

DECLARATION

I Chepkwurui Marko hereby declare that this research report is my original work and has not been submitted to any university or institution of higher learning for any academic award. Where other peoples work has been included, acknowledgement has been done in form of text and references.

Sign.....

Date:...../...../2017

APPROVAL

This research report has been produced under my supervision and submitted with my approval.

Supervisor's name: MR. TUTAMWEBWA TOM.

Signature.....

Date.....

DEDICATION

I dedicate this work to Mr. Kaparkitoch Joseph and Mrs. Chelimo Janet, all my lecturers, all my family members at large, friends and all other helpers especially Beniah and James, may almighty GOD rewards them all.

ACKNOWLEDGEMENT

I wish to acknowledge the value contributed by my parents Mr. Kaparkitoch J and Mrs. Janet and all my family members for all their support and encouragement both financially and spiritually. May God almighty reward them abundantly.

My sincere appreciation goes to the school of allied health of Kampala International University Western campus for their effort in offering their knowledge and skills which are imparted in me throughout my course may God reward them heavily.

Lastly, special thanks go to my supervisor Mr. Tutamwebwa Tom for all the help he has given me during my research, May God reward him greatly.

LIST OF ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
CPR	Contraceptive prevalence rate
FP	Family planning
GSS/GHS	Ghana statistical service/Ghana health service
HIV	Human immune deficiency virus
IUD	Intrauterine Devices
KMHD	Kumasi metropolitan health directorate
K.I.U	Kampala International University
K.I.U-TH	Kampala International University Teaching Hospital
LAM	Lactational amenorrhea method
MDGs	Millennium development goals
MOH	Ministry of Health
SAHS	School of Allied Health Sciences
STI	Sexually transmitted infections
Ugx	Uganda shillings
UNICEF	United Nations international children's emergency fund
UNDESA	United Nations department of economic and social affairs
UNFPA	United Nations population fund
UNDP	United Nations development programme
UBOS	Uganda bureau of statistics
UDHS	Uganda demographic health survey
UNPD	United Nations populations division
UNHCR	United Nations high commissioners for refugees

USAID United states agency for international development

WHO World health organization

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ABSTRACT

Background: An estimated 225 million women in developing countries would like to delay or stop childbearing but are not using any method of family planning including Uganda has a population of approximately 34.6 million people, of which almost 10 million are women of reproductive age (15-49 years). The annual growth rate is approximately 3.2 percent and the total fertility rate (TFR) remains high at 6.7 children per woman. As a result, Uganda is the third fastest growing country in the world (United Nations Population Division [UNPD], 2005). UDHS results show that only 24 percent of currently married women report current use of contraception and 41 percent have an unmet need for family planning.

Objectives: This was a descriptive cross-sectional survey, done to assess the factors influencing use of family planning methods among mothers attending Kapchorwa main hospital in Kapchorwa District. The specific objectives are to identify and assess the factors influencing the accessibility, uptake, prevalence and usage of family planning methods.

Methods: A structured closed ended questionnaire was administered to 100 participants who came for family planning services at the family planning premises.

Results: Majority of the respondents, 33(33%) in number footed while 40(40%) were using taxes and 27(27%) were using motorcycles as means of transport to the health center. Most of the respondents 78(78%) had ever heard about family planning while 22(22%) had never heard about family planning, 60(60%) of the respondents said F/P was bad and they gave various reasons to support their answers, 64(64%) indicated that F/P is to kill, 2(2%) said it was against God's will and Concerning culture 55(55%) said that F/P reduces the clan and 80(80%) reported to often experience side effects.

Discussion: The study revealed that although majority of the people 78(78%) knew about F/P, only 36(36%) had promised to continue using family planning, According to the research 30(30%) respondents interviewed had positive attitude toward F/P, 10(10%) did know while 60(60%) had negative attitude due myths, beliefs and misconception about F/P.

Conclusion: Despite the knowledge on contraceptives, Majority did not endeavor to use them, Cultural, religious beliefs, poor infrastructure and lack of men participation contributed to low utilization of F/P method.

Recommendations: Ministry of health should conduct seminars on family planning and train more health workers on family planning methods and their importance on the society. More health centers and good roads should be constructed to ease access to the health facilities.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

An estimated 225 million women in developing countries would like to delay or stop childbearing but are not using any method of family planning. Reasons for this include: limited choice of methods, limited access to family planning methods particularly among young people, poorer segments of populations, or unmarried people, fear or experience of side-effects, cultural or religious opposition, poor quality of available services, users and providers bias gender-based barriers. The unmet need for family planning methods remains too high. This inequity is fuelled by both a growing population, and a shortage of family planning services. In Africa, 23.2% of women of reproductive age have an unmet need for modern contraception. In Asia, and Latin America and the Caribbean – regions with relatively high contraceptive prevalence – the levels of unmet need are 10.9 % and 10.4%, respectively (World Contraceptive Reports 2013, UNDESA).

Together, these indicators demonstrate the urgent need for increased family planning services in Uganda to meet its National Population Policy goals thus to make progress towards sustainable social development. Further, studies have shown that addressing unmet need helps individual couples achieve their reproductive intentions and improves broader social, economic and developmental measures (Westoff and Bankole, 2002; Casterline and Sinding, 2000; Sedgh et al., 2007: quoted in Khan et al., 2008).

Even though, trends of increase in the use of family planning methods have been acknowledged widely (RAND, 1998; Ann et. al, 2002), currently an estimated 650 million or 62 percent of the more than one billion married or in union women in reproductive age are using family planning (RAND, 1998).Whereas in the developed nations, 70 percent of married women use family planning only 60 percent can be attributed in developing nations in which Uganda is not an exceptional.

The situation in Africa is as low as 25 percent, the lowest among developing regions in the world (RAND, 1998; UNFPA, 2001). In West Africa, about 36 percent of women are using family planning methods especially contraceptives and this rate varies from a low percentage of 22 percent in Mali, 26 percent in Togo, 32 percent in Burkina Faso, and 33 percent in Ghana (Dona et. al., 2008, UNDP, 2008)

Uganda has a population of approximately 29.6 million people, of which almost 6 million are women of reproductive age (15-49 years) (Uganda Bureau of Statistics [UBOS], 2007). The annual growth rate is approximately 3.2 percent (UBOS, 2006), and the total fertility rate (TFR) (measured in the 2006 Uganda Demographic and Health Survey [UDHS]) remains high at 6.7 children per woman. As a result, Uganda is the third fastest growing country in the world (United Nations Population Division [UNPD], 2005). UDHS results show that only 24 percent of currently married women report current use of contraception and 41 percent have an unmet need for family planning. Of the countries with a Demographic and Health Survey (DHS) in the past five

According to the latest national survey in Uganda, about one in three married women of reproductive age reported having an unmet need for family planning at the time of survey, Which translates into approximately 1.6 million women . Of these, about 60 percent wanted to space their next birth, and the other 40 percent did not want to have any more children. (New York: United Nations, 2013)

The magnitude of unmet needs may also be greater than that captured at the survey. A new study revealed that among married women, about 50 percent estimated women experienced an episode of unmet need at some point during the previous five years. Among those women, about 650,000 experienced two or more episodes of need in the same time period (Uganda Demographic and health survey, 2011; Washington, DC, 2014)

The general reproductive data was as follow: maternal mortality 438 death/100,000 live birth, infant mortality 54death/1,000 live birth, under five mortality 90 death/1,000 live birth, Fertility rate 6.2 children per women median age at first childbearing 18.7 years, unplanned pregnancies 44%, contraceptive prevalence rate 30%, traditional methods 4%, modern methods 26%,pills 3%, injectables 4%, male condom 3%,IUD 0.5%, implants 3%, female sterilization 3%, unmet need for family planning among currently married women: total unmet need 34%, unmet need for spacing 21%, unmet need limiting 14% (Uganda Demographic and health survey, 2011)

A recent analysis revealed the top four reasons why women who say they want to avoid pregnancy but are not using any family planning (Washington, DC, 2013) method related reasons especially fear of side effects and health concerns were commonly cited reasons for not using (36 percent). Secondly, women cited postpartum reasons for not using (29 percent)

although many women are not sure how long they are safe from getting pregnant after giving birth. The third top reason is opposition to use, either by the husband or partner or owing to perceived religious prohibition (19 percent). Lastly, women cited having sex infrequently (12 percent) many wrongly believed that if they only have sex occasionally, they are not at risk and they therefore don't need to use family planning. While lack of contraceptive supplies and logistic problems in getting the contraceptives to providers continues to be a challenge in some regions, only 8 percent of women stated that lack access (distance or costs) was the reason for not using.

A better theoretical understanding of the processes involved in changing contraceptive behavior may help increase contraceptive prevalence. Yet, many health education interventions for a contraceptive use are not based on any explicit guiding theory or principles. The absence of a theoretically grounded basis for behavioral and educational interventions on contraceptive use may have an effect on the success of these programmes. This is a particular relevance for interventions targeting certain populations (i.e. poorer women) and regions such as Africa where contraceptive use is low or slowing down.

Behavioral theory has been used for more than 50 years to guide health interventions but use of the theory in contraceptive use interventions has never been comprehensively assessed. The objective of this review is to examine the impacts of the theory-based interventions on contraceptive use by systemically reviewing randomized controlled that explicitly tested a theoretical approach to improve contraceptive use, choice and continuation of use.

WHO response in Kapchorwa is working to promote family planning by evidence-based guidelines on safety and service delivery of contraceptive methods, developing quality standards and providing pre-qualification of contraceptive commodities and helping district introduce, adapt and implement these tools to meet their needs. WHO is also developing new methods to expand contraceptive choices for men and women.

1.2 Problem statement

Due to increased human births, population in the world has increased to 5.7 billion people. WHO meant an average increase of 88 million people per year, equivalent of 241,095 people per day or 167 people a minute (Donellan, 1998). It is estimated that over 120 million women worldwide like to space their children at least for 2 years or limit their family size.

The government has introduced F/P services in almost all the hospitals and health centers and the formation of MDG was also intended to reduce on the incidences of unintended pregnancies. An important intervention towards achieving the MDG 5 target is the provision of modern FP among women in Sub- Saharan Africa (Cates et al., 2010; Sachs et al., 2005).

Uganda population is nearly 34 million people (UBOS, 2014). It has the third highest population growth rate in the world at 3.75 percent per annum. Its fertility rates are also among the world's highest, on average a Uganda women bears 6.7 children in her lifetime and data indicate that the fertility rates are even higher in rural areas (7.1%) and among women who are poor and have little or no education (FPAU, 1984). Due to low use of contraceptive, it has resulted to disability, psychomotor and emotional disorder which has increased the incidence of abortion, divorce and juvenile delinquency (FPAU, 2000) The increase in maternal mortality rate from 210 per100, 000 live births in the 1990's to a projected 560 in 2005 (UNDP, 2008) is an indication of the consequence of complication resulting in pregnancies usually unplanned and unintended.

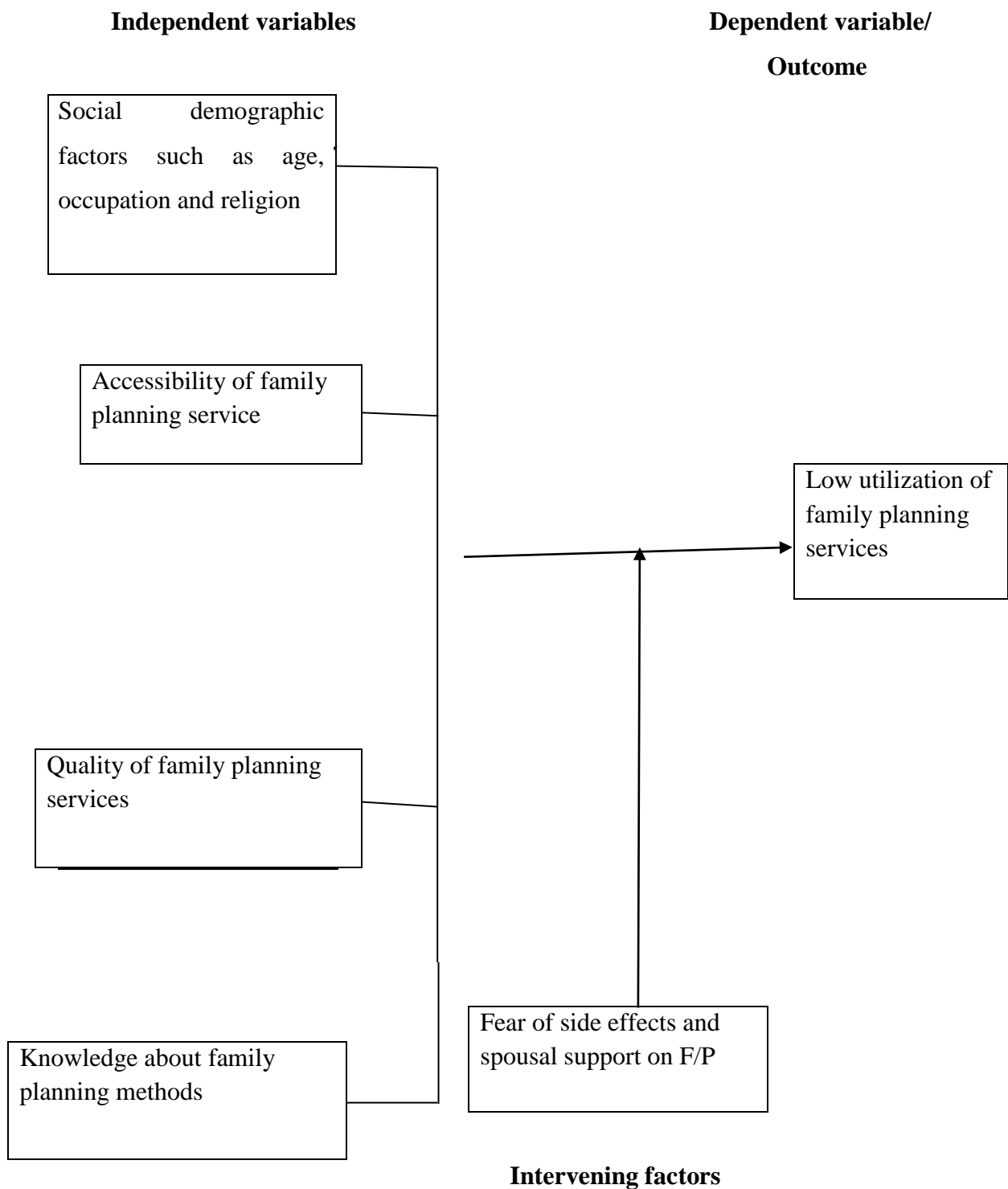
The following are usually affected all women; never-married; currently married; widowed, divorced, or separated (formerly married) women; and all sexually active and never-married, sexually active women usually aged (15-49years)

There is evidence that if couples can space their pregnancies by at least two years apart through the use of contraceptives, up to 35% of maternal deaths and up to 13% of child mortalities could be averted (Cleland et al., 2006; Rutstien, 2008; Stover et al., 2010)

However the reasons why F/P methods are often not met are varied, but include, lack of transport, cultural and religious believes, a limited choice of methods, lack of information, concerns about safety or side effects and partner's disapproval (Diane, 2004)

However the government should allocate more funds on achievement of quality of family planning and integrating within antenatal and postnatal care.

1.3 Conceptual framework



Source: Primary data

1.4 Study objective

1.4.1 General Objective

To assess the factors influencing low utilization of family planning methods among mothers attending Kapchorwa main hospital in Kapchorwa District.

1.4.2 Specific Objectives

- i.** To identify the factors influencing the accessibility of family planning services among mothers attending Kapchorwa hospital.
- ii.** To assess the knowledge of mothers about family planning methods at Kapchorwa hospital, Kapchorwa district.
- iii.** To assess the attitude of mothers towards family planning methods at Kapchorwa hospital, Kapchorwa district.

1.5 Research Questions

- i.** What are the factors influencing the accessibility of family planning methods in Kapchorwa hospital?
- ii.** What are the factors that influencing knowledge of mothers about family planning methods in Kapchorwa main hospital?
- iii.** What is the attitude of mothers toward family planning methods in Kapchorwa hospital?

1.6 Justification of the study

According to Miiro F.A (1999), The Uganda women are faced with a very high uncontrolled fertility rate averaging about 7.5%. This in contrast to 1.5% in developed countries has prompted Uganda government to increase spending on F/P programme. However despite the increased expenditure, The CPR is still low in Uganda.

The low CPR suggests that there are some set-backs in the F/P programme yet to be discovered. Undertaking a qualitative and quantitative evaluation of the programme is the only way of gathering information about people's knowledge and perception about F/P services they have received.

This study will help F/P implementers (MOH) to make the necessary changes and adjustments that will enhance the acceptability, accessibility and affordability of the services hence success of F/P programme. This study will reveal the hidden secrets of contraceptive

failure in Kapchorwa hospital. By identifying the loop holes, the gap between the present performance and desired performance can be bridged to raise the health status of the country.

The MOH will be able to make people aware of F/P by introducing education on F/P through radios, TV, and posters. The MOH will take an initiative to educate males on the importance of F/P methods and also to educate people on importance of contraceptive methods especially to the religious leaders of all denomination and cultural beliefs.

The research will be a baseline survey for any other researcher who may want to explore the same field.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Each year, a third of the hundreds of pregnancies that occur are unintended, and majority of these occur in developing countries (Guttmacher Institute, 2009). The reason for this occurrence is the fact that women are usually vulnerable to pregnancy before they even realise it, however most of them may not be using any form of family planning. The return to ovulation may occur prior to the return of the menses though the woman may have no experience of the return to fertility. Thus woman who is sexually active but is not using an effective method of family planning can get pregnant in the months preceding the return of her menstruation. A study of ovulation and menstruation showed that in 20% of women who did bottle-feeding and 45% of those who breastfed, ovulation occurred before onset of menstruation (Howie et al., 1982).

2.2 Accessibility of family planning services

Proximity of a health facility to a woman is an important determinant of whether she will access the family planning services or not. In Kenya's slums, the proximity to family planning service providers produced results that were interpreted as, the further away the client was from the service provider, the less likely she was to seek the services. This negative impact was attributed to the fact that the further away the client was from the provider, the higher the cost for transportation and transaction as well as waiting and travelling time (Okech, Wawire&Mburu, 2011). In rural Burkina Faso, living 10-15km away can be a barrier to attending antenatal. Women in the rural communities are in charge of the household and farm, and therefore are reluctant to lose a day's work to visit the service delivery point. Most family planning services are not free and require the client to pay some money in order to utilize them. Women who therefore have no gainful employment may find it difficult to do so. Additionally, some women are unable to get a method of family planning because they are unable to find money to pay for it because their partners perceive it as not being urgent (Daniele, 2014). Often this means the women will have to forgo their first choice of contraception as they find it difficult getting the money for the contraception and transportation from their partners. For these women, if a method is unavailable and they are asked to return later with the correct amount in order to receive the desired method, it will be problematic as they cannot afford the cost of a second trip.

2.3 Knowledge of mothers about the use of Family Planning methods

The first reason given by women is the lack of information on family planning and its benefits during the ante-natal and early post- delivery period. Many women report that they receive no advice concerning the need for family planning when they deliver; as a result, they go home thinking they are not at risk of getting pregnant only to realise otherwise. In Mexico where family planning advice has been incorporated into the prenatal care guidelines, evaluation of the effect of this counseling showed that 47% of women used a modern contraception method. Those who received family planning advice during prenatal care were more likely to use a contraceptive than were those who did not receive such advice (Barber, 2007). In Ethiopia, 17% of women had no knowledge of a source for a method while 13% of women did not know of any method (Korra, 2002). Also rural uneducated women who had never discussed family planning either at home or at a health facility, with a health worker had a significantly higher unmet need. Naayu et al, (2013) revealed that there are many missed opportunities for family planning counseling in Kenya, and service users in focus group discussions confirmed this view. One woman reported that she had attended the requisite 4 ANC visits but had not been told anything; whatever information she received was through friends.

In the past few decades, fertility rates as well as maternal and infant mortality rates have declined in many developing countries. This is largely due to an increase in the use of modern family planning and improvement in infant and maternal care. In spite of this progress, infant and maternal deaths remain extremely high. In 2003, an estimated 200 million women in developing countries had an unmet need for modern contraceptives. Seventy-five (75) million had unintended pregnancies (Singh et al., 2009) and 20 million of these women had unsafe abortions (WHO, 2007). Every year, more than a half million women die from pregnancy-related causes (WHO, 2007), and nearly four million newborns die from mostly preventable conditions.

Women have given numerous and complex reasons for not using modern contraceptives though they would rather not get pregnant.

2.4The attitude of mothers towards the use of family Planning Methods

The prevalence of family planning varies from country to country with high rates being recorded in developed countries and low rates in developing countries. In Indonesia for instance, contraceptive rates are as high as 75% (Gebreselassie, Rutstein and Mishra, 2008) compared to Zambia which has a prevalence rate of only 33% (Ross and Winfrey, 2001). The contraceptive prevalence rate for Ghana in 2012 was approximately 36% with the Kumasi Metropolitan Area recording a rate of 15.5% for the same period (KMHD Annual report, 2012).

There are several family planning methods that can be used by women. For all women, barrier methods such as condoms, diaphragms and cervical caps can be used. Intrauterine devices and female sterilization can be initiated from the immediate post-delivery period up to about 48 hours if not, then will have to be delayed till 4 and 6 weeks later respectively. Male sterilization/vasectomy which can be done immediately post-delivery is an ideal method. This is because the 12-week period that it takes before the male is infertile coincides with the normal practice of postpartum abstinence for most couples. For breastfeeding women, the Lactational Amenorrhoea Method (LAM) is started immediately after delivery up to six months; progestagens can be started 6 weeks post- delivery while combined progesterone-oestrogen contraceptives are started after 6 months. In the case of women who are not breastfeeding, other recommended methods are progestagens right after delivery and the combined method 3 weeks after delivery (USAID, 2008).

CHAPTER THREE

METHODOLOGY

3.1 Study design

This was a descriptive cross-sectional study using quantitative research methods. A structured closed ended questionnaire was administered to the participants at the family planning premises. Computation of data was done after checking for correctness and completeness of data.

3.2 Study area

The study was carried out in Kapchorwa district- Eastern Uganda. Kapchorwa district to Uganda's capital Kampala was approximately 240km (149mi).

In 1991, the national population census estimated the district population at 48,700. The 2002 national census estimated the population at 74,300, with an annual growth rate of 4.5 percent. In 2012, it was estimated that the population had grown to about 114,100.^[5] In August 2014, the national population census enumerated the population at 104,580.

Subsistence agriculture was the main economic activity in Kapchorwa hence the income levels were abide low in the district thus affecting family planning uptake

3.3 study population:

The study was conducted in family planning premises in Kapchorwa main hospital and data was collected from all mothers who attended family planning services especially women of child bearing age (15-49 years). This age group formed appropriate population of people from whom valid and reliable information about delivery of family planning services at the hospital was obtained.

3.4 sample size determination:

A total sample size was determined using the following statistical formula;

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

Where,

N = the minimum sample size when population is greater than 10,000

Z = the reliability co-efficient for 95% confidence level set at 1.15

P = proportion in the target population estimated on the characteristic being measured 50%.

$$Q = 1 - P = 0.5$$

D = level of statistical significance set at 0.05

$$N = \frac{(1.15)^2 (0.5) (0.5)}{(0.005)^2}$$

Therefore sample size (**N**) = 115

However due to limited time and resources, sample size will be reduced to 100. Therefore the study population consisted of 100 respondents.

3.5 sampling method:

It was by the Purposive sampling technique with all mothers who attended family planning services as our target.

3.6 Data collection tools:

The data was collected using self administered questionnaire that were prepared prior to the actual day of data collection by the researcher to the respondents who will consent to participate in the study, the researcher also explained to the respondents for more clarification where necessary and then properly filled questionnaire were received and taken for analysis.

3.7 Data quality Control:

The pre coded questionnaires were pretested amongst mothers who attended family planning services in Kapchorwa hospital to ensure accuracy and validity.

3.8 Criteria

3.8.1 Inclusion Criteria

The criteria used included: All Women in childbearing age between 15-49 years of age and those who were willing to participate in the study and able to give informed consent especially those who attended family planning services at the hospital during the study.

3.8.2 Exclusion Criteria

1. Unwilling to participate in the study
2. Health /mental condition rendering it impossible to obtain informed consent or perform interview.
3. Too sick to give consent.

3.9 Data Management and Analysis

The data analysis was done manually using summations and a summary of findings was fed into the computer using Microsoft office program where data was presented in form of tables, bar graphs, charts and texts.

3.10 Ethical Considerations:

Permission was sought to conduct the research from the Medical Superintendant kapchorwa hospital with an introductory letter from the principal tutor of Clinical Officers, Kampala International University.

Before a respondent was interviewed, an explanation was made to mothers about the purpose of the interview and each was given a consent form to fill.

The respondents were assured that all information obtained from them was treated with utmost confidentiality.

3.11 Variables:

3.11.1 Dependent /Outcome Variable:

Low utilization of family planning methods

3.11.2 Independent Variables:

This is socio – demographic characteristics (age, level of education, occupation), and socio – cultural characteristics (religion, traditional and cultural beliefs, spouse approval), Accessibility, knowledge and quality of family planning.

3.12 Limitations of the study

Inadequate funds in terms of stationary, printing, photocopying, internet access, transport, feeding will be the limitations of the researcher.

3.13 Dissemination of Research Findings:

The research findings will be shared with the management of Kapchorwa hospital and other key stake holders e.g. KIU-TH, SAH offices and KIU library

CHAPTER FOUR
RESULTS AND FINDINGS
PART I: BACKGROUND INFORMATION OF RESPONDENTS

1.1 Introduction

The data was collected in Kapchorwa main hospital (family planning premises) by use of a questionnaire.

The data was collected, tabulated and analyzed by the researcher and presented in tables, pie chart, bar graphs and narrations. The researcher after tallying the results and findings from the questionnaire, the information was used to analyze the data.

Majority of the respondents, 44(44%) were in the range of 26-30 years, followed 23 (23%) 21-25 then two age groups had the same readings 10(10%) 36-40 and 41-45, 7(7%) were 31-35, and lastly 6 (6%) were <20 years as showed in the table.

According to the table below 54(54%) had attained primary education, 26(26%) had attained secondary education, 14(14%) had attained tertiary education and 6(6%) were never educated at all (non formal education)

Most of the participants were protestants were 87(87%) followed by Muslims 5 (5%) catholic 4 (4%) and other 4 (4%) as shown in the table below.

According to the table below, majority of the respondents were peasants, 82%, followed by 12(12%) housewives and 1(1%) teachers, 2(2%) unemployed and 3(3%) traders

According to the table below majority of the respondents were married 64(64%), followed by singles 14(14%), 3(3%) were divorced, 12(12%) were widows and 7(7%) were separated

1.1SOCIO-DEMOGRAPHICS OF THE RESPONDENTS CHARACTERISTICS

TABLE 1: background information of respondents N = 100

Age	Frequency	Percentages (%)
< 20	6	6
21-25	23	23
26-30	44	44
31-35	7	7
36-40	10	10
41-45	10	10
Total	100	100
Education		
Non formal education	6	6
Primary education	54	54
Secondary education	26	26
Tertiary education	14	14
Total	100	100
Religion		
Protestants	87	87
Muslims	5	5
Catholic	4	4
Others	4	4
Total	100	100
Occupation		
Housewife	12	12
peasant	82	82
Teachers	1	1
Unemployed	2	2
Traders	3	3

Total	100	100
Marital status		
Married	64	64
Single	14	14
Divorced	3	3
Widows	12	12
Separated	7	7
Total	100	100

Source: Primary data

PART 2: FACTORS INFLUENCING ACCESSIBILITY OF FAMILY PLANNING METHODS

2.1 ACCESSIBILITY:

Pertaining accessibility to the health centers, the respondents reported that they were using 1-6 hours per day and they found it difficult.

Most of the participants were visiting the hospital after every three month, 40(40%), 25(25%) monthly, 20(20%) every five years and 15(15%) weekly as shown in the table below.

Majority of the respondents, 40(40%) were footing while 27(27%) were using buses, 33(33%) were using motorcycles and none them were using Lorries as the means of transport to the hospital as shown in the table below.

Most of the participants 40(40%) were paying ush 1000, followed by 28(28%) paying ush 500, 22(22%) paying ush 2000, 4(4%) paying ush 3000 and 6(6%) paying ush 500 as transport in every visit to hospital for family planning as showed in the table below.

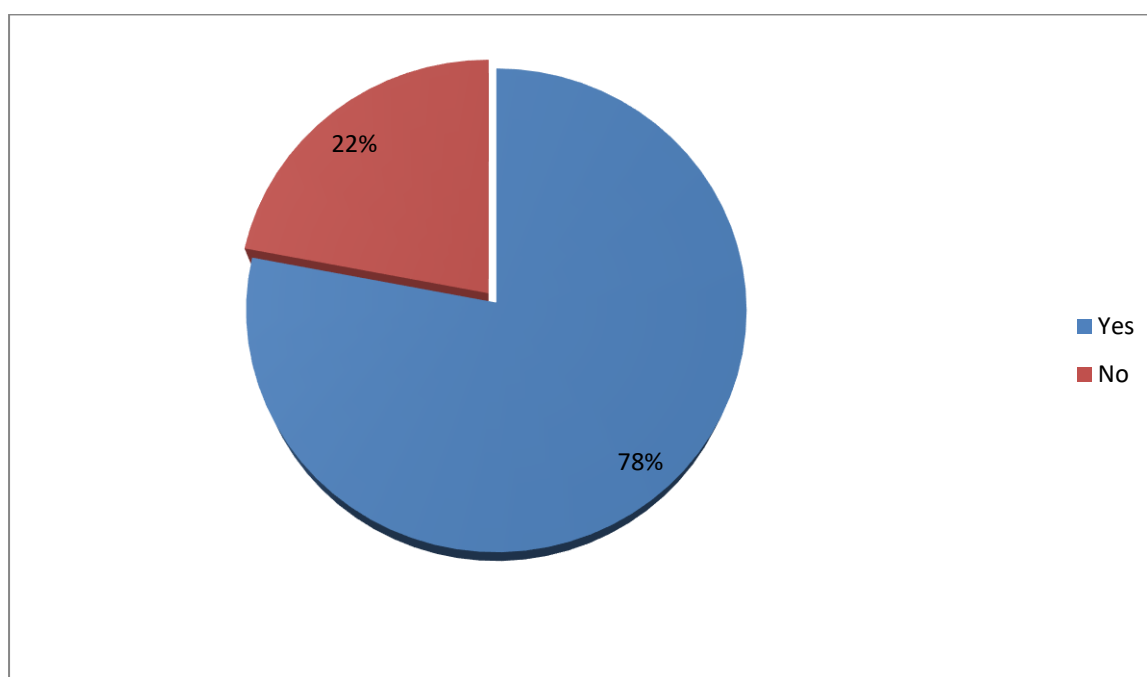
TABLE 2: showing respondents visits for F/P, means of transport and transport costs each visit (ushs) N = 100

VISITS FOR F/P	FREQUENCY	PERCENTAGES (%)
Weekly	15	15
Monthly	25	25
Every three month	40	40
Every five years	20	20
Total	100	100
Means of transport		
Motorcycle	33	33
Bus	27	27
On foot	40	40
Total	100	100
Transport costs / visit(ushs)		
500	28	28%
1000	40	40%
2000	22	22%
3000	4	4%
5000	6	6%
Total	100	100

Source: Primary data

PART 3: KNOWLEDGE ABOUT FAMILY PLANNING

FIGURE 1: showing respondents who have ever heard about family planning N= 100



Source: Primary data

Most of the respondents 78(78%) had ever heard about family planning while 22(22%) had never heard about family planning.

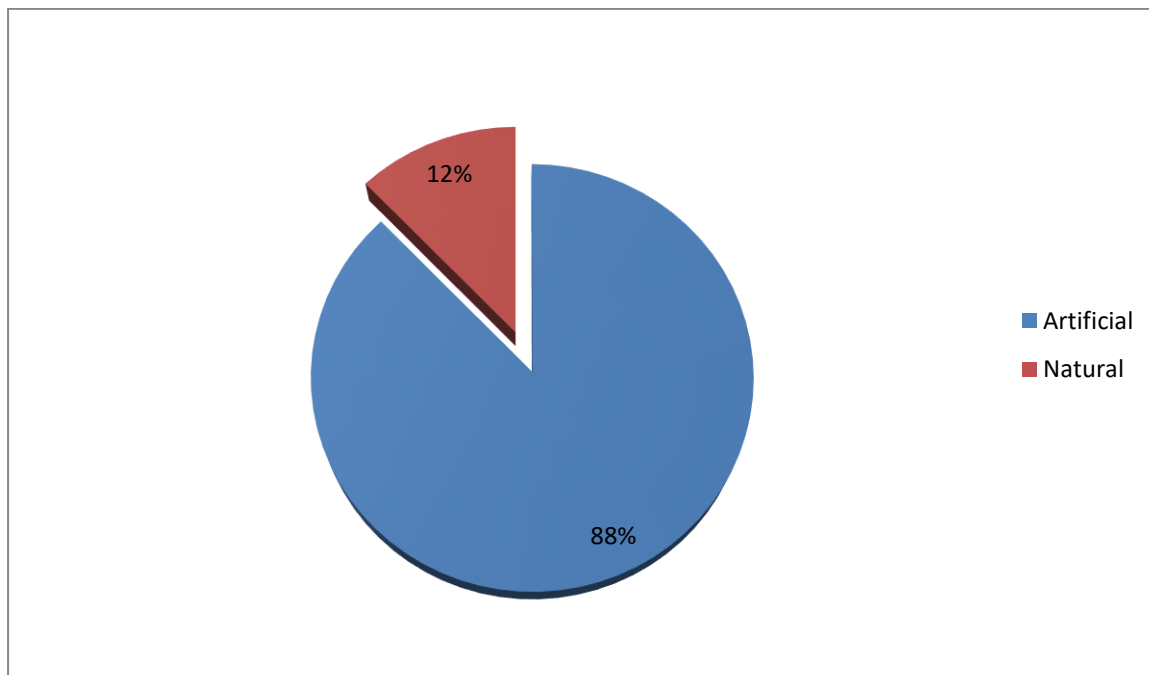
Most respondents 74(74%) went to family planning clinic, 12(12%) went to pharmacists, 12(12%) went to private doctors and 2(2%) to mobile clinics for F/P services as shown in the table below.

TABLE 3: places of issue of family planning methods N = 100

PLACES OF ISSUE OF F/P	FREQUENCY	PERCENTAGES (%)
f/p clinic	74	74
mobile clinic	2	2
pharmacist	12	12
private clinic	12	12
Total	100	100

Source: Primary data

FIGURE 2: respondent's knowledge about major methods of family planning N = 100



Source: Primary data

Most respondents 88(88%) admitted that they were using artificial methods, 12(12%) were using natural methods.

TABLE 4: showing respondents use of artificial methods of family planning N = 100

Artificial methods	FREQUENCY	PERCENTAGES (%)
Pills	45	45
Condoms	30	30
Injection	8	8
IUD'S	17	17
Total	100	100

Source: Primary data

Majority of respondents 45(45%), reported that they were using pills 30(30%), reported that they were using condoms, 17(17%) IUD's and 8 (8%) injection.

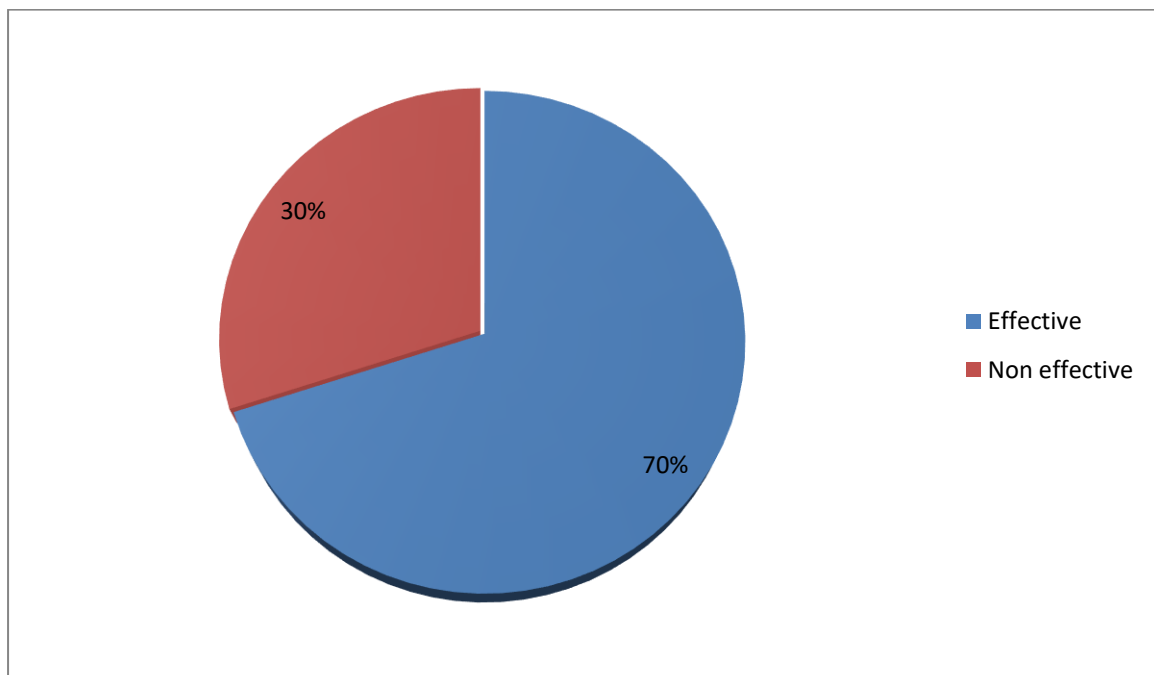
Table 5: benefit of family planning N = 100

Benefits of F/P	Frequency	Percentages (%)
Delayed pregnancy	13	13
Controlled family size	18	18
stop unwanted pregnancies	67	67
others	2	2
Total	100	100

Source: Primary data

More than half of the respondents 67(67%) said it was to prevent unwanted pregnancy, 13(13%) said it was to delay pregnancy, 18(18%) said to control family size and 2(2%) gave various responses.

Figure 3: Effectiveness of family planning methods N = 100



Source: Primary data

Concerning effectiveness, 70(70%) said the method used was effective while 30(30%) said it was not effective.

PART 4: ATTITUDE OF MOTHERS TOWARDS FAMILY PLANNING

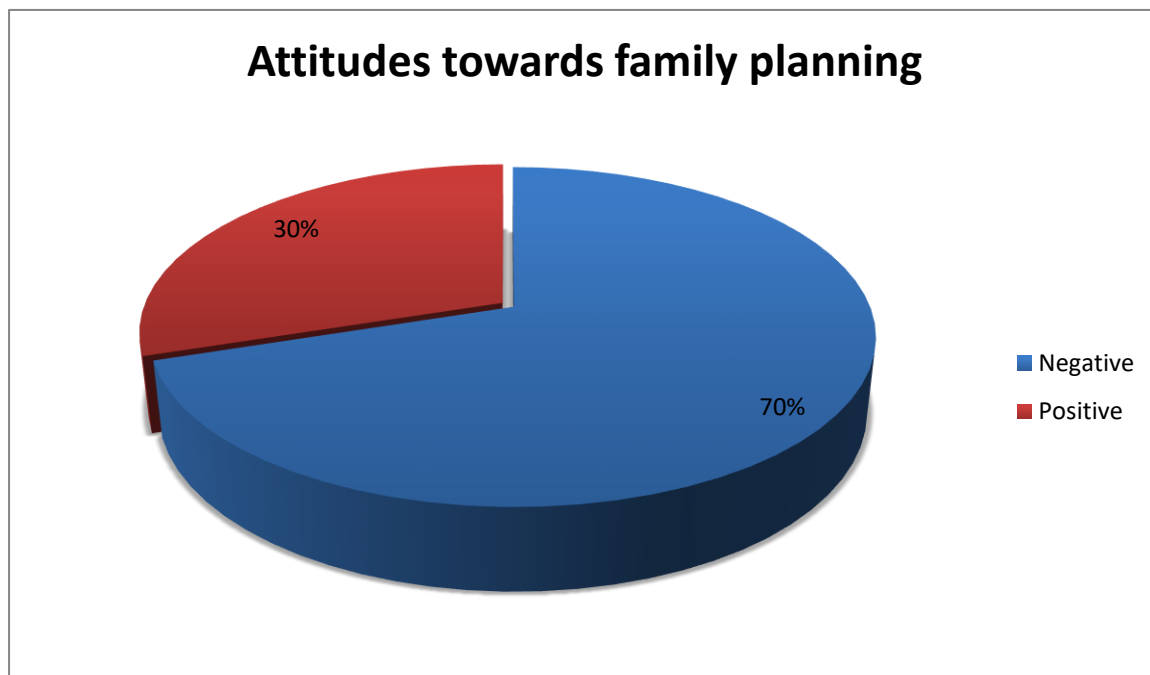


Figure 3: Attitude towards family planning N = 100

Source: Primary data

According to the attitude of family planning few of the respondents 30(30%) had positive attitude towards F/P while 70(70%) had negative attitude towards F/P. Those with negative attitude gave various reasons as to why they don't like F/P methods such as they have many side effects.

Concerning culture 55(55%) said that F/P reduces the clan, 24(25%) said that the F/P methods were only for whites while 21(21%) said it may cause diseases as shown in the table below.

Majority of the respondents 40(40%) said that they wanted to have enough time to care for their other children, 30(30%) said they wanted to maintain their health, 20(20%) said that high number of children lead to economic problems while 10(10%) gave various reasons.

Table 6: Influence of culture on family planning N = 100

CULTURAL INFLUENCES	FREQUENCY	PERCENTAGES (%)
Causes many diseases	21	21
Method for the whites	24	24
Reduces the clan	55	55
Total	100	100%
Reasons for adoption of F/P		
Ill health	30	30
Economic problems	20	20
Proper care of children	40	40
Other	10	10
Total	100	100

Source: Primary data

Majority of women reported the current use of family planning 30(30%), followed by 70(70%) who were using some time but they no longer use and they gave various reasons why they stopped using F/P.

Table 7: Religion influence on contraceptive use as a family planning method N = 100

Religion influence	Frequency	Percentages
murder	64	64%
Against God	21	21%
Others	15	15%
Total	100	100%

Source: Primary data

Most of the participants, 64(64%) indicated that F/P is to kill, 2(2%) said it was against God's will and other 15(15%) gave various answers.

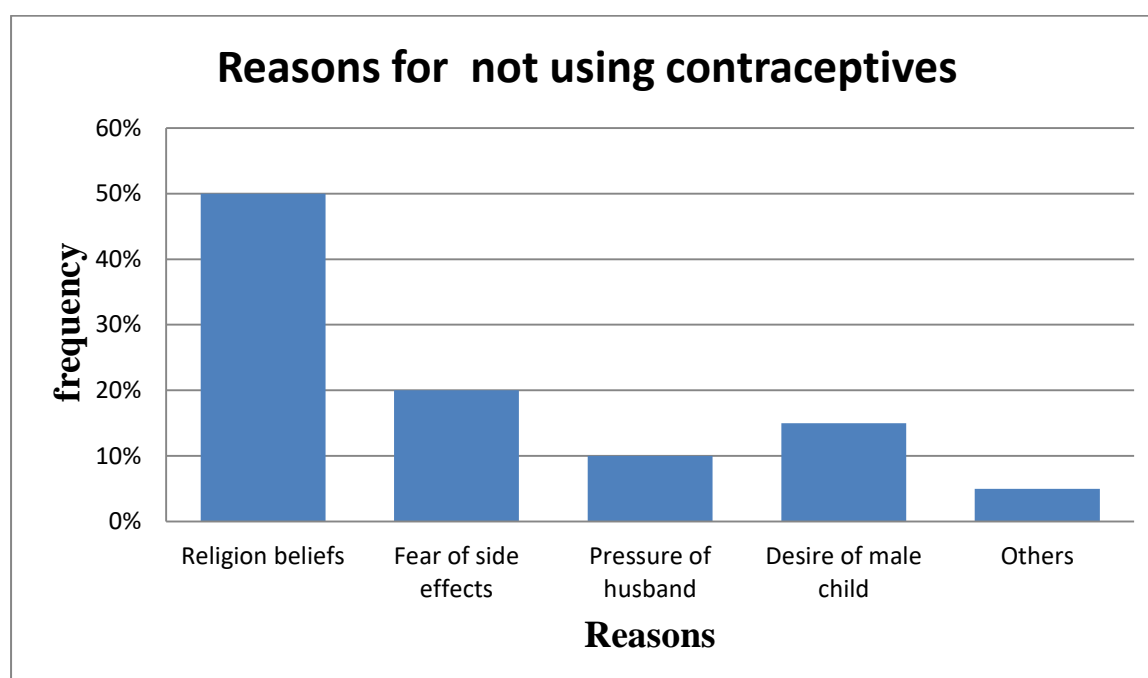
TABLE 8: Experience of side effects during family planning N = 100

Experiences of side effects	Frequency	Percentages (%)
Often	80	80
Seldom	15	15
Never	5	5
Total	100	100

Source: Primary data

Most respondents 80(80%) reported to often experience side effects, 5(5%) reported seldom side effects while 5(5%) reported no side effects

FIGURE 5: reasons for not using contraceptives N = 100



Source: Primary data

Majority of the respondents reported religion beliefs 50(50%), 20(20%) feared side effects, 10(10%) had pressure of the husbands, 15(15%) has desires to produce male children's and 5(5%) gave various reasons others.

TABLE 9: Religion influence on contraceptive use as a family planning method N = 100

Religion influence	Frequency	Percentages
murder	64	64%
Against God	21	21%
Others	15	15%
Total	100	100%

Source: Primary data

Most of the participants, 64(64%) indicated that F/P is to kill, 2(2%) said it was against God's will and other 15(15%) gave various answers.

TABLE 10: Experience of side effects during family planning N = 100

Experiences of side effects	Frequency	Percentages (%)
Often	80	80
Seldom	15	15
Never	5	5
Total	100	100

Source: Primary data

Most respondents 80(80%) reported to often experience side effects, 5(5%) reported seldom side effects while 5(5%) reported no side effects.

CHAPTER FIVE

Discussion, Conclusion, Recommendation

5.1 Introduction

Research on factors influencing F/P uptake among mothers attending Kapchorwa Hospital, Kapchorwa district.

This chapter presents discussion, conclusion, and recommendations.

5.2 Discussion

PART I: background information of respondents

The study shown that majority of the respondents, 44% were in the range of 26-30 years, followed 23% aged between 21-25 years. These implies that mothers were still young and capable of having more children hence a need for education on F/P in a bit to enable them avoid unwanted or too frequent pregnancies, possibly because they were the most active age groups and also most women get married or start cohabiting in these age groups thus they have high demand for family planning utilization. Most respondents 54% had attained primary education, 26% had attained secondary education. These low level of female education was a barrier to changing behavior and illiterates were unable to use the information about F/P as the highly.

The study also revealed most of the participants were Protestants 87%, followed by Muslims 5%, The high number of protestants was partly responsible for the low number of actual users as they were strongly against use of artificial methods of F/P. Majority of the respondents were peasants, 82%, followed by 12% housewives. This predominance of peasants who were mainly practicing subsistence farming for economic support thus socio economic implications that impede development and opposed the welfare of women on transport fees to the hospital hence low utilization of family planning services. The study also shown that majority of the respondents were married 64%, followed by singles 14%, These was in line with Garry F Kelly who stated that although US, Canada and Netherlands adults are informed about family planning methods, America tends to be skeptical about birth control methods and when the birth control techniques are available, people do not make use of them (Garry F.Kelly, 2001).

PART 2: accessibility of family planning methods

The study shown that most of the participants were visiting the hospital after every three month, 40%, 25% monthly, 20% and they gave a reason of lack of transport and that made them to be spending more than a month minus getting F/P services thus low use of family planning methods. Majority of the respondents, 40% were footing, 33% were using motorcycles as the means of transport to the hospital.

Most of the participants 40% were paying ush 1000, followed by 28% paying ush 500, 22% paying ush 2000, 4% paying ush 3000 and 6% paying ush 500 as transport in every visit to hospital for family planning and thus shown that most of the mothers couldn't attend for the F/P services.

PART 3: knowledge about family planning methods

Most of the respondents 78% had ever heard about family planning while 22% had never heard about family planning. This study findings were very different from (Tseko P.W's, 1995) finding were 61% of the clients had never heard about F/P. Most respondents 88% admitted that they were using artificial methods, 12% were using natural methods. Majority of respondents 45% reported that they were using pills and this study findings agree with those established by (Ferguson A, 1999) with pills as the best know method while the knowledge about other methods was very minimal. More than half of the respondents 67% said it was to prevent unwanted pregnancy, 13% said it was to delay pregnancy, 18% said to control family size and 2(2%) gave various responses. This coupled with the fact that there were no health centers within their communities and this limited the mother's accessibility for F/P services.

Concerning effectiveness, 70% said the method used was effective while 30% said it was not effective. These findings agree with (Ndyakira Amooti, 1991) who revealed that although many Ugandans know about some methods of family planning, their acceptability and popularity are still on the rock due to poor information and inadequate knowledge about F/P also they knew that it was effective.

In 1999, the state of California enacted legislation that required the employers to include contraception as part of employee's health insurance. An exemption was included for religious employers such Roman Catholic institution, that opposed contraception as moral evil (Amooti ; 2007).

PART 4: Attitude towards family planning methods

According to the attitude of family planning few of the respondents 70% had negative attitude towards F/P due to myths, beliefs and misconception about F/P, These was seen from the writer Garry F Kelly, That women's attitude towards sexuality can affect their decision making about contraception. Those with positive attitude about sex tend to use effective methods of birth control with greater consistence than women with negative attitudes.

Those with negative attitude gave various reasons as to why they don't like F/P methods such as they have many side effects. Those who had positive attitude towards F/P promised to encourage those who are not using to do so, According to the report given by the respondents 60% said F/P was bad and they gave various reasons to support their answers, 5% said that F/P methods make people have cancer, 30% said that it causes sterility and infertility while 5% said that it contributes to giving birth to babies with deformities

Concerning culture 55% said that F/P reduces the clan, 25% said that the F/P methods were only for whites while 21% said it may cause diseases. Majority of the respondents 40% said that they wanted to have enough time to care for their other children and said that high number of children lead to economic problems while 10% gave various reasons and hence this had led to low utilization of family planning services.

Most respondents 80% reported to often experience side effects. Majority of the respondents reported religion beliefs 50%, 20% feared side effects, 10% had pressure of the husbands and 15% had desires to produce male children's. All these findings agree with results from Mbereka's findings that the most important factors hindering F/P services in Uganda are lack of enough knowledge about F/P and fear of side effects.

5.3 Conclusions

Demographically, majority of the respondents were peasants with no other source of income for economic support. Over three third of the respondents in the study had attended formal education of some kind, ranging from primary to tertiary levels and the main religious affiliation were protestants and Muslims which both totally contributed to low utilization of family planning methods.

About the accessibility, most of the respondents had difficulty in accessing family planning services because of lack of transport.

According to the knowledge about family planning methods, most of the respondent's feared side effects of the family planning methods. Despite the knowledge on contraceptives,

majority did not endeavor to use them. These shown that people did not understand the importance of family planning.

Regarding the attitude toward family planning highly educated respondents liked F/P compared to the respondents with low education. Cultural and religious beliefs of respondents on family planning contributed to low utilization of F/P methods. This therefore calls for more emphasis to be put on family planning education for the public to benefit.

5.4 Recommendation

The researcher wishes to make the following recommendations.

Ministry of health should conduct seminars on family planning and train more health workers on family planning methods and their importance on the society.

More health centers should be constructed nearer to the people so that they can get access easily to the health facilities.

Family planning stakeholders should provide transport for mothers in order to attract many couples or people to join family planning services.

The ministry of health in conjunction with NGO's should use available media to give health talk on family planning to sensitize the public on importance of family planning and avoid cultural and religious beliefs on contraceptives.

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APPENDICES

APPENDIX ONE: QUESTIONNAIRE

ANSWER THE QUESTIONS BELOW

PART I: BACKGROUND INFORMATION OF RESPONDENTS

1. Town

2. Age (in years)

A. < 20 B. 21-25 C. 26-30 D. 31-35 E. 36-40 F. 41-45 []

3. Education level

A. Non formal education B. Primary education C. Secondary education D. Tertiary education []

4. Religion

A. Protestant B. catholic C. Muslim D. Other []

5. Occupation

A. Housewife B. Peasant C. Teacher D. Unemployed E. Trader []

6. Marital status

A. Married B. Single C. Divorced D. Widows E. Separated []

PART 2: ACCESSIBILITY OF FAMILY PLANNING METHODS

7. How regularly do you go there?

A. Weekly B. Monthly C. After every three month D. After every five years []

8. What means of transport do you use?

A. Motorcycle B. Bus C. Lorry D. On foot []

9. Transport costs per visit while going for family planning services in shs.

A. 500 B. 1000 C. 2000 D. 3000 E. 5000 []

PART 3: KNOWLEDGE ABOUT FAMILY PLANNING METHODS

10. Have you ever heard about family planning?

A. Yes B. No []

11. Place of issue of F/P service

A. F/P clinic B. Mobile clinic C. Pharmacists D. Private Doctor []

12. Knowledge about major methods of family planning

A. Natural B. Artificial []

13. Knowledge about artificial methods of family planning

A. Pills B. Condoms C. Ingestion D. I.U.D []

14. Benefits of family planning

A. Delay pregnancy B. Control of family C. Prevent unwanted pregnancy D. Others []

. Effectiveness of F/P methods

A. Effective B. Not effective []

PART 4: ATTITUDE TOWARDS FAMILY PLANNING METHODS

15. What is your attitude towards family planning?

A. Positive B. Negative []

16. Influence of culture on family planning

A. Causes many diseases B. Method for the whites C. Reduces the clan. []

17. What is your reason for the adoption of family planning?

A. Your ill health B. Economic problems C. Proper care of children

D. Any other specify..... []

18. Men's involvement in family planning

A. Yes B. No []

19. Have you experience side effect of family planning method after application?

A. Often B. Seldom C. Never []

21. Religious influence on family planning

A. Murder B. against God C. Others []

APPENDIX TWO: LETTER OF APPROVEMENT



KAMPALA
INTERNATIONAL
UNIVERSITY

TEACHING HOSPITAL

School of Allied Health Sciences (SAHS) Ishaka,
P.O. BOX 71 Bushenyi,
Tel: 0703786082/0773786082
Email: christinekyobuhaire@gmail.com

OFFICE OF THE ADMINISTRATOR –SAHS

19th April 2017

The Hospital Director Kapchorwa Hospital
KAPCHORWA DISTRICT

Dear Sir/Madam,

SUBJECT: DATA COLLECTION

Academic research project is an Academic requirement of every student pursuing a 3 year Diploma in Clinical Medicine & Community Health (DCM) of Kampala International University- Western Campus (KIU-WC). DCM program is housed in the School of Allied Health Sciences (SAHS).

The students have so far obtained skills in Proposal writing especially chapter one, Three & Questionnaire design. The student's topic has been approved by SAHS Research Unit and is therefore permitted to go for data collection alongside full proposal & dissertation writing. As you may discover the student is in the process of full proposal development. However, the student MUST present to you his questionnaire and his research specific objectives that he wishes to address. We as academic staff of Allied Health Sciences are extremely grateful for your support in training the young generation of Health Professionals. I therefore humbly request you to receive and allow the student **CHEPKWURUI MARKO** Reg.No. **DCM/3771/153/DU** in your hospital to carry out his research. His topic is hereby attached. Again we are very grateful for your matchless support and cooperation.

Topic: **FACTORS INFLUENCING USE OF FAMILY PLANNING METHODS AMONG MOTHERS ATTENDING KAPCHORWA DISTRICT.**

Sincerely yours,

Christine Kyobuhaire, Administrator- SAHS

CC: Dean SAHS
CC: Associate Dean SAHS
CC: Coordinator, Research Unit- SAHS
CC: H.O.D Dept. Public Health
CC: H.O.D Laboratory Sciences
CC: Coordinators; TLC & DEC

"Exploring the Heights"

APPENDIX THREE: MAP OF UGANDA



Map No. 3862 Rev. 4 UNITED NATIONS
May 2003

Department of	Public Information
	Cartographic Section

Kapchorwa District

APPENDIX FOUR: INFORMED CONSENT FORM

I Chepkwurui Marko, a medical student from Kampala International University carrying out research on factors affecting influencing the use of family planning methods among mothers attending Kapchorwa main hospital. You have been identified as a potential respondent, and therefore I am requesting you to spare some little time out of your busy schedule and feel in this questionnaire. I would like to inform you that you have all the rights to fill this questionnaire or to refuse and nothing will be implicated against you. I will be very grateful.

The participation of respondents by answering the questionnaire will help the researcher to assess the factors influencing the use of family planning among mothers attending Kapchorwa main Hospital which will also help the MOH to identify the strategies that can help to increase the use of family planning methods. The information provided will be purely for academic purposes and will be kept confidential.

Consent

I the participant, consent to the participation in the research as explained to me by the researcher.

Participants signature

Researchers signature.....

Date