

**KAMPALA INTERNATIONAL UNIVERSITY-
WESTERN CAMPUS**

**AWARENESS ATTITUDE BELIEFS AND PRACTICES OF
FAMILY PLANNING IN ISHAKA DIVISION**

**A RESEARCH SUBMITTED IN PARTIAL FULFILMENT
OF THE REQUIREMENTS FOR THE AWARD OF
BACHELOR OF MEDICINE AND SURGERY AT
KAMPALA INTERNATIONAL UNIVERSITY**

BY; ASSUMPTA WANJIRU CHEGE

BMS/0036/82/DF

YEAR: MAY 2014

DECLARATION

I, **ASSUMPTA WANJIRU CHEGE**, declare that this research is my own work and it has never been presented to any university or any other institution for the award of a degree, a diploma or any qualification whatsoever.

Where the work of other people has been included, acknowledgement to this has been made in accordance to the text and references quoted.

ASSUMPTA WANJIRU CHEGE

BMS/0036/82/DF

FACULTY OF CLINICAL MEDICINE AND DENTISTRY

SIGNATURE..... DATE.....

SUPERVISOR'S DECLARATION

I confirm that this research was presented to me for my approval and the research was done under my supervision.

SIGNATURE..... DATE.....

DR. EMURON SIMON A.

OBSTETRICIAN/GYNAECOLOGIST

Department of Obstetrics and Gynaecology

KAMPALA INTERNATIONAL UNIVERSITY-TEACHING HOSPITAL

AKNOWLEDGEMENT

First and foremost I thank God for this far He has brought me.

Kampala International University, for giving me the opportunity and providing the facilities and resources to study.

My family, for their love, support, understanding and constant encouragement.

All my lectures, for the skill and knowledge they imparted in me.

All my colleagues and friends, who played an important part in this journey,.

My supervisor Dr. Emuron , for his help and guidance in this research, may God bless you and your family abundantly.

DEDICATION

I dedicate this to my parents, Mr. and Mrs. Chege for their tremendous unwavering support, their love, encouragement and understanding.

To my siblings, my brother John and sisters, Catherine and Naomi for their constant support and love.

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LIST OF ABBREVIATIONS

WHO – WORLD HEALTH ORGANIZATION

IUD – INTRA-UTERINE DEVICE

NFP – NATURAL FAMILY PLANNING

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ABSTRACT

AWARENESS, ATTITUDE, BELIEFS AND PRACTICES OF FAMILY PLANNING IN ISHAKA DIVISION.

Family planning encompasses the different ways and methods people use to plan for their family size. It goes beyond birth control to refer to a variety of issues that influence their choice of family planning, including awareness, attitudes and beliefs towards family planning.

The study was a descriptive cross-sectional survey, done to assess the awareness attitudes, beliefs and practices of family planning in Ishaka division. The specific objectives were to examine the awareness of family planning, the impact of people's attitudes and beliefs on family planning usage and the challenges faced in the use of family planning.

A random sampling method was used to select 80 participants into the study; data was collected by use of self administered questionnaires. Close-ended questions were used. The study showed that majority of the respondents ranged between the ages limits of 30-45 which was 44 (55%). According to the research findings Catholics made up the majority of the respondent with 38 (47.5%). Most of the respondents 79(98.75%) had ever heard about family planning while only 1(1.25%) had never heard about family planning.

Both men and women were used in the research study and were selected at random. According to the research 69(86.25%) respondents interviewed had positive attitude towards family planning and said it was important. 11(13.75%) had negative attitude due to myth, beliefs and misconception about family planning, saying it was not important. The religious belief pertaining family planning contributed to low utilization of family planning methods. It was however noted that even some of those who had negative attitudes towards family planning still practiced it. Challenges concerning the use of family planning were also noted and these include; financial issues, long distances to service centers, rude health workers among others.

Thus family planning is a sensitive issue that requires more emphasis to increase awareness and address the negative attitudes and beliefs that exist in the community. It is recommended that there should be more sensitization to address the negative attitude and beliefs and that family planning should be a topic for all people of reproductive age.

CHAPTER ONE

1.0 BACKGROUND TO THE STUDY

1.1 INTRODUCTION

Family planning goes beyond birth control to refer to a variety of issues that influence family size. Women's ages affect their likelihood of becoming pregnant and ironically younger women who may not be ready to be mothers have a higher likelihood of getting pregnant. Parents must also consider prenatal care to reduce the risk of birth related problems (Mackenzie, 2013).

While humans have always tried various barrier and avoidance methods in an effort to control the size of their families, it is only in the past 50 years that they have had so many scientific tools to manage family size; western societal norms have shifted toward being more accepting of birth control and abortion in now legal in most countries.

The development of birth control technologies, such as the pill and the IUD, societies shifting from rural to urban and the growth of the two- income family have led many couples to plan for smaller and more affordable families (Family planning perspective, 2011).

A 2007 Harvard university and WHO study found that attitudes towards birth control methods in developing countries as well as their expenses have led to them seeing seldom use compared to the rest of the world. According to the United Nations Population fund, maternal mortality rates have decreased in countries where women have access to reliable contraception. A 2001 World Bank report indicates that income levels and education are higher in populations with available and affordable birth control. This however, cannot be generalized for societies where people may not realize that the smaller the family the better the chances of improving their incomes.

Community partnership with family planning councils and other organizations has ensured family planning services reach the intended users. In Pennsylvania for example, Americhoice has worked with the family planning council to make sure people access services in various sites throughout the city. (Americhoice 2012)

Prenatal care studies have demonstrated benefits of pregnant women making health choices before, during and after their pregnancy. For example women should avoid drinking alcohol,

smoking cigarettes or taking drugs and should increase intake of fruits and vegetables to maximize their children's health.

It is viewed important that as women take care of themselves during pregnancy, so should they mind their post natal health, and this includes the choice of family planning method. Women who believe in good health, a birth control choice is always on their list of priorities.(Gebremichael, 2014) .This Study proved this assumption in the community studied.

1.2 STATEMENT OF THE PROBLEM

A 2007 Harvard university and World health organization study found out that negative attitudes and beliefs towards birth control methods in developing countries continue to influence access to family planning services, despite the decrease of maternal mortality rates in countries where women have access to reliable contraception, have incomes and a good education to enable them acquire the family planning methods of their choice (World Bank, 2001; cited by Hanley 2014).

This however could not be generalized for the entire area where this study was carried out. This study established the influence of attitudes and beliefs on the usage (practice) of family planning services.

1.3 OBJECTIVES OF THE STUDY

The study was guided by the following objectives

1.3.1 MAIN OBJECTIVE

To examine the awareness, attitudes, beliefs and practices of family planning in Ishaka division community.

1.3.2 SPECIFIC OBJECTIVES

1. To establish the awareness of family planning methods
2. To examine the impact of people's attitudes and beliefs on the usage of family planning.

3. To identify the challenges to family planning usage in ishaka community.

1.4 .RESEARCH QUESTIONS

1. Are people aware of family planning methods?
2. What is the impact of people's attitudes and beliefs on the usage of family planning methods?
3. What are the challenges to family planning usage in Ishaka community?

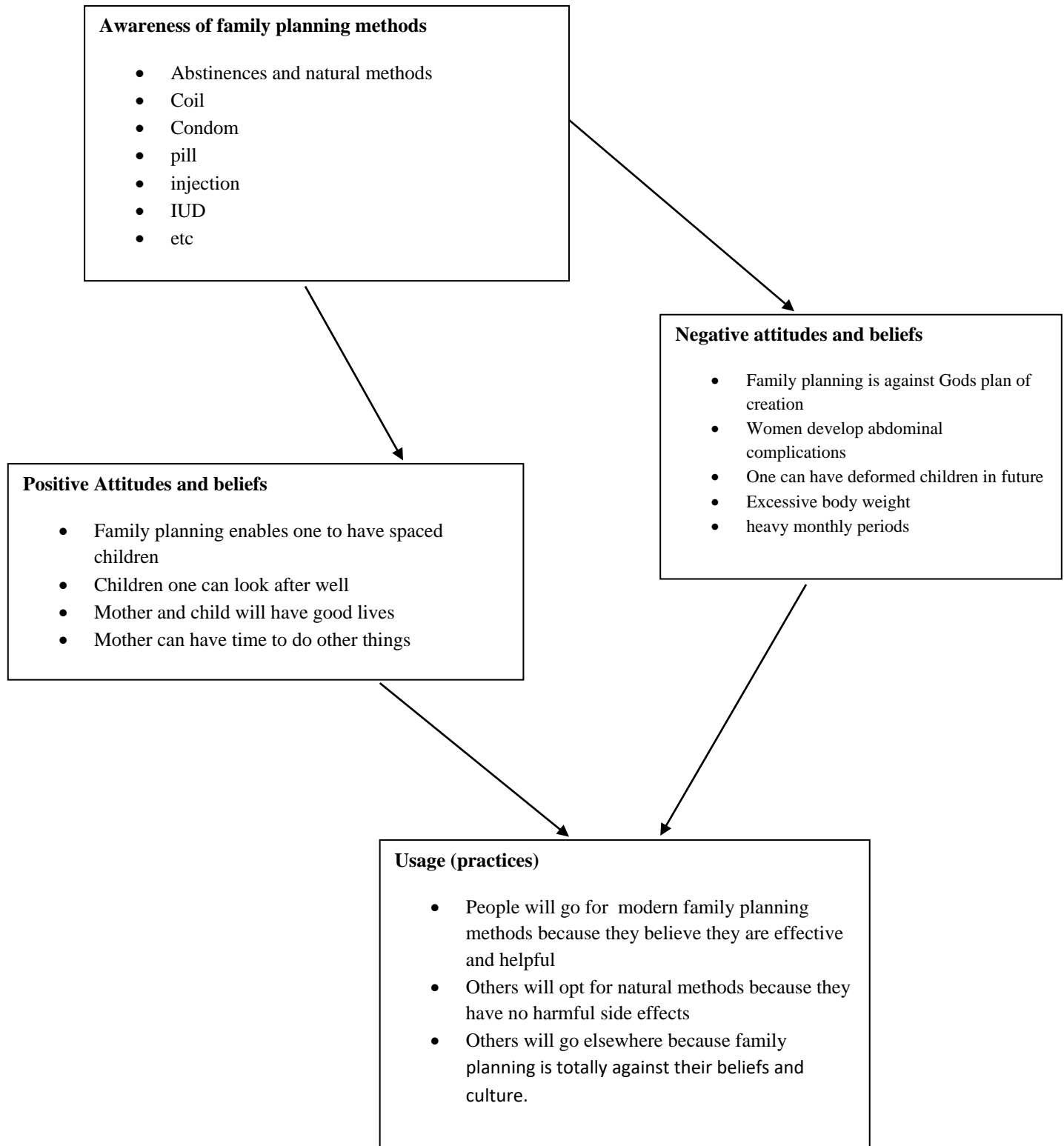
1.5. SIGNIFICANCE OF THE STUDY

The findings will provide an insight in to the beliefs and attitudes towards family planning, and their impact on family planning usage in communities.

The study findings will be an input to health practitioners to develop relevant guidelines and information and will also be useful to health educators especially in the villages.

The research will enable me to attain my bachelor's degree since it is a partial fulfillment of the requirements for the course.

1.6. CONCEPTUAL FRAMEWORK



The conceptual framework explains the various methods of family planning. These are coils, pills, injection, condoms and natural methods among others.

The conceptual frame work assumes that there are negative and positive beliefs and attitudes of people towards family planning. The positive beliefs are as follows; Family planning enables one to have spaced children, children one can look after well, mother and child will have good lives and that mother can have time to do other things

According to the negative attitudes, family planning is against Gods plan of creation, women develop abdominal complications, and one can have deformed children in future, excessive body weight and heavy monthly periods.

The conceptual frame work assumes that the attitudes and beliefs of individuals affect their usage or practice of a given method of family planning. For example; people will go for modern family planning methods because they believe they are effective and helpful, others will opt for natural methods because they have no harmful side effects and others will go elsewhere because family planning is totally against their beliefs and culture.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 INTRODUCTION

Literature was reviewed in relation to the main objectives of the study. These are the methods of family planning, people's attitudes and beliefs of family planning and their impact on family planning usage. Lastly, challenges to family planning in general.

2.2 FAMILY PLANNING METHODS

There are many options for family planning out there. Each one has different failure rates. No method other than abstinence is completely effective, but some are more suitable for one's needs than others.

Natural family planning (NFP) is also called rhythm method. It involves tracking the woman's ovulation and avoiding sexual intercourse when she is fertile. If one's religion forbids other forms of birth control, this may be an attractive option. Natural family planning has a failure rate of about 25%, meaning that out of 100 women using this method, about 25 will become pregnant. According to the U.S Department of Health and Human Services office, on women's health, that failure rate might be unacceptably high to many couples (Planned Parenthood journal, 2012).

Research of maternal and child disease (CEMICAMP) a nonprofit family planning organization in Brazil studied the use of a 28 bead necklace to help women follow their menstruation cycle to be aware of when the risk of conception is greatest. The first bead of the necklace is red to indicate the first day of menstruation and the next seven beads are brown, indicating a time of infertility. These are followed by 11 white beads designating the fertility window; with fluorescent beads indicating a woman's peak days of ovulation. A black rubber band marker is moved from bead to bead to follow the cycle. The fluorescent beads for peak days of ovulation glow in the dark, a vivid reminder when the necklace is near a woman's bedside at night (Gebremichael 2014).

Barrier methods include the condom, the diaphragm and the cervical cap. The diaphragm covers the entrance of the uterus, thereby blocking the sperm access. The cervical cap does the similar

thing. In general, the barrier methods have a failure rate of 11% to 20%, but using a spermicide along with barrier methods increases its effectiveness.

Oral/ Topical methods is where by women take pills or wear a patch to control the hormones that allow pregnancy to occur. If used correctly, these drugs prevent pregnancy. If women later want to become pregnant, they can simply stop taking the pill or remove the patch. The failure rate of the pill or patch is about 5%, although it might be somewhat higher in overweight women.

Injection; depo - provera is an injection given to women as a birth control method. Women must get the injection four times a year. This has a failure rate of less than 1%.

There is also a method known as IUD. This stands for Internal Uterine Device. An IUD is inserted into a woman's uterus by a doctor to prevent pregnancy. When the woman is ready to become pregnant, her doctor removes the device. The IUD has a failure rate of about 1%. Newer devices, such as Nuva- ring has a failure rate of about 5%.

Sterilization is a method for both men and women. This can be done with a goal of permanently preventing pregnancy. Failure rate for both men and women are less than 1%. But the procedures are never fool- proof or completely effective in everyone. (Hanley, 2014)

2.3 AWARENESS OF FAMILY PLANNING

Across all cultures, issues of reproductive health and family planning in particular are understood according to how their particular societies define them. NFP is known to some societies as an effective method. It is regarded as the only method that has no physical side effects, like other methods, it is a method of avoiding or achieving pregnancy which does not involve drugs, devices or physical intervention. (Family Health International, 1996).

Family planning is known to many people as a way of regulating child birth and spacing children, which is considered healthy for both mothers and children. With family planning, one produces children they take care of. Family planning is common knowledge to most couples. It was also established that couples who don't practice family planning don't do it because they are not aware of the family planning methods, but mostly due to fear of the side effects (Hanley, 2014).

2.4 ATTITUDES AND BELIEFS OF FAMILY PLANNING AND HOW THEY AFFECT ITS PRACTICE

Gender- based abortion in countries such as China and India, where a preference for male children exists, has affected the male-female balance of the population. Assisted reproductive technologies, such as in vitro fertilization, push the limits of societal attitudes and acceptance as more women choose to become single parents. (Woodhead,2013). The attitude and belief that a male child should be 'saved' and the girl child aborted does not only affect the family structure, but affect the society in the long run. This study established the extent to which the attitudes and beliefs about family planning can influence the family and society's well being.

Moslem leaders are often assumed to hold more conservative attitudes than the general population about family planning. This has in some areas resulted in to non usage among individual Muslims. However, sometimes the leaders' stance toward family planning is often misinterpreted. However they are expected to refer to religious texts for guidance as

they seek to interpret the acceptability of new ideas (Underwood, 2000).

The catholic Relief service has tested the 'simple calendar rule method' of family planning. This helps women recognize their fertile time, without requiring them to chart or monitor physical changes in mucus or body temperature. Despite its trickiness, the method is opted for by many catholic families since it is not against the bible story of creation and Gods commandments in particular (Family Health International, 1996). This however may not be the same with the community under study; this study established the religious denominations and their influence to particular methods of family planning.

The other most ignored safe way of controlling pregnancy is having sexual intercourse during a woman's monthly periods but this has been dismissed by many people as 'dirty sex'. In some communities e.g. in Nigeria, having sex during the menstruation period can turn people into albinos. Therefore people will always have sex during the most likely unsafe days and hence increasing chances of unwanted pregnancies (Gebremichael 2014).

The harmful practice of douching with hot water, salt, vinegar and lemon or potassium after sexual intercourse is common in African cultures, and should be discouraged. This ineffective technique can introduce infection in to a women's uterus and cause permanent damage, including infertility.

2.5 CHALLENGES TO FAMILY PLANNING

Birth control is the most recognizable factor in family planning- while women can take hormonal birth control, such as oral contraceptives without their male partners knowing, other forms of birth control require mutual consent e.g condom use. The use of any method should be a mutual decision, according to Medline Plus at the National Library of Medicine. Careless sex without condoms can cause unwanted pregnancy as can ineffective methods of birth control or inconsistency use (Mackenzie, 2013).

Parents need money to pay for prenatal care and later support their expanded families. Couples who do not want to be parents need money to afford birth control. This is a major

problem, as the poor cannot pay for birth control, nor can they afford to support their children well when they are unable to prevent their families from growing.

Age is a very influential factor in family planning. Teenagers may not be familiar with birth control measures and engage in careless sexual intercourse that increases the risk of pregnancy. Distances and availability of family planning service in the communities are also challenges to individuals and these can limit the usage. People tend to use a service that is readily available to them.

Beliefs and misconceptions is also an important issue when it comes to family planning. Some people get misleading information from their friends and colleagues and sometimes take it as the 'gospel truth'. In cases where the information comes from the prominent people in the community, it is hard to convince people otherwise. Another challenge is when religious leaders point out that family planning is against their preachings (Gebremichael, 2014).

This study established the similarities and differences of these challenges compared to those of the area of study.

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 STUDY DESIGN

The study was both analytical and descriptive. The study analyzed the different methods of family planning and described the various beliefs and attitudes of individuals, and their impact on the usage of family planning methods in the communities.

The study used both qualitative and quantitative research methods for complimentary purposes.

3.2. SCOPE AND AREA OF THE STUDY

The study scope was the impact of people's attitudes and beliefs on the usage of family planning methods.

The geographical study area was Ishaka central division. At least two parishes (wards) were studied. The study covered 80 respondents and included both men and women of the reproductive age.

The study area was Ishaka division in Bushenyi – Ishaka Municipality, Bushenyi district, in western part of Uganda.

3.3 POPULATION OF THE STUDY

The population of the study consisted of men and women of the reproductive age, because these were knowledgeable about the topic being researched about.

3.4 SAMPLING METHODS

3.4.1 Sample Size and Selection

The study used simple random sampling procedures; where by the samples of the same size have equal chances of being selected.

F will be population of the study area

R the sample size

The total numbers of samples of size R that can be selected from the population of size F is given

$$F = F(F-1)(F-2) \dots R$$

$$500 = 500(500 - 1)(500 - 2) = \dots 3.2.1$$

1 = Men

2 = Women - This means that both men and women had equal chances of being studied (Amin, 2005)

If the first person met is male, then the next was female and so on.

3.4.2 Inclusion and exclusion criteria

Men and women of the reproductive age were considered because they were aware of the topic of study or have ever used the methods.

Children below 18 years were not included because they were presumed not to be using the methods

3.5 DATA COLLECTION METHODS AND TOOLS

3.5.1 Quantitative methods

The method used semi-structured questionnaires to get responses from men and women. These at least had ever used family planning methods, or were aware of what it involves. The questionnaires saved time. The method was complemented with direct observation by the researcher.

3.6 RELIABILITY AND VALIDITY OF INSTRUMENTS

The study instruments were pre-tested before the actual field work; to establish their validity and reliability.

3.7 DATA PROCESSING AND ANALYSIS

3.7.1 Quantitative analysis

Questionnaires were edited before leaving the field to check for uniformity, accuracy, completeness and consistency. Data was coded and analyzed using Statistical Package for Social Sciences (SPSS) program. Frequency tables, pie charts and graphs were used to present the findings.

3.8. ETHICAL CONSIDERATION

Permission was sought from the university authority and an introductory letter obtained to introduce the researcher to the respondents'. The purpose and benefits of the study were explained to the respondents and the research assistants. Consent was also sought from the respondents before interviewing them. Respondents were also assured of the confidentiality of their responses. All important procedures were followed to ensure the study's success.

3.9. ANTICIPATED CHALLENGES OF THE STUDY

Being a student, financial challenges were faced. However all the resources available were utilized effectively, in order to get a genuine representation of the study and a good report in general.

Family planning being a personal matter to individuals; some people were reluctant to give their responses. However the respondents were assured of confidentiality and finally cooperated.

CHAPTER FOUR

4.0 PRESENTATION OF FINDINGS

4.1 INRTRODUCTION

The study findings are presented in this chapter. The presentation is guided by the study objectives and other important themes of the study such as the socio-demographic characteristics of the respondents. This provides important information about individuals.

4.2 THE SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

The socio demographic characteristics of respondents that were included in the study are; Age of the respondents and their religious denominations. The pie chart below presents the respondents age.

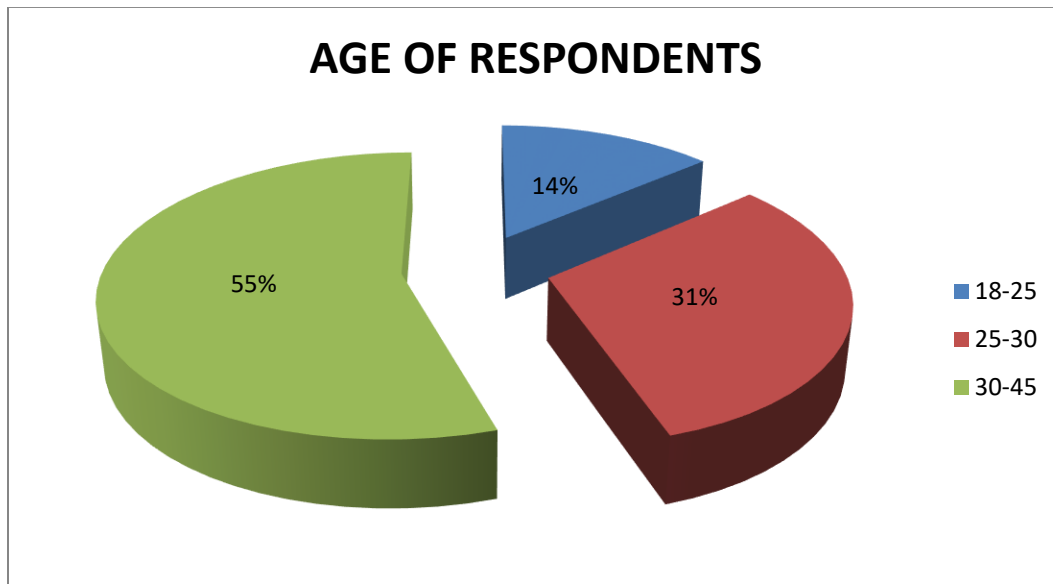


figure 4.1

According to the pie chart the majority respondents were aged 35- 45 (44), followed by those aged 25-30 (25), then those aged 18-25 (11). The respondents, though randomly sampled, had to be men and women of the reproductive age. They were assumed to be well conversant with the topic under study.

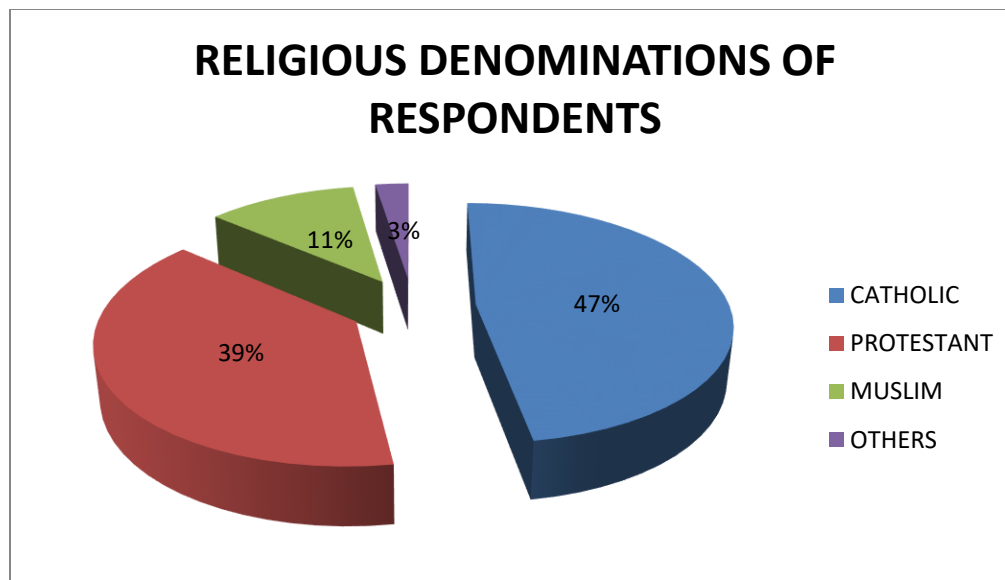


Figure 4.2

Figure 4.2 above shows that, 47% (38), of the respondents were Catholics, 39% (31) were Protestants, 11% (9) were Muslims, and 3% (2) belong to other denominations. The other denominations included the seventh day Adventists and born again Christians. The numbers of each denomination were not pre determined because respondents were randomly selected.

4.3 KNOWLEDGE OF FAMILY PLANNING

After identifying the important socio-demographic characteristics of the respondents. The respondents' knowledge about family planning was established.

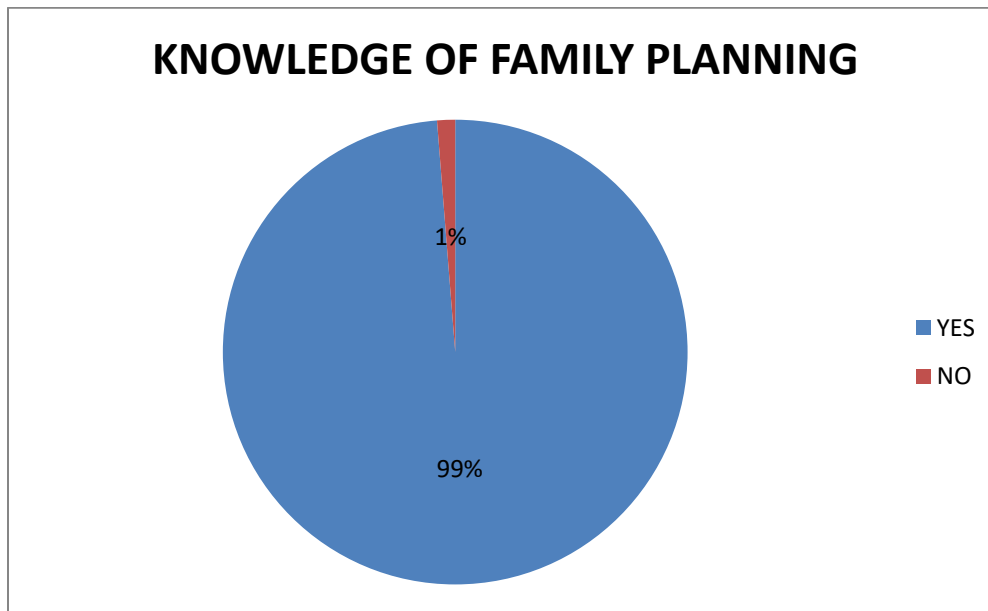


Figure 4.3

The majority of respondents, 79 (99%), said they were aware of the term family planning, while only 1% of the respondents were not aware.

Respondents were asked about the various methods of family planning and they gave multiple responses as shown in the graph below.

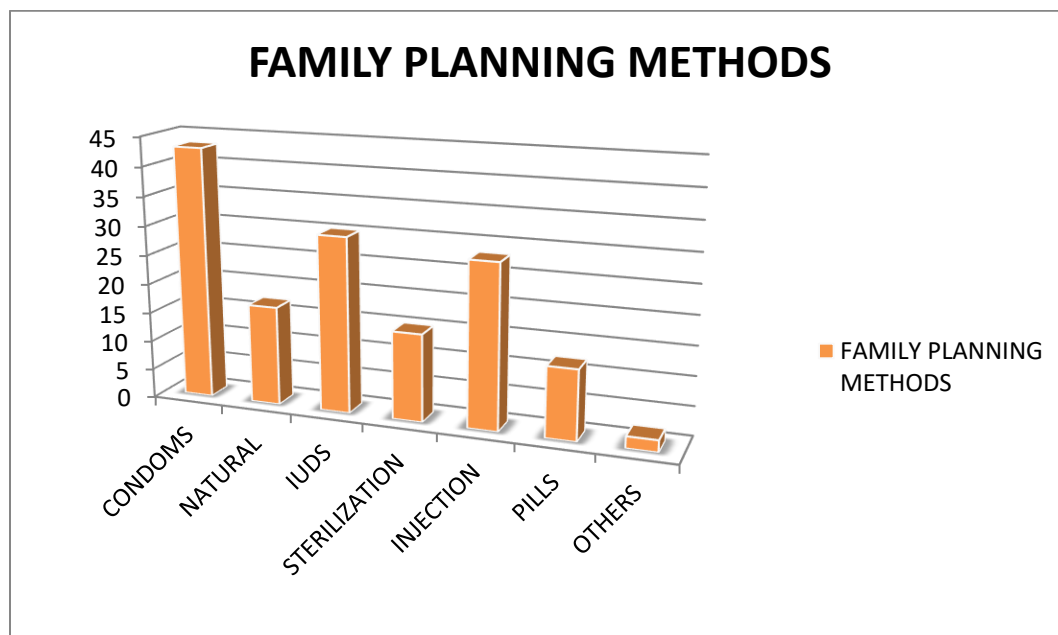


Figure 4.4

Use of condoms appeared to be the popular family planning or birth control method known according to the respondents (43). This was followed by IUDS (30), followed by injection (28), followed by natural family planning method (17), sterilization (15), Pills (12) and lastly other methods (02). These other methods according to the respondents were; diaphragm and the Cervical cap

4.4 ATTITDES, BELIEFS AND PRACTICES OF FAMILY PLANNING

Respondents were asked whether they think family planning is important and the responses are presented in the table below.

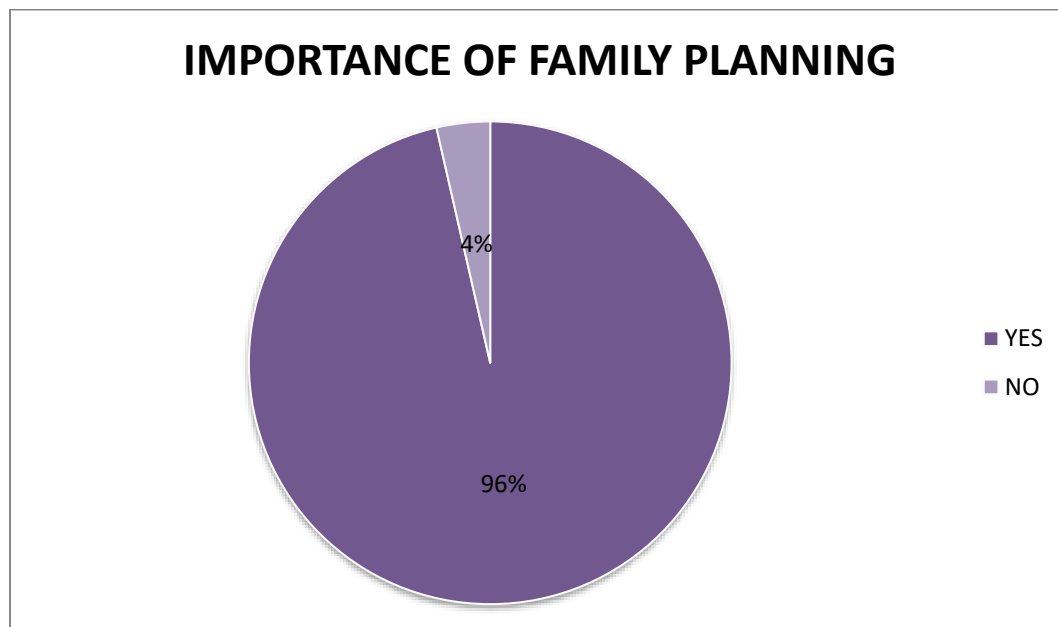


Figure 4.5

According to figure 4.5 above, the majority respondents said family planning is important (69), while only 11 said it is not important. The respondents who said family planning is important gave their reasons in the table below, while those who said it not important also gave their reasons.

Table 4.1: Responses regarding beliefs about family planning

What do you believe and think about family planning	Frequency
It helps one to have spaced children	40
have children one can look after well	55
It's good for the health of mother and child	20
It is against Gods plan of creation	18
Has dangerous side effects	16

Majority respondents said family planning helps one to have children one can look after (55) family planning helps to space children (40) ,promotes good health for mother and child (20) , it is against Gods plan of creation, and finally that it has dangerous side effects (16).

Respondents were asked whether they practice family planning. Responses are shown in figure 4.6 below.

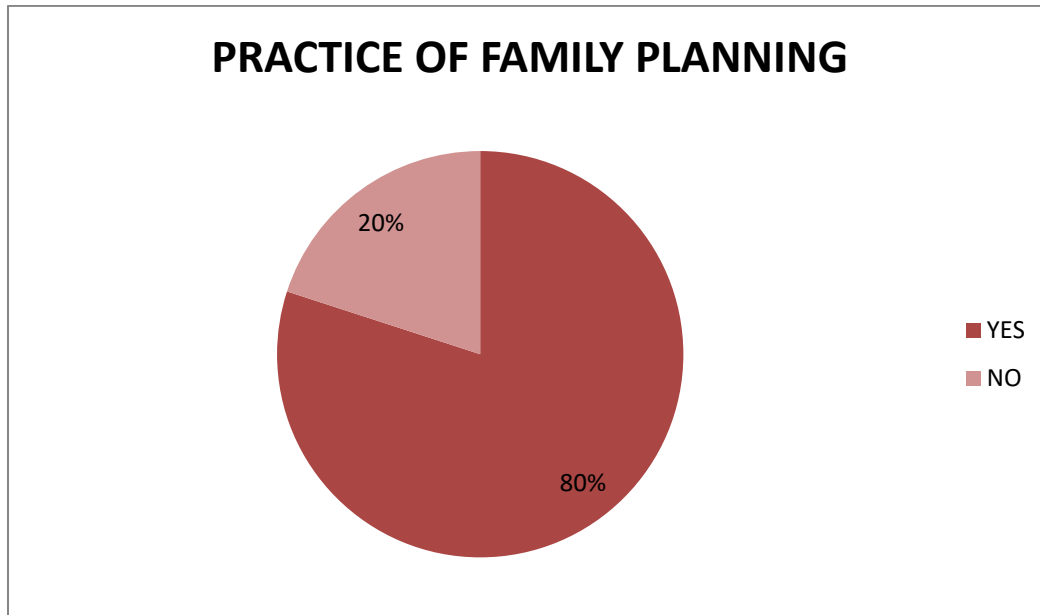


Figure 4.6

Majority respondents, 80% (64) said they practice family planning, while 20% (16) said they do not. Respondents who practiced said it is because they know its importance while those who don't practice said it is because they don't believe in it or have other reasons some of which included lack of finances.

Respondents beliefs were compared with their practices and the responses are in the table below.

Table 4.2: Respondents beliefs and practices of family planning.

Beliefs about family planning	Do you practice family planning?			
	Yes		No	
	Freq	percentage	Frequency	Percentage
It helps have spaced children	35	87.5	5	12.5
Producing children one can look after well	51	92.7	4	7.3
Health for mother and children	20	100	0	0
It is against Gods plan of creation	11	61.2	07	38.8
Has dangerous side effects	16	100	0	0

It was found out that there is partly a relationship between individual's beliefs and practices of family planning. The 55 multiple responses of respondents who said family planning helps people to have children they can afford to look after, 51(92.7%) practice family planning. Of the 40 respondents who said family planning helps one to have spaced children, 35(87.5%) practice family planning, all 20 multiple responses of those who said family planning enable the mother to have good life as well as her children, all practice family planning, 11 out of 18 despondences which said that Family planning is against Gods creation plan, practice family planning while all the 16 respondents who said family planning has dangerous side effects, still practice it.

Table 4.3: Religious denominations and practice of family planning.

Religion	Do you practice family planning?			
	Yes		No	
	Freq	percentage	Frequency	Percentage
Catholics	36	94.4	02	5.26
protestants	25	80.6	6	19.35
Muslims	03	33.3	6	66.6
Others	0	0	02	100

The table above shows that one's religion may influence his or her practice of family planning. The table shows that of the 38 respondents who are Catholics, majority(94.4%) practice family planning, out of 31 protestants, 80.6% practice family planning, while a majority of Muslims (66.6%) do not practice family planning as well as other religions which included seventh day Adventists and born again Christians.

4.5 CHALLENGES TO FAMILY PLANNING

After establishing the information about the family planning beliefs and practices, the researcher found out that there are a number of challenges to family planning. Despite the beliefs and attitudes, other factors also affect family planning as the table below explains.

Table 4.4: what are the challenges to family planning? N=80

Challenges	Frequ ency
Long distances to the service centers	4
Lack of finances	60
Rude service providers	6
Others	10

Respondents gave multiple responses about the challenges. Many responses pointed to lack of finances for the service (60), followed by other reasons (10) which included misunderstandings between the partners, carelessness/ forgetfulness. Some respondents (6) mentioned rude or unfriendly service providers, while others talked of long distances to the service centers as a challenge. These challenges have an impact on the practice of family planning .

CHAPTER FIVE

5.0 DISCUSSION, CONCLUSION AND RECOMMENDATIONS OF THE FINDINGS

5.1 DISCUSSION

According to figure 4.1 the majority of respondents were aged 35- 45, followed by those aged 25-30, then those aged 18-25. Though randomly sampled, the respondents had to be men and women of the reproductive age. These were assumed to be well conversant with the topic under study.

Figure 4.2 shows that, 47.5%, of the respondents were Catholics, 38.75% were Protestants, 11.25% were Muslims, and 2.5% belonged to other denominations. The other denominations included the seventh day Adventists and born again Christians. The numbers of each denomination were not pre determined by the researcher because respondents were randomly selected.

Majority of the respondents, 79, said they are aware of the term family planning, while only 1 respondent was not aware. Respondents were asked about the various methods of family planning and they gave multiple responses such as condoms, IUDS, injection, pills, natural methods etc.

The use of condoms appeared to be the popular method of family planning or birth control method according to the respondents (43). This is followed by IUDS (30), followed by injection (28), Followed by natural family planning method (17), sterilization (15), Pills (12) and lastly other methods (02). These other methods according to the respondents were; diaphragm and the Cervical cap.

It was established that the condom was popular because it is cheap and easily available compared to other methods. According to most men, the condom is convenient and not easy to forget.

Other methods were known to the respondents, either through practice/use of it, or learned from other people, through media and health workers.

Many respondents considered family planning as important by giving multiple responses, 55 respondents said family planning gives an opportunity to give birth to children one can look after well. 40 respondents said it helps have spaced children, 20 said when a mother gives birth after normal interval, she will be healthy as well as the children she produces. 18 respondents said family planning is against Gods creation plan, while 16 say it has dangerous side effects.

According to the respondents who consider family planning important, having a family one can look after well is an important tool to development. This is because children will feed well, have good education, living conditions and so on. Besides, the mother can always have time to think and do developmental things since she does not have to be tied down by a chain of little children.

They also said that, the mother and her children will be healthy. Children who are not spaced well may fall sick especially if they were not breast fed well. According to these respondents all necessities can be affordable when the family size is small.

The respondents who don't think family planning is important said that when God was creating human beings, he told them to produce and fill the world and who ever contradicts God, has sinned. Some also argued that most people who practice family planning especially women, complain of stomach pains, excessive weight gain and infertility in the long run among other things

Though respondents were giving multiple responses, on the beliefs and importance of family planning, it was found out that there is partly a relationship between individual's beliefs and practices of family planning. Ones belief may either affect his/her practice of family planning, and partly may not affect it. The 55 multiple responses of respondents who said family planning helps people to have children they can afford to look after, 51(92.7%) practice family planning. Of the 40 respondents who said family planning helps one to have spaced children, 35(87.5%) practice family planning, all 20 multiple responses of those who said family planning enable the mother to have good life as well as her children, all practice family planning, 11 out of 18 despondences which said that Family planning is against Gods creation plan, practice family planning while all the 16 respondents who said family planning has dangerous side effects, still practice it.

The results showed that one's religion may or may not influence his or her practice of family planning. Table 4.3 shows that of the 38 respondents who are Catholics, majority(94.4%) practice family planning, out of 31 protestants, 25 (80.6%) practice family planning, while majority Muslims do not practice family planning as well as other religions which included seventh day Adventists and born again Christians.

The respondents against modern family planning methods were against it because of its effects on one's health, especially to the women, These respondents said that family planning can cause infertility with time, can cause heavy menstrual periods among women and causes excessive weight gain. However if they were to practice it, they would try natural family planning because it does not conflict with their religious beliefs.

Respondents gave multiple responses about the challenges. Many responses pointed to lack of finances for the service (70), followed by other reasons (20) which included misunderstandings between the partners, carelessness/ forgetfulness. Some respondents (18) mentioned rude or unfriendly service providers, while others talked of long distances to the service centers as a challenge. These challenges have got an impact on the practice of family planning .

When one has no money, this can compromise with his /her choice of family planning. When there misunderstandings between the two partners over the method of family planning, they may never use family planning at all, if partners or one partner is careless e.g. when one forgets to take the pill,. She can end up getting unwanted pregnancies. Lastly if the distance to health units is long, the chances of using family planning are minimal.

5.2 CONCLUSION

According to the study majority of the respondents were knowledgeable about family planning with respondents mentioning one or two methods of family planning, but the most known methods were condoms and IUDS.

It was established that majority respondents think family planning is important. The most common answers for its importance were because it helps have spaced children, have children one look after well, and that the well being of the mother and child are put into consideration.

Respondents who said family planning is not important said it is because of its dangerous side effects and that it is not favored by God. Despite these attitudes, majority of the respondents practice family planning.

There is a partial relationship between individuals' beliefs and practice of family planning. Most of the respondents, who said family planning is important, practice it, but even some of those who said family planning is not important still practice it.

There is also a partial relationship between religion and practice of family planning. Majority of the Catholics practice family planning, as well as majority of the Protestants. However all the seventh day Adventists and born again Christians don't practice it at all, and only 3 Muslims out of 9 practice family planning.

Besides attitudes and beliefs, challenges to family planning established were; long distances to the health/service centers, lack of finances to access the services, uncooperative service providers and misunderstandings between couples.

5.3 RECOMMENDATIONS OF THE STUDY

According to the study findings it is recommended that there should be more sensitization in communities in order to correct the contradicting religious beliefs and personal beliefs. This should also be done in order to strengthen and improve the well being of communities since family planning is an important factor for improved households' incomes.

The study also recommends that natural family planning should be emphasized because it does not contradict with many people's beliefs. This method involves the community directly and its stakeholder's e.g the women leaders. When people are taught by the people they believe in they understand the service better.

Family planning should be a topic for all people of the reproductive age, starting with the 18 year olds plus. This is because the earlier the people come to know about family planning the better.

Health workers should be trained and retrained in family planning methods, the various types, their use, risks and benefits and how to teach their patients about them in a patient manner for better understanding.

More health workers should also be deployed to villages to make more people aware of family planning methods and services. This will help in the reduction of family size to sizes that parents can comfortably take care of and thus reduce poverty.

Some of the various methods of family planning could be made cheaper e.g through government subsidies in order to make them more affordable.

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APPENDIX 1

Informed Consent Form

I ASSUMPTA WANJIRU CHEGE invite you to participate in the study on **AWARENESS ATTITUDES BELIEFS AND PRACTICES OF FAMILY PLANNING IN ISHAKA COMMUNITY**.

The objective of this study is to establish the awareness of family planning methods, examine the impact of people's attitudes and beliefs on family planning usage and to identify the challenges of family planning usage in the community.

The questionnaire will be used to collect information from you. The information you will give will be kept confidential and only the researcher and her assistants will be granted access.

Your participation in this study is voluntary and you have a right to refuse to participate or answer any question that you feel uncomfortable with. If you change your mind about participation during the course of the study, you have the right to withdraw at any time.

If there is anything that is not clear or you need further information with regards to the study, we shall be happy to provide you with it. Thank you.

Signature

RESPONDENT

Signature

RESEARCHER

APPENDIX 2

Questionnaire for Respondents

SOCIO-DEMOGRAPHIC DATA

1. Name.....
.....

2. Age of the respondents

a. 18 – 25

b. 25 – 30

c. 30 - 45

Education background of the respondents

a. No formal education

b. Primary 1-7

c. Secondary

d. Tertiary

e. University

4. Religion

a. catholic

b. protestant

c. moslem

d. others(spacefy)

AWARENESS

5. Have you ever heard of family planning?

a. Yes

b. No

What exactly do you know(probe to see if aware of the methods, importance etc)

6. Do you think family planning is important?

a. Yes

b. No

ATTITUDE AND BELIEFS

7. What do you believe and think about family planning?

a. It helps space children

b. Producing kids one can afford

c. Good health for both mother and children

d. It is against Gods creation plan

e .Has side effects.

8. Which people should practice family planning?

a. The poor

b. The educated

c. Non believers

d. Those who work in office

9. what are challenges to family planning

a. long distances to service centers

b. lack for finances

c. strong religious beliefs

d. Lack of cooperation between the patners

e. others

THANK YOU FOR YOUR TIME

APPENDIX 3

WORK PLAN

Activity	Time	Duration
Proposal preparation and approval	3 th APRIL to 22 th APRIL	Three weeks
Data collection	23 rd APRIL to 7 th MAY	Two weeks
Data analysis and Report writing	15 th MAY to 30 th MAY	Two weeks
Report submission	June 2014	

APPENDIX 4

BUDGET

Item	Unit cost	Quantity	Total cost
Research assistants	25,000	1	25,000
Stationery			
• Printing paper	15,000	2	30,000
• Pens	700	4	2,800
• Compact disk	1,000	1	1,000
• Internet charges	30,000	-	30,000
• Printing	100	80	8,000
• Binding	1,500	2	3,000
Total			99,800

MAP OF BUSHENYI DISTRICT

