evaluates the advantages of having certain number of children, and their ability to train them. In this regard, women education status is important to the service givers when explaining the associated side-effects with the use of contraceptive. In line with this finding, Fajobi (1987) and Ba *et al.* (2019) reported that the main problem affecting the use of modern FP in Nigeria is poor education level, he describes illiteracy as major hindrance having a planned family size. The low level of FP adoption in the study area could be attributed to this factor.

The study shows that majority of the respondents were aware of FP services. Awareness of family planning was defined as a practically being informed of a method, and knowing where to obtain one in time of need. Family Planning from the religion perspective in the study area, was considered sacred based on a divine text which translated that God create humans to multiply and increased in number and that He destines for all human; that is those that have wealth and those without it. It is therefore prohibited for one to interfere with normal fertilization procedures (Namasivayam *et al.* 2022). The study also reveals that FP methods knowledge did not guarantee a high level of FP practice. This finding was corroborated by the report of Orji, *et al.* (2007) Gwarzo (2011) and Umar *et al.* (2014).

The reasons could be that mere awareness of family planning utilization at rural health facilities should be done to encourage its utilization by mothers who need to benefits from it. Other reasons responsible for this is that majority of women lack a decision freedom on the use of FP methods. According to Gwarzo (2011) that decision to use modern FP is hard to take by

most potential users. He claims that decision challenges arose from the fact that some social and traditional issues inhibit women's access to contraceptives services (Ekwugha & Hayes, 2016). Also, the study observed that despite participants level of information and knowledge of modern family planning methods, some of the respondents have strongly believed in local FP techniques, on which effectiveness they claim and believe. The results of the study further revealed that men's negative response to the issues of FP use, constitute a major constraint to their wife's ability to practice family planning, even if they are motivated for it. Some men think that family planning denotes women the liberty or cover for promiscuity. Indeed, the findings of this study conform with several other findings that a combination of education and economic factors are serious determinant of the use of FP.

5.0 Conclusions

This study investigates the factors that influence the use of family planning among the women of child bearing age in Ishaka town Western Uganda. The study discovered that knowledge of family planning methods and/or services did not translate to the utilization of the contraceptive services. Also, the study found a relationship between age and the use of family planning services, it also shows that certain occupation encourages a decision to use contraceptive. The study concluded that age and occupation are among the factors that should be considered while designing an intervention programme for family planning users in the study area. The major factors militating against family planning use in the study area are cultural practices, therefore, the government should provide detail information on different family planning methods, to the women of child bearing age, with men as key decision makers in attendance. Furthermore, the use of modern methods of FP should be intensified through the use of various media outlets focusing on awareness campaigns and behavior change communications, covering both positive and negative factors reported in this study.

Acknowledgements

The authors express their gratitude to the Staff of the clinics, the participants and the research teams and all the person assisted in the conduct of the research.

Declaration of conflict of interest

No conflict of interest to be declared.

References

Afra N., Elly N., Janet U, Babigumira, R.N., Francis T.A. and Joseph B.B (2019). Acceptability and utilization of family planning benefits cards by youth in slums in Kampala, Uganda. *Contraception and Reproductive Medicine* 4:10

Allen K, Alice R, James N, and Lynn A. (2016). Socio-cultural inhibitors to use of modern contraceptive techniques in rural Uganda: a qualitative study. *Pan African Medical Journal*. 2016; 25:78.

<http://www.panafrican-med-journal.com/content/article/25/78/full/>

KJSET | 30

Ba DM, Ssentongo P, Agbese E, and Kjerulff KH. (2019). Prevalence and predictors of contraceptive use among women of reproductive age in 17 sub-Saharan African countries: A large population-based study. *Sexual & Reproductive Healthcare*; 21:26–32.

Ekwugha, K. and Hayes, C. (2016). "An investigation of socio-cultural factors influencing the use of family planning services among women (15-49) years of age in Port Harcourt, Nigeria", *International Journal of Current Research*, 8, (09), 39350 -39356

Fajobi, A. (1987). Happiness through family planning health care, 2 (11), 31

Gwarzo T.H. (2011). Islamic Religious Leaders and Family Planning in Northern Nigeria: A Case Study of Zamfara, Sokoto and Niger States. *Journal of Muslim Minority Affairs*, 31(1) 143-151.

Ilene, S., Meghan, C., Lisa, M., and Abdou, C. (2018). Association of Men's Exposure to Family Planning Programming and Reported Discussion with Partner and Family Planning Use: The Case of Urban Senegal. *Intra Health*,

Katelyn M.S. (2014). "Determinants of Family Planning Service Uptake and Use of Contraceptives among Postpartum Women in Rural Uganda". *Master's Theses*. 602. http://digitalcommons.uconn.edu/gs_theses/602

Kyaterekera P. (2022). The Influence of Social-cultural Characteristics on the Utilization of Modern Contraceptives in Namutumba District, Uganda *Direct Res. J. Public Health and Environ. Technol.*

Mairiga, A.G., Kullima, A.A., Bako, B. and Kolo, M.A. (2010). Socio-cultural factors influencing decision making related to fertility among the Kanuri tribe of north-eastern Nigeria. *Afr J Prm Health Care Fam Med*. 2(1),

Marijanatu A., Ernest K., Donne K.A, Delia A.B, Phillip T.T, Adolphina, A.L, Charles L.N, Eric Y.A, and Kofi M.N. (2020). Demographic and socio-cultural factors influencing contraceptive uptake among women of reproductive age in Tamale Metropolis, Northern Region, Ghana Volume 54 Number 2

Markos, D., and Ayele, B. (2019). Utilization of long-acting and permanent contraceptive methods and associated factors among married women in Adama town, Central Ethiopia: community based cross-sectional study. *BMC Part of Springer Nature*, 21.

Mesfin, G. (2002) The role of men in fertility and family planning programs in Tigray region, Ethiopia. *Ethiopian Journal of Health Development*, 16 (3), 247–225.

Namasivayam A, Schluter PJ, and Namutamba S, Lovell S (2022) Understanding the contextual and cultural influences on

women's modern contraceptive use in East Uganda: A qualitative study. *PLOS Glob Public Health* 2(8):

Okech TC, Wawire NW, and Mburu TK. (2011). Contraceptive Use among Women of Reproductive Age in Kenya's City Slums. *International Journal of Business and Social Science*. 2011;2(1):22–43.

Orji O.E, and Onwudiegwu U. (2002). Prevalence and determinants of contraceptive practice in a defined Nigerian population. *J Obstet Gynaecol*. 22(5):540–543.

Sharan, M. & Valente, T.W. (2002) Spousal communication and family planning adoption: effects of a radio drama serial in Nepal. *International Family Planning Perspectives*, **28** (1), 1–17.

Sign, Romerom (2003). Adding it up: The benefits of investing in sexual and reproductive health care. UNFPA, New York.

Yahya, M.B.V., and Pumpaibool, T. (2017). Factors Affecting Women-Willingness to Payfor Maternal, Neonatal and Child Health Services (MNCH) in Gombe State, Nigeria. *J Women's Health Care* 6: 404.