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Factors influencing utilization of Family Planning Services among Married Women (15-49 Years) in Kitwe Town Council Ntugamo District

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ABSTRACT

More than one in five hundred women die of pregnancy or pregnancy related causes which are preventable through proper utilization of family planning services. Among married women, 34.3% have an unmet need for family planning and yet are in need of limiting and spacing their children. The aim of the study was to determine Factors Influencing Utilization of Family Planning Services among Married Women (15-49 Years) In Kitwe Town Council, Ntungamo District. A cross sectional descriptive study design that employed quantitative methods of data collection was used. 100 women were enrolled in the study using convenient sampling method. A researcher administered questionnaire was used for data collection. Data was analyzed by Microsoft office excel and calculator. From the study, factors that influenced utilization of family planning services included; knowledge of women about family planning, social factors such as religion, myths people have about family planning and husband's approval. Health facility factors influencing family planning utilization included, distance of the place of residence from the health facility, availability of the contraceptives, negative attitudes of health workers and long waiting hours at the health facility. Health service providers should be encouraged to improve on their attitude towards women when offering family planning services. Ministry of health should ensure that they increase the number of health workers providing family planning services so as to prevent women wanting family planning services from waiting for long at the health facility. People in charge of ordering for family planning methods at the health facilities should ensure that proper estimation of the methods needed in a particular period are made such that stock outs are avoided.

Keywords: Pregnancy, Married women, Family planning services, Contraceptives, Health workers.

INTRODUCTION

Family planning is defined as the ability for individuals and couples to attain their desired number of children and plan the spacing and timing of their births through use of contraceptive methods [1]. Family planning has so many benefits. At the individual-level, the health benefits for women and infants include the prevention of pregnancy related health risks and maternal mortality, reductions in infant mortality and the rate of unsafe abortions [2-10]. Family planning also has significant economic benefits for families and for society as a whole [11]. By slowing the growth of a population, women have more earning potential and families are able to devote more resources to each child, resulting in reductions of poverty [11-12]. Despite the known benefits of family planning, globally more than 120 million women aged 15 to 49 who are married or in a union have an unmet need for family planning [13]. An unmet need for family planning refers to women capable of reproducing who are not using contraception, but wish to postpone their next birth or to stop childbearing all together [14]. According to the Guttmacher Institute [15], meeting the unmet need for family planning in sub-Saharan Africa is estimated to result in a 69 percent reduction in maternal deaths and 57 percent drop in new born deaths [15]. Women in developing nations are disproportionately affected by an unmet need for family planning, with the highest need in sub-Saharan Africa where Uganda is located. Uganda, one of the fastest growing countries in the world [16], is especially in need of increased family planning services. Fertility rates are high at 6.2 children per woman overall and 6.8 children per woman in

rural areas (UBOS & IFC International Inc., 2012) and in 2010 the country's annual population growth rate was 3.2%, the 5th highest globally [17]. Among married women, 34.3% have an unmet need for family planning and yet are in need of limiting and spacing their children [14]. In 2011, only 30% of currently married women were using contraceptives [14] compared to a global average of 63%.

METHODOLOGY

Research Design

The study employed a cross sectional descriptive study design and quantitative methods of data collection. The study design helped in describing factors influencing utilization of family planning services among married women (15-49 years) in Kitwe town council, Ntungamo district. The cross sectional design enabled the researcher to collect data at a particular point in time and in a very shortest period thus saving time. This because there was limited time for the study.

Area of Study

Kitwe town council is found in Ntungamo district in South Western Uganda.

Study Population

The study enrolled married women aged 15-49 years in Kitwe town council Ntungamo district. The age range 15-49 years was chosen because the reproductive age group for Uganda is 15-49 years and therefore these were the people likely to be married, could easily get pregnant and could be in need of using family planning services. In addition to these women were in a better position to give reasons as to why they were not utilizing family planning services despite the fact that they were in a relationship and were at a very high risk of getting unwanted pregnancies.

Sample Size Determination

The sample size was determined using Fisher's formula developed in1990.

$$n = \frac{z^2(\mathbf{pq})}{d^2}$$

Where n= sample size
z= standard deviation at confidence level of 95% which is 1.96
p= proportion of population with the desired characteristics, therefore in this study p represented married women who were not using family planning services. According to UBOS & IFC International Inc. [14], 34.3% married women in Uganda have unmet need for family planning and yet are in need of limiting and spacing of children. Taking this percentage to represent the percentage of married women who were at risk of unwanted pregnancies in Kitwe town council and not using family planning services, p was taken to be 0.343.
q= proportion of population without desired characteristics q=1-p= 1-0.343= 0.657
d= level of significance or measure of anticipated error taken as 0.05
Substituting the values into the formula

$$n = \frac{z^2(\mathbf{pq})}{d^2}$$

$$n = \frac{1.96^2(0.343 \times 0.657)}{(0.05)^2}$$

n= 346 married women
Therefore 346 married women were needed for the study.
However due to limited time and resources for the study, a sample size of **100** married women aged 15-49 years was used.

Sampling Procedure

Convenient sampling method was used where married women were selected because of their convenience, accessibility and proximity to the researcher. Convenient sampling was cheap and facilitated data collection in a short period of time. This method is also easy and rarely biased when used in homogenous population.

Inclusion and Exclusion Criteria

Inclusion criteria

The study included all married women 15-49 years in Kitwe town council who had at least one child and had consented to participate in the study.

Exclusion criteria

- All married women in Kitwe town council outside the age bracket were not allowed to participate in the study.
- Those that had not consented to participate in the study.
- Those who were married but with no child.

Definition of Variables

Dependent variables

Utilization of family planning services among married women.

Independent variables

Factors that influence utilization of family planning services such as socio-economic and health facility factors.

Research Instruments

A researcher administered questionnaire with both open and close ended questions was used for data collection. The questions were prepared in a logical sequence in order to address the research objectives. The questionnaire was pre-tested with a few married women from Ishaka town council. After pretesting the responses were reviewed by the researcher in relation to the desired objectives, corrections and adjustments in the questionnaire were made before the actual data collection. This was to ensure that quality data is collected.

Data Collection Procedure

An introductory letter from Kampala International University School of Nursing Sciences seeking approval to undertake the study was got and taken to the office of Kitwe town council clerk who granted permission to go and collect data in the town council. A pre-tested researcher administered questionnaire was used by research assistants in data collection. Research assistants moved from house to house enrolling married women who fitted the inclusion criteria until the sample size was reached. Informed consent was obtained from all participants before enrollment into the study. Privacy and confidentiality was maintained throughout the process of data collection.

Data Analysis

Data was analyzed by Microsoft programs particularly Microsoft office excel and calculator. And later was presented in frequency tables, pie charts and bar graphs. Simple explanatory notes and conclusions then followed the tables, graphs and pie charts.

Ethical Consideration

An introductory letter from Kampala International University School of Nursing Sciences seeking approval to undertake the study was got and taken to the office of Kitwe town council clerk who granted permission to go and collect data in the town council. Prior to administering the questionnaires, the objectives of the study were clearly explained to the participants and informed consent was sought from the respondents. Participants were informed about the procedure and the voluntary nature of participation in the study. Confidentiality and anonymity were ensured throughout the study and were informed that no adverse consequences would arise if they refused to participate, and that data collected would remain private and used only for research study purpose. This helped to eliminate bias and doubts about the aim of the study.

RESULTS

Table 1: Shows age range of respondents (n=100)

Age range	Frequency	Percentage (%)
15-19	1	1
20-24	21	21
25-29	26	26
30-34	22	22
35-39	23	23
40-44	5	5
45-49	2	2
Total	**100**	**100**

Majority 26% of the respondents were in the age range of 25-29 years while the least 1% were in the age range of 15-19 years.

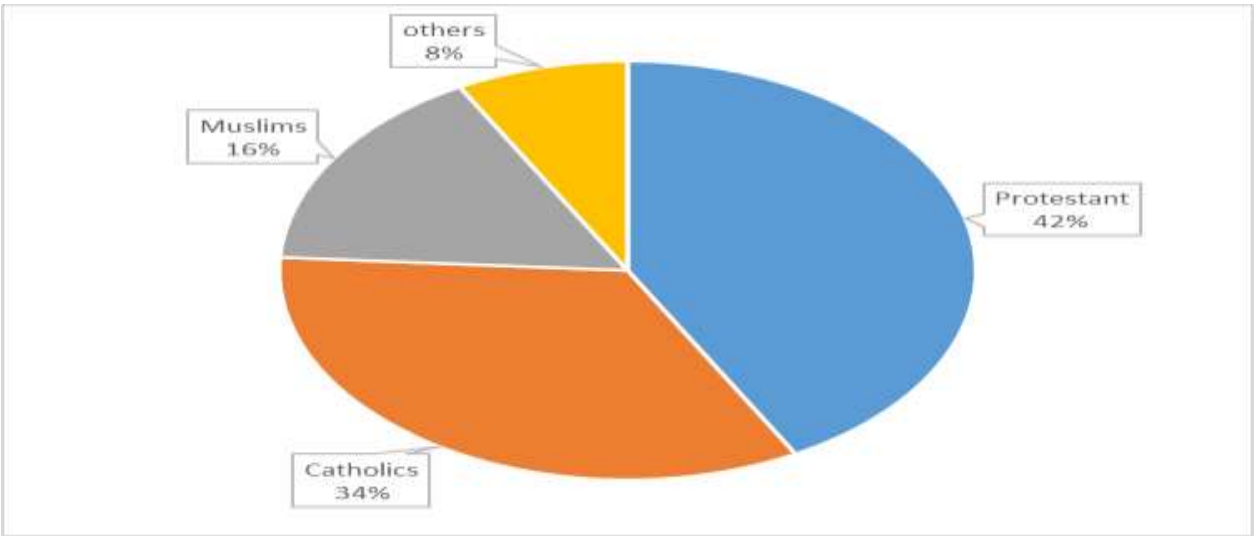

Figure 1: Showing the religion of Respondents (n=100)
Majority 42% of respondents were Protestants and the minority 8% were the others.

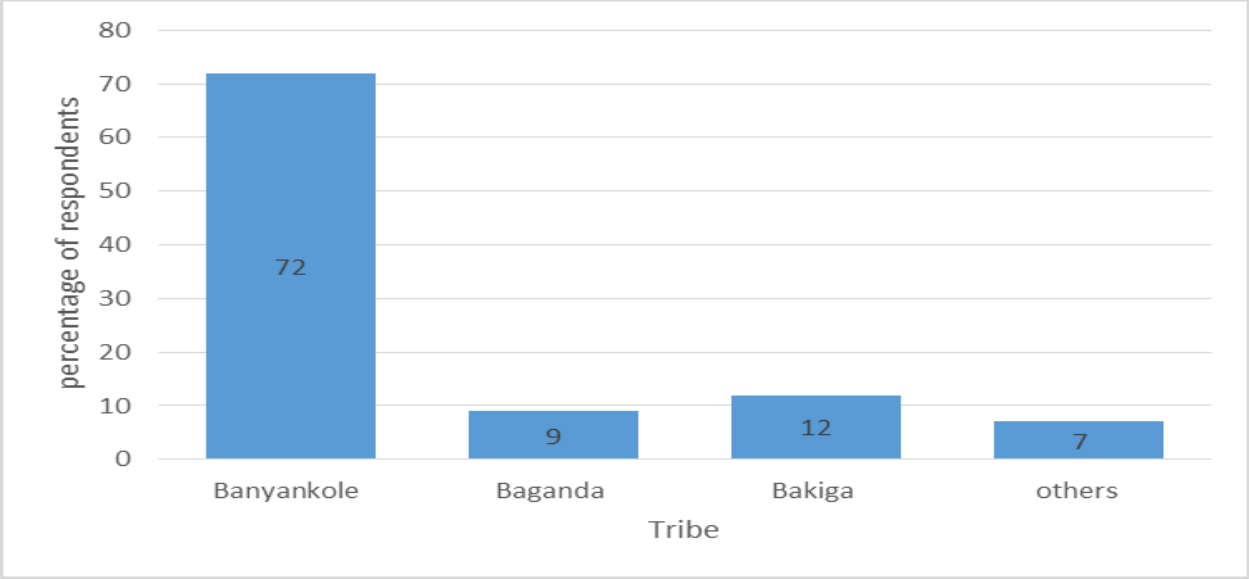

Figure 2: Showing the Tribe of the Respondents (n=100)
Majority of the participants in the study were Banyankole 72% and the least were 7% representing other tribes.

Table 2: Showing the occupation of the Respondents (n=100)

Occupation	Percentage (%)
Housewife	75
Peasant	15
Teacher	2
Businesswoman	3
Others	5
Total	**100**

Most 75% of the respondents were housewives and the least 2% were teachers

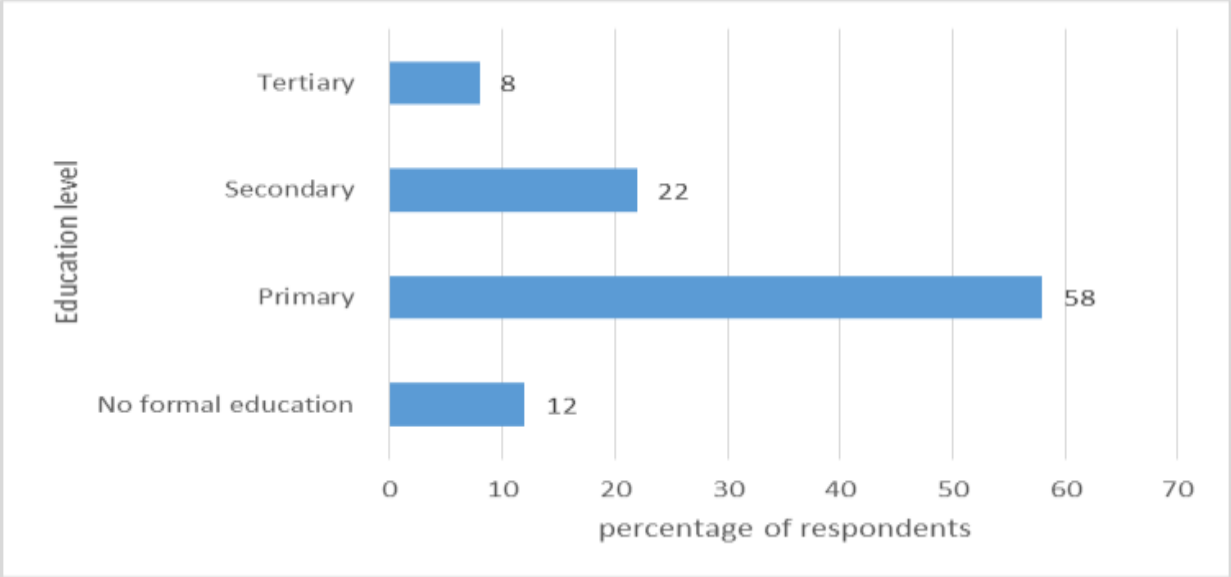

Figure 3: Showing the education level of the Respondents (n=100)

From the study findings, majority of the respondents had attained primary level of education 58% and the least 8% had attained tertiary level of education.Knowledge on family planning services among married women in Kitwe town council, Ntungamo district.

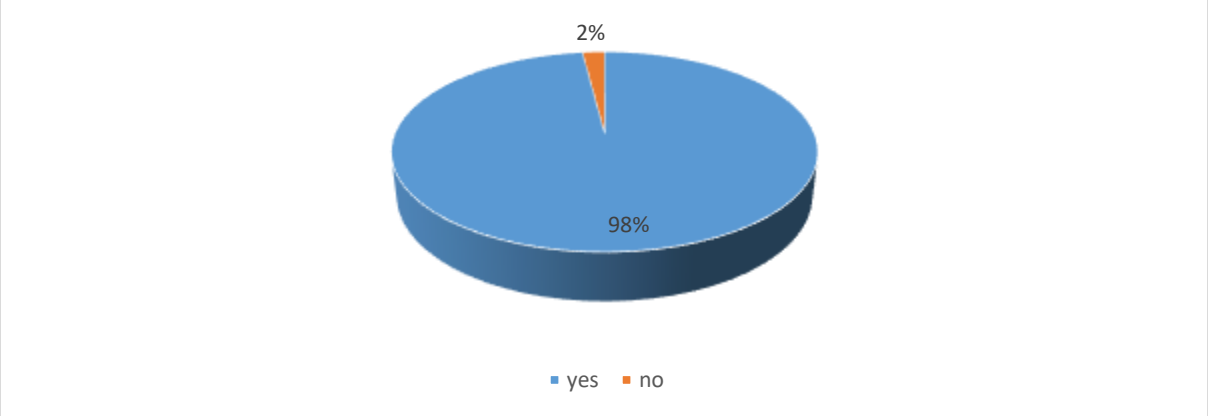

Figure 4: Shows respondents' response on whether they had ever heard about family planning (n=100)

Majority of respondents 98% had ever heard about family planning while 2% had never heard about family planning.

Table 3: Showing where respondents got information about family planning from (n=98)

Source of information	Percentage
Radio	20.4
Health workers	42.9
Television	14.3
News papers	3.1
Friends	13.2
Relatives	6.1
Total	**100**

Majority of respondents 42.9% got information about family planning from health workers and the minority 3.1% got information from newspapers.

Table 4: Shows family planning methods that were known by respondents (n=98)

Methods	Frequency of responses (X)	Percentage (X/98) x100
Pills	92	93.9
Condoms	88	89.8
Injectable	90	91.8
Intra uterine device	40	40.8
Implants	32	32.7
Others	11	11.2

Out of the 98 women who had heard about family planning, 93.9 % were aware of pills, 91.8% of injectable, 89.8% condoms and the least, 11.2% known were among others.

Table 5: Showing the benefits of family planning that were known by respondents (n=98)

Benefit	Frequency of responses (X)	Percentage (X/98) x100
Delays pregnancy	22	22.4
Controls family size	92	93.9
Prevents unwanted pregnancy	96	98
Others	2	2

Out of the 98 women who had heard about family planning, 98 % were aware of the fact that family planning prevents unwanted pregnancy while 2% were aware of other benefits of family planning that were not listed.

Social Factors Influencing Utilization of Family Planning Services among Married Women in Kitwe Town Council, Ntungamo District.

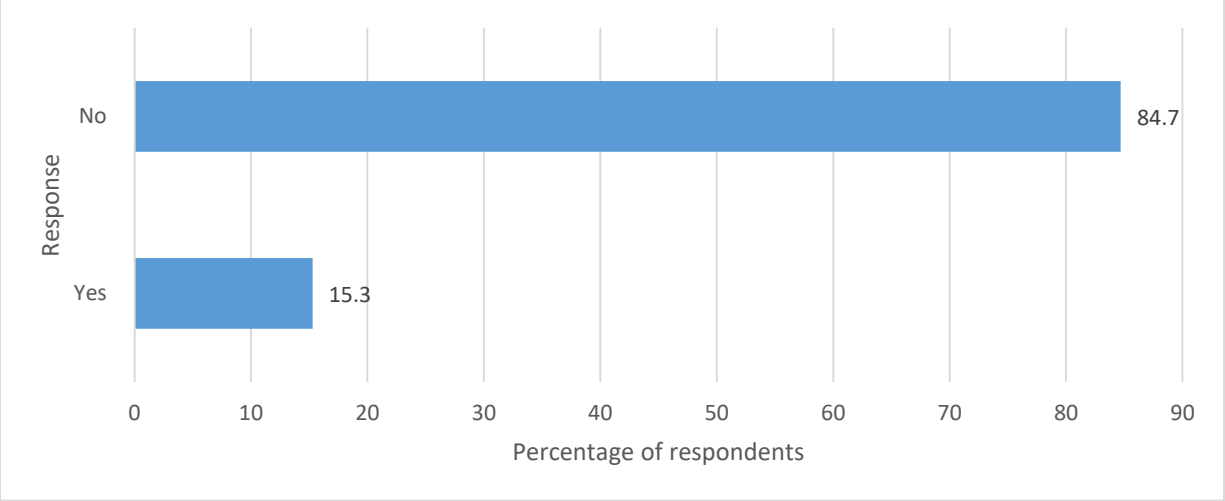

Figure 5: Showing whether the religion of the respondents allows them to use family planning (n=98)

Majority of participants 84.7% revealed that their religion does not allow them to use family planning while 15.3% said that their religion allows them to use family planning.

Table 6: Shows the various myths respondents had heard in the community about family planning. (n=98)

Myth	Percentage
Makes women barren/infertile	54
Causes cancer	4
Makes women develop masses in the abdomen/uterus	29
Children born later after using can have deformities	13
Total	**100**

Most 54% reported that people believe that family planning makes women barren while the minority 4% reported that people believe that family planning causes cancer.

Table 7: Shows respondents' response on whether they were using any family planning method. (n=98)

Response	Frequency	Percentage
Yes	40	40.8
No	58	59.2
Total	**98**	**100**

59.2% were not using any family planning method while 40.8% were using family planning.

Table 8: Shows respondents' reasons as to why they were not using any family planning method. (n=58)

Reason	Frequency	Percentage
Want more children	26	45
Husband refused	18	31
Feared the side effects	8	14
Family planning method was not available	4	7
The health facility is far	2	3
Total	**58**	**100**

Majority, 45% of the respondents said they were not using family planning because they wanted more children while 3% said that the health facility was far.

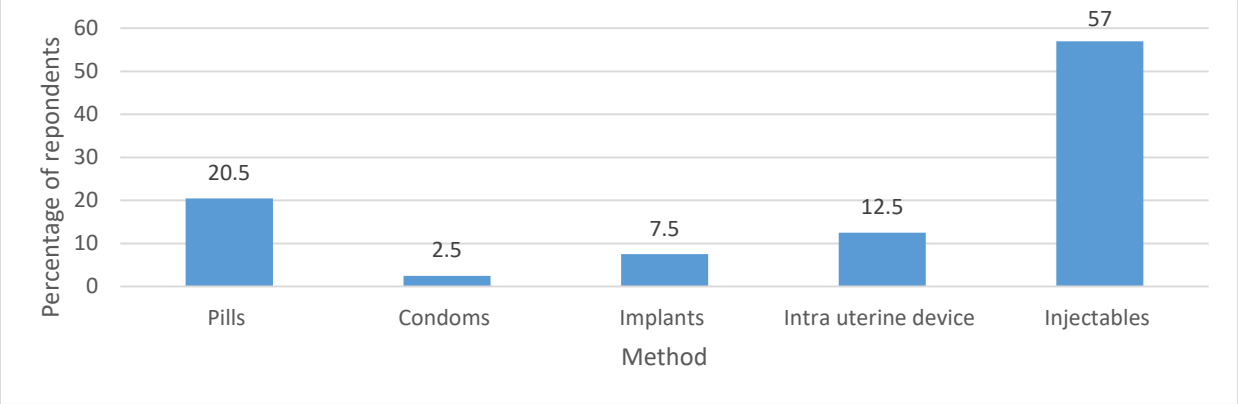

Figure 6: Shows the family planning methods that were being used by the respondents. (n=40)

Most, 57% women were using injectables and the least, 2.5% were using condoms as a family planning method.

Table 9: Shows respondents responses on whether their husbands had allowed them to use family planning. (n=40)

Response	Frequency	Percentage
Yes	27	67.5
No	13	32.5
Total	**40**	**100**

Most, 67.5% women had been allowed by their husbands to use family planning while 32.5% were using it against their husbands wish.

Table 10: Shows respondents responses on whether the family planning services are always available at the health facility. (n=40)

Response	Frequency	Percentage
Yes	26	65
No	14	35
Total	**40**	**100**

Majority, 65% of the women said that family planning services are always available at the health facility while 35% said that they were not always available.

Table 11: Shows respondents rating of the attitude of health workers offering family planning services at the health facility. (n=40)

Response	Frequency	Percentage
Friendly	28	70
Rude	12	30
Total	**40**	**100**

70% of women found health workers friendly while 30% said they were rude to them.

Table 12: Shows how long the respondents take to receive family planning services at the health facility (n= 40)

Time taken	Percentage (%)
Less than 30 minutes	15
30 minutes – 1 hour	20
1½ hours -2 hours	52
More than 2 hours	13
Total	100

Minority 52% of the women take 1½ hours -2 hours waiting to receive family planning services while 13% take more than 2 hours at the health facility.

Table 13: Shows respondents responses on whether they were satisfied with the family planning services at the health facility. (n=40)

Response	Frequency	Percentage
Yes	29	72.5
No	11	27.5
Total	**40**	**100**

Majority, 72.5% of the women said that they were satisfied with family planning services at the health facility while 27.5% said that they were not.

DISCUSSIONS

Women enrolled were in the age range of 15-49 years. This age range was chosen simply because it is the reproductive age group for Uganda and therefore the people expected to be found married. This means that women within this age range are prone to getting unwanted pregnancies and are very much in need of utilizing family planning services. Most, 26% of the respondents were in the age range of 25-29 years. This may have been due to the fact most these women in the age bracket had just finished school and were newly married, so had not yet got any other work to do outside home. Therefore, these women were the majority found home during data collection. Respondents in the age bracket of 15-19 years were the minority. This may be due to the fact that most women in this age group are usually still school going students and are therefore likely not to be found married. All women belonged to a particular religion. From the study findings, majority of the respondents were Protestants (42%). It was followed by Catholics with 34%, Moslems (16%) and 8% representing respondents from other religions. Other religions included Seventh Day Adventists and Bishaka. The majority of the participants in the study were

Banyankole (72%). This was because the study was carried out in Ankole region where the Banyankole tribe is dominating. Bakiga followed with 12%, Baganda 9%, and least were from other tribes 7%. Other tribe included, batooro, basoga, banyoro and bafumbira.

Most, 75% of the respondents were housewives. This means that they are not working class women. They stay at home to look after their children and husbands. Thus their husbands basically provide them with everything that they need. These women have less control over their reproductive health decisions and are more likely not to utilize family planning if their partners do not agree with it. Business women were represented by 3%. This means that these women are working class and earn their own money. They don't rely on their husbands for everything. These women are therefore assumed to have greater control over house hold decisions including decisions to do with reproductive health services like decisions to utilize family planning services. They are therefore, more likely to use family planning services than the housewives who do not work. This in agreement with a study done by Hialemariam *et al.* [18], who reported that working women (compared to housewives), particularly those who earn cash incomes are assumed to have greater control over house hold decisions and increased awareness of the world outside home. Consequently, they have more control over reproductive decisions. Peasants were 15%. This means that these are subsistence farmers who grow food for home consumption and the surplus for sale. This means that these mothers have little income for their basic needs. These may find it hard to get transport to go to the health facilities to get family planning services if a lot of transport money is required. Thus low utilization of the services. Majority 58% of the respondents had attained primary level of education. This may be attributed to the fact that Ugandan government provides free Universal Primary Education hence a high number can attain primary level of education. It was also noted that 88% of respondents had attained some level of education. This means that they were literate. Women who are literate are expected to utilize family planning services more than their counterparts who are not literate. It was expected that majority of women in this study population would be found utilizing family planning services. This is in agreement with Okech *et al.* [19] and Saleem and Martin [20] who said that women who are literate are more likely to use contraceptives than their illiterate counterparts.

From the study findings, 98% of the respondents had heard about family planning. This means that they were aware that this service exists and could easily decide to utilize it or not. This was attributed to the fact that most of them were literate and could easily perceive information about family planning on any media in any form that it was broadcasted. However, 2% of the respondents had never had about family planning. This means that they have no idea about what it is, therefore can never think of utilizing it. Hence hindering utilization of family planning services. When asked where they got information about family planning services, of the 98 participants, 42.9% revealed that they had accessed information about family planning Services from health workers. This may have because all these women had delivered before and may have attended antenatal care and delivery services, where family planning services are usually incorporated. This finding concurs with the finding Vong [21] who reported of Health centers (operated by health workers) were the most cited sources of information. It was also noted that others got information from radios, television, newspapers, friends and relatives. This finding is similar to a study done by USAID [22] in Ethiopia where by radios, television, friends and relatives were also cited as sources of information about family planning. The study found out that the most common method of family planning known by respondents was pills 93.9%, followed by injectables 91.8%, condoms 89.8% and intrauterine device 40.8%. These were the most known methods. This finding is in agreement with the finding of USAID [22] and Vong [21] who reported that the most popular methods known by respondents were the pill and injectable contraceptives and that the condom was the third most popular method cited by respondents, followed by the intra uterine device (IUD). The least known methods included the implants (32.7%), and others (11.2%). Others included female sterilization and withdraw methods. This implied that respondents were aware of a wide range of contraceptives from which to choose their choice in case they wanted to utilize family planning. This know was attributed their literacy level. When asked about the benefits of family planning, 98% were aware that family planning prevents unwanted pregnancy and 93.9% controls family size. This represented a high level of knowledge among women about the benefits of family planning and therefore were expected to be utilizing it because of that knowledge had.

All respondents had a religion they were affiliated to. From the study findings, majority (84.7%) of the respondents revealed that their religions don't allow them to utilize family planning. Religious affiliation affects contraceptive usage among women. This implies that if these women are strongly affiliated to their religions they may not attempt to use family planning thus the low utilization. This finding concurs with that of Yeatman and Trinitapoli [23] who stated that religious affiliation also affects contraceptive usage among women. Some religions teach that the principal purpose of a sexual relation within marriage is procreation and that use of contraceptive is violating God's law of procreation. However, 15.3% said that their religions allowed them to use family planning. Various myths people in the community had about family planning were mentioned by women. Most (54%) reported that people believe that family planning makes women barren/infertile, 29% said that family planning makes women develop masses in the abdomen, 13% said that children born later after using can have deformities and 4% said that family

planning causes cancer. This implies that there were misconceptions/misinformation about family planning which clearly indicates a knowledge gap. These myths would affect family planning utilization because all those myths that are mentioned above are very dangerous to the health of women, children and families if they are to happen. Various studies also revealed that contraception causes cancer [24]. In addition, large body of qualitative research suggests similar myths about contraceptives are prevalent throughout sub- Saharan Africa and elsewhere, usually related to long term effects on fertility [25]. Prior research at Gombe Hospital in Uganda, found patients commonly believe that hormonal pills accumulate in the body, lead to "deformed children" and cause cancer [26]. It was revealed that only 40.8% of respondents were using family planning. 59.2% were not using family planning. When asked the reasons as to why they were not using family planning, 45% said that they wanted more children. This could due to the fact that their last born had grown and felt they need to give birth to more children so as to reach their desired family size. 31% said that their husbands refused or stopped them from using family planning. In traditional societies, husbands are the primary decision makers on issues related to reproductive health matters including those concerned with family planning. If the has husband doesn't approve of the woman using family planning, the woman, may not use because if forcefully done it may bring about family conflicts. Thus husband's approval about family planning use influences its utilization. According to Nwankwo and Ogueri [27], the decision making process regarding utilization of family planning services, is influenced by the decision maker (husband) in the family. A woman may not use or even not want to use contraceptives because of disapproval of the husband. Out of the 40 women who were using family planning, it was noted that 13.5 were using it without the approval of their husband. Consequently, they have more control over reproductive decisions including those concerning family planning utilization. However, 67.5% had been allowed by their husbands to use family planning. 7% of women said that they were not using family planning methods because, they had gone to the health facility but the method they wanted was not available. This implies that there were contraceptive stock outs of the methods these women wanted at that particular time. This implies that these women were made to hold on using family planning until these methods would be stocked. Thus putting them at risk of unwanted pregnancies and also lowering the percentage of women utilizing family planning. According Ketende *et al.* [28] and Ross *et al.* [29] cases of contraceptive stock- out and limited choice in the methods are commonly reported especially in rural areas. According to 3% of women in the study, the health facility being far from their place of residence was a barrier stopping them from accessing family planning services. This could be due to the fact that these women did not have the time to move this long distance or they did not have money for transport along the long distance. Injectable were the most used family planning methods by respondents with 57% of them using them. This may have been due to the fact that the family planning method is easy to use as it requires only receiving an injection once in three months compared to the pills that are required to be taken very day. Others methods used by respondents included, pills 20.5%, condoms 2.5%, implants 7.5% and intrauterine device 12.5%.

Most respondents (65%) revealed that family planning methods are always available at the health facility. While 35% said that these methods are not always available. This implies that the centers attended to by women usually have contraceptive stock outs hence predispose the women to unwanted pregnancy. Also a woman who has found the preferred choice of family planning out of stock may not easily find time to come back to the health center in time to get the method once its available hence influencing the utilization of family planning. Most of the respondents, 70% reported that health workers were friendly while offering family planning services. While 30% said that the health workers were rude to them. This implied that these health workers had a negative attitude towards the clients. This attitude could draw away clients from receiving family planning services as they may not want again to meet such characters. Thus affecting family planning utilization. Some of the barriers to accessing family planning services documented Mbonye [30], were the negative attitudes of service providers. Majority (52%) reported that they take 1½- 2hours and 13% take more than 2hours waiting to receive services at the health facility. This is too much time to be spent at the health facility waiting for a service. Although most of the respondents were housewives, they have a lot of work at their homes and so may not be patient enough waiting for the services for that long [31-35]. They may always postpone going to the health facility to get family planning services until they get enough time to cater for the waiting time at the health facility. Thus influencing family planning utilization. Most (72.5%) respondents said that they were satisfied with the family planning services offered at the health facility. While 27.5%, were not satisfied with the services. This could have been attributed to the fact that the family planning methods are usually not available, rude attitude of health services providers and the long waiting hours at the health facility. This implies that to them, the quality of care was not good. These clients are more likely not to go back to the health facility to get family planning services and also may influence other women in the community not to go there basing on their experiences. This is agreement with a study done by Williamson *et al.* [31], who reported that dissatisfied clients are more likely to share negative experiences with others and are less likely to return or continue use of family planning services.

CONCLUSION

Various myths people in the community had about family planning included, it makes women barren/infertile, develop masses in the abdomen, children born later after using can have deformities and that it causes cancer. From the study findings, 30% of respondents reported negative attitudes of health workers towards the clients accessing family planning services. 65% of respondents spend too much time at the health facility waiting for a family planning services. Most respondents said that they were satisfied with the family planning services offered at the health facility.

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