

**CHALLENGES IN THE UTILIZATION OF MODERN FAMILY
PLANNING METHODS AMONG YOUNG WOMEN IN
BUYENDE DISTRICT**

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**A RESEARCH SUBMITTED TO THE COLLEGE OF OPEN
AND DISTANCE LEARNING AS PARTIAL FULFILLMENT
OF THE REQUIREMENTS OF THE AWARD OF A
DEGREE OF PUBLIC ADMINISTRATION OF
KAMPALA INTERNATIONAL UNIVERSITY**

DECLARATION

I Baganzi Moses, declare that this dissertation is my original work and has not been submitted for the award of a degree in any other universities or institution of higher learning.

Signed  -----

Date  -----

Baganzi Moses

APPROVAL

This dissertation entitled challenges in the utilization of modern family planning methods among young women in Buyende District was done under my supervision and has been submitted to the College of open and distance learning for examination with my approval as supervisor.

Signed _____

Mr. Balunywa Mahiri
SUPERVISOR

Date _____

7th / OCT. 2011

DEDICATION

This dissertation is dedicated to the District Health Team of Buyende District, my dear wife Leah, and all the children Esther, Ivan, Kenneth, Angela, Rachael, Noah, and Martha.

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LIST OF ABBREVIATIONS

AIDS	-	Acquired Immune Deficiency Syndrome
ANC	-	Ante natal clinic
CBO	-	Community Based Organization
CPR	-	Contraceptive Prevalence Rate
DHO	-	District Health Officer
DHT	-	District Health Team
DPT	-	Diphtheria Pertusis Tetanus
FP	-	Family Planning
FPAU	-	Family Planning Association of Uganda
GOU	-	Government of Uganda
HC	-	Health Centre
HIV	-	Human Immune deficiency Virus
HMIS	-	Health Management Information System
ICPD	-	International Conference on Population and Development
IEC	-	Information, Education and Communication
IPPF	-	International Planned Parenthood of Federation
IUD	-	Intrauterine Device
MOH	-	Ministry of Health
NGO	-	Non – Government Organization
OPD	-	Out Patient Department
PHC	-	Primary Health Care
PNFP	-	Private - Not – for Profit
SC	-	Sub – County
STD	-	Sexually Transmitted Diseases

ABSTRACT

The research investigated the challenges in the utilization of modern family planning methods in Buyende district. This concept was conceived after reviewing the District Health Management Information System (HMIS) reports and noticed that the contraceptive prevalence rate (CPR) of the district was consistently low for the previous three years, that is 2.5%, 2.8% and 3.5% for 2007/08, 2008/09/ and 2009/10 respectively. This is a regrettable prevalence rate especially if compared with the national prevalence of 18%, and where the contribution of contraception to reduction in maternal mortality and morbidity is universally acknowledged.

The study specifically sought to assess the level of knowledge about modern family planning methods and its benefits; to establish cultural beliefs and practices that hinder young women to use modern family planning methods; to investigate existing rumors and misconceptions associated with modern family planning methods; and to determine the accessibility of modern family planning services by potential clients in the district..

The study was conducted through a cross-sectional survey design and employing both qualitative and quantitative approaches with a view of improving the utilization of modern family planning services. In this study, modern family planning methods is generally defined as artificial drugs or devices used to prevent the occurrence of pregnancy; and young women refer to women and girls between 15 and 49 years of age. A sample of 125 young women was randomly selected in two sample sub-counties of Kagulu and Nkodo and interviewed. Visits to health facilities in the selected sub-counties were made by the researcher to observe availability of modern contraceptives.

The data was collected and analyzed using a simple ordinarily developed

Excel spread sheet where tables and graphs were generated for data presentation.

The study findings established that although there was high level (89%) of awareness about family planning, there was limited knowledge about the benefits of family planning, and this has negative influence on the contraceptive use.

The negative attitudes about modern family planning methods have led to fuelling of myths and beliefs that hinder successful promotion of the services. The common side effects that occur in some individuals are always exaggerated, thus scaring away potential FP clients.

The existing cultural beliefs and practices of producing many children as source of wealth, security and prestige has made women chose not use modern FP methods since they are also associated with stopping child birth

Long distance to the family planning clinics; rude or unfriendly health workers; long waiting time before one is attended to; irregular availability of contraceptives in health facilities; and lack of a variety of FP methods are responsible for hindering women to access family planning services in the district.

In view of above, recommendations to improve the situation were made. The health worker should partner with religious, cultural, political leaders and carry out intensified behavior change campaigns specifically putting emphasis on benefits of family planning and also address the traditional beliefs, which tend to discourage women from using modern methods of contraception.

Establishment of more health facilities offering family planning services to reduce on the long distance, and the services be made more widely available and supply stocks should be maintained and replaced speedily as that can affect positively.

Training of health workers to improve the quality of provider interaction with clients, provider's knowledge and understanding of the methods and

procedures, and staff competence in performing the procedures. Deployment of more staff to units which are understaffed to reduce on the work load and solve the problem of clients waiting for long before they are served.

Last but not least, Health workers should provide women with information on all family planning methods both during antenatal and as part of postnatal counseling to make them aware of the methods available to them.

Chapter One

THE PROBLEM AND ITS SCOPE

1.1 Background of the Study

What is today called modern family planning methods in Uganda dates way back in the late 1950s, family planning as a concept was deeply rooted in the European civilizations as a strategy of controlling population explosion and give credence to responsible parenthood. As Africa liberated its self from the colonial York of colonization the post colonial African governments appreciated the worth ness of proceeding with the concept as it got established that the population was rapidly rising at the expense of the available resources, this would indeed give birth to the population trap as advanced by the Malthusian theory

Since the post colonial period the Ugandan government has pursued the philosophy of family planning, integrating it into the Uganda families both in the rural and urban societies, to this end after consolidating the concept in cities and surrounding areas, the government of Uganda embarked on entrenching it into the distant Uganda's local governments, we however need to appreciate the fact that the modern family planning methods have for long been resisted Uganda, especially in the rural area where they look at the philosophy as alien, foreign and a tool of continuous colonial subjugation

The concept of modern family planning as a gender concept is much more resisted by men who believe in the practice of having many children as a manifestation of wealth and pride, To this end past governments have played a key role of popularizing the tools of family planning, however the government of National Resistance movement has gone a step further to integrate family planning in its Ministry of Health, as

such there has emerged a paradigm shift in the rethinking and understanding of modern family planning methods, this has now enabled districts to take on family planning as a health improvement concept

This concept was conceived after reviewing the District Health Management Information System (HMIS) reports and noticed that the contraceptive prevalence rate (CPR) of the district was consistently low for the previous three years, that is 2.5%, 2.8% and 3.5% for 2007/08, 2008/09/ and 2009/10 respectively. This is a regrettable prevalence rate especially if compared with the national prevalence of 18%, and where the contribution of contraception to reduction in maternal mortality and morbidity is universally acknowledged.

Another school of thought argues that Family planning activities in Uganda started in 1957 with the establishment of the Family Planning Association of Uganda (FPAU), an affiliate of the International Planned Parenthood Federation (IPPF). During the 70s and 80s, family planning provision remained at a low scale and was mainly provided by the non-governmental sector. Besides, the services remained urban based with minimal access in the rural areas. With the acceptance and introduction of its 1978 Primary Health Care (PHC) strategy, the Government of Uganda has integrated family planning into the sexual and reproductive health minimum package offered at all levels of health service delivery in the country.

Worldwide, contraceptive prevalence is estimated at 58%, with average levels of use in the more developed regions at 70% and in the less developed areas, contraceptive prevalence is lowest in Africa, where on average only one out of five married couples is currently using a contraceptive (UN Population Division, 1998).

Despite the efforts government has put in ensuring the provision of family planning services in all health facilities (excluding catholic based facilities), the current use of contraceptives is still as low as 23% for any method and 18% for modern methods of contraception (2006 UDHS). One related health issue is that 435 mothers die for every 100,000 live births in Uganda. This is one of the highest rates of maternal death in the world. Low contraceptive prevalence is one of the key factors contributing to the high maternal mortality.

Family planning is the practice of spacing children that are born using both natural (traditional) and modern (artificial) birth control methods. Birth spacing promotes the health of the mother, child, and father. It also helps women protect themselves from unwanted pregnancies.

Since the 1960s, family planning programs have helped women around the world avoid 400 million unwanted pregnancies (Hatcher R, 1997). As a result, many women's lives have been saved from high-risk pregnancies, or unsafe abortions. If all women could avoid high-risk pregnancies, the number of maternal deaths could fall by one-quarter. Also, many family planning methods have other health benefits. For example, some hormonal methods help prevent certain cancers, and condoms help prevent sexually transmitted diseases, including HIV/AIDS.

In Buyende District, the situation is deplorable because the contraceptive prevalence rate is as low as 3.5% (District HMIS report, 2009/10). This low utilization of family planning services implies that most young women and their families in the district are missing the benefits of family planning services; hence they may be experiencing the consequences of high fertility. Therefore, there is need to investigate the challenges hindering women from using these family planning methods.

1.2 Statement of the Problem.

The intentions of family planning were to minimize and reduce unnecessary and unwanted children in order to improve and promote health standards. The contraceptive use reduces maternal mortality and improves women's health by preventing unwanted and high risk pregnancies, and reducing the need for unsafe abortions. Some contraceptives such as male or female condoms and some hormones also improve women's health by reducing the likelihood of disease transmission and protecting against certain cancers and health problems (MOH, 2005). Therefore, by providing all women and men of reproductive age in Buyende district with a choice of modern family planning methods and counseling about how to use those methods safely and effectively, family planning can have a significant positive impact on the lives of the clients and their families.

Low contraceptive use is also a predisposing factor of high fertility rates which create a high child dependence ratio. As a result, most families in Buyende district may be heavily weighed down by the big number of children, which not only traps them in poverty but also frustrate any efforts for development.

Community mobilization and sensitization through Information, Education and Communication (IEC) campaigns have been conducted by health providers to increase utilization of health services in the district. There has been a fair improvement in the other health indicators such as OPD utilization, ANC attendance and DPT3 coverage. However, the contraceptive prevalence rate (CPR) has stagnantly remained very low at 5% in 2010/2011. There must be probable causes of this undesirable state which are hitherto unclear to the health implementers.

In view of the above reality, the researcher intended to investigate and

establish the challenges responsible for this consistent low utilization of modern contraceptives in the district in order to enable health implementers plan for interventions to improve family planning utilization.

1.3 Purpose of the Study

The purpose of the study is to establish the challenges of utilization of modern family planning methods among young women in Buyende district using cross-sectional survey design and employing both qualitative and quantitative approaches with a view of improving the utilization of modern family planning services in Buyende district. In this study, modern family planning methods is generally defined as artificial drugs or devices used to prevent the occurrence of pregnancy, and young women refer to women between 15 and 49 years of age. In particular, the study establishes and describes challenges faced by young women in relation to utilization of modern family planning methods in Buyende district.

1.4 Research Objectives

1. To establish the level of young women's knowledge about modern family planning methods and its benefits in Buyende district.
2. To analyze cultural beliefs and practices that hinder young women from using modern family planning methods in Buyende district.
3. To explore the existing rumors and misconceptions associated with regard to modern family planning methods in Buyende district.
4. To determine the accessibility of modern family planning services by potential clients in Buyende district.

1.5 Research Questions

1. What is the level of knowledge about modern family planning services among young women in Buyende district?
2. What are the existing cultural beliefs and practices that hinder young women from using modern family planning methods in Buyende district?
3. What are the existing rumors and misconceptions associated with modern family planning methods in Buyende district?
4. How accessible are modern family planning services to potential clients in Buyende district?

1.6 Significance of the Study

The study findings will provide the health managers and the development partners with a deep analysis of the problem and establish the critical factors that affect the utilization of modern family planning methods among young women in this rural district.

The results of the research are to be disseminated to various levels of local councils and Community Based Organizations (CBO). They can use it to solicit and allocate resources geared towards improving family planning services in the respective localities.

It may also act as eye opener to the community so that they can actively participate in the mobilization efforts to promote family planning services, bearing in mind that well spaced families with healthy mothers and children have better opportunities for education, adequate nutrition and care.

The research will no doubt enable the researcher to full fill his long cherished dream leading to the award of a bachelors degree in Public Administration of Kampala International University.

1.7 Scope of the Study

The study was on the Challenges of utilization of modern family planning methods among young women in Buyende district, it was conducted between July and September 2011 through using across-sectional survey design.

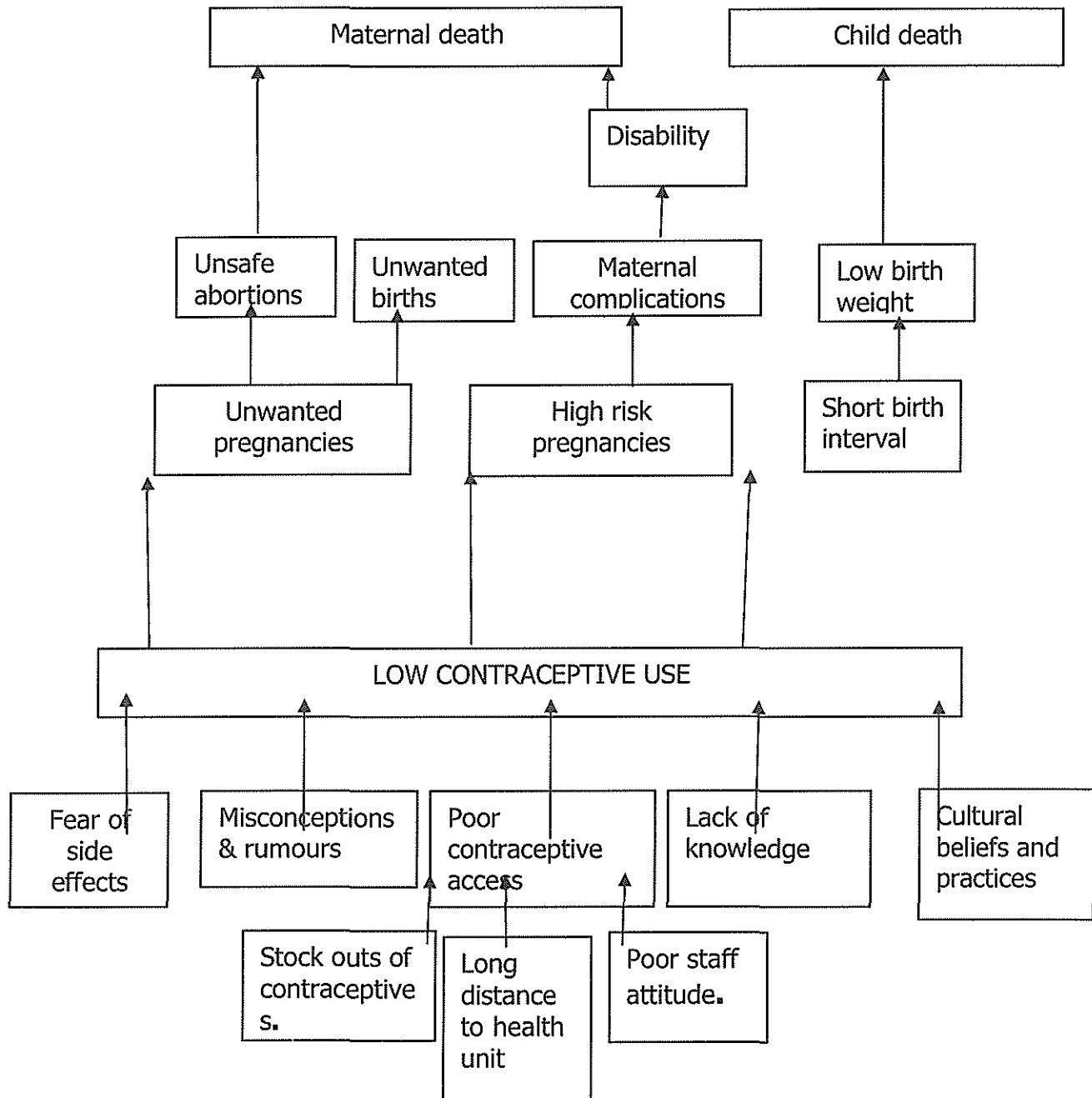
The study involved 125 young women of 15 – 49 years of age who were in the child bearing age and health facility managers in Nkondo and Kagulu sub-counties. Data was collected by the researcher using questionnaires, interviews, observations and documents review techniques. The study specifically sought to establish challenges that hinder young women from utilizing modern family planning methods. The availability of modern contraceptives in health facilities was also assessed.

1.8 Conceptual Framework

In the conceptual framework depicted below, it was hypothesized that low contraceptive prevalence is influenced by misconceptions and rumors, lack of knowledge and fear of side effects about modern family methods. Poor contraceptive access to family planning services in health facilities could be caused by stock outs, long distance to health units and poor staff attitudes where some health workers are rude to clients.

As a result low contraceptive use leads to unwanted pregnancies, high risk pregnancies and short birth intervals all of which result into dangerous maternal conditions that eventually cause maternal and child death.

CONCEPTUAL FRAMEWORK



Chapter Two

LITERATURE REVIEW

2.0 Introduction

This chapter dealt with related literature which was thematically reviewed in accordance and in respect to the specific objectives, topic and problem statement, it particularly dealt with factors contributing to low utilization of modern family planning methods was reviewed by the researcher. In this Chapter the discussions are organized and presented in four areas of the study. These are:

- Knowledge about modern family planning and its benefits
- Cultural beliefs and practices
- Rumors and misconceptions
- Poor contraceptive access

2.1 Knowledge about family planning and its benefits

Family planning according to Arkutu (1995), refers to the actions couples take to have the desired number of children, when they are wanted, using a method of family planning of their choice. In family planning it is choice and not chance which determine the number and spacing of children.

The decision of when or even whether to have children is a basic human right which was clearly endorsed by the International Conference on Population and Development (ICPD) held in Cairo in 1994. All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and have the information, education and means to do so.

It should be noted with concern that for one to be able to have a choice of

which method of family planning to use there should be adequate awareness about the family planning benefits and the existing various family planning methods.

In Uganda, there are eight modern family planning methods that are approved for use by the Ministry of Health (Appendix I). If used correctly, these methods are extremely effective at preventing pregnancy, (MOH, 1999). These methods are divided into two categories: temporary and permanent. The temporary methods include pills; injectable, Norplant, Intrauterine device (IUD), spermicidal and condom. The permanent methods include vasectomy and tubal ligation.

It was noted as a key point during the National Reproductive Health Symposium (2003) that people who do not perceive any clear benefit or advantage of family planning cannot see the need to use the service no matter how accessible they are. Thaddeus. S, (2005) emphasized that in Uganda and elsewhere in Africa, provision of family planning helps to improve the economy and health of the people. It can help couples delay, space, or avoid unplanned and risky pregnancies. Family planning also contributes to improved maternal and infant health, which is vitally important in view of high maternal and child mortality rates. Well spaced families with healthy mothers and children have better opportunities for education, adequate nutrition and care.

Turman. T (1997) re-affirms that knowledge about family planning helps men and women achieve one of their most fundamental freedoms and human rights, the ability to plan their families by choosing freely the number and spacing of their children. Women and men who are therefore adequately informed about their option for methods of contraception are better able to develop a rational approach to planning their families.

The level of knowledge of family planning methods was measured during UDHS 2000/01. UDHS (2000/01) revealed that the knowledge of a contraceptive method was almost universal with 96% of all women knowing at least one method of contraceptive. The survey continued to reveal that the level of knowledge among women increased over time from 82% in 1988/89 to 92% in 1995 and 96% in 2000/01.

Similarly, Ntozi. J et al (2000), in their evaluation report of GOU/UNFPA Fourth Country Population Programme found that knowledge of the various methods of contraception had increased considerably since 1995. Knowledge of modern methods among females increased from 91.6% to 97.3% in 2000. This was not quite different from what Ariimi. W. and Muron. J. (2002) found in Kumi district that there is wide spread general awareness about family planning. 96.7% of women of childbearing age had heard about family planning.

In yet another study conducted by Nshakira et al (1999) among adolescents, they found out that there was inadequate awareness among adolescents about contraception. Their attitude was largely negative especially towards pills and condoms. However some of them acknowledged the benefits of contraceptive use and protected sex.

Despite the aforesaid high levels of knowledge about family planning, one wonders why the contraceptive prevalence is still low (18%) in almost all districts of Uganda. Unfortunately these studies did not consider finding out the benefits of family planning as perceived by the women/potential users.

Population Reference Bureau (2000), links women's education not only to foster economic growth, but also to promote smaller families, increase

modern contraceptive use, and improve child birth. Throughout the world, more education is associated with smaller family size. In a number of less developed countries, women with no education have about twice the number of children as women with ten or more years of school. Therefore women with more education are more likely to use contraception than their less educated counterparts. Glewwe. P. (1999) studied women in South Africa and found that access to information plays an important role in decision making. Women with strong comprehension skills are better equipped to access and interpret information. In turn, they tend to have greater demand for and be better users of health services.

2.2 Cultural beliefs and practices

Some of the potential family planning users have failed to use family planning services because of the existing beliefs and practices associated with marriage and production of children. This automatically influences their utilization of family planning services which is believed to be a method of limiting child production, Mukulu A. (2005).

A study conducted by Hadgson. R. (1999) in Mbale found that one of the main reasons why women choose not to use family planning is because they wanted more children (28.5%), followed by husband's refusal (19%). The idea of number of children is very crucial in most African cultures, as Werner. D. (1988) found out that some mothers and fathers want a lot of children, where many children die young, parents feel they need large number of children to help with work and to be sure that some remain to care for them when they grow.

On this very issue, President Museveni. Y. K. (1990), while addressing the delegates during UNFPA Sub – Saharan African Regional meeting in

Kampala confirmed that African preference for large families is deeply rooted in our culture. To most Africans, children were form of insurance against age because we had no insurance schemes, the children were insurance. He however advised that with education and the transformations of society that are taking place, especially with increasing urbanization in Africa, our outlook with regard to family sizes are bound to change.

Where culture in Africa desires large families, the need to use modern contraceptives will be eliminated. This is because the number of children a man has, the more powerful he is. Such men have always refused their women to use family planning methods. The WHO reported a man who divorced his wife because she had refused to have more children.

With regard to the Muslim community, Kajungu, R (2003) affirmed that bearing many children is seen as a blessing and an opportunity to increase the minority numbers of Muslims. Large families are revered and the great love for many children many times overrides the rational for manageable/affordable families. Therefore the essence of having the freedom to decide when to have a child and how often to do so is seen as an anti – Islamic campaign to reduce the Muslims further.

There are also cultural practices that are applied to delay or stop pregnancy. Werner.D (1988) observes that every land has more remedies for preventing or interrupting pregnancy. Unfortunately most either do not work or are dangerous. For example, some women think that to wash out the vagina or to urinate after having sex will prevent pregnancy, but this is not true. He also mentioned about the sponge method. This is a home method that is not harmful and sometimes works. You cannot be sure that it will prevent pregnancy every time, but it can be used when no other method is available.

WHO (1999) reported that there are traditional local practices which include keeping herbs, pieces of umbilical cord around the waist, in underwear, in ceilings, in beds, in mattresses and other practices. Similarly Ariimi W (1999) found out in Kumi that the traditional methods included local herbs, in particular a herbal preparation called 'Olich' (local herbs for delaying conception). A dry umbilical cord when secretly tied and kept with some herbs can also prevent pregnancy. Also reportedly 'lochia' kept with some herbs and clothes can stop a lactating mother from conceiving. Even praying to God for good spacing of children or to stop producing was practiced among mostly the religious faithful. The effectiveness of the above practices is highly undependable. Unfortunately a good number of women in Uganda believe in and use these methods WHO, (1999).

Studies have also revealed that male interest in family planning is limited at best. Population Report (1994) stated that still, many men have negative attitudes about women choosing and using contraception. Some men fear that contraceptive use will make their wives independent of their control. They also fear that their wives will have sex with other men if they no longer risk pregnancy. This has always influenced men to refuse their wives to talk with others or strangers about sex and reproduction.

2.3 Rumours and Misconceptions

Utilization of modern family planning methods has remained consistently low due to the existing rumours and misconceptions. Ayesha K.K. (1995) reported that fertility studies revealed that men express a deep suspicion of contraceptive device and their effect on their partner's health. For example, myths proclaim that the pill causes infertility. Then as far as male contraceptive methods are concerned, the two most common -

withdrawal and condoms are considered an unreasonable sacrifice of sexual satisfaction. The study continues to reveal that some men object to using a condom because *"it is like eating a banana with the peel on"*. Vasectomies are even less acceptable because it is perceived as highly unnatural for men to have surgery on their sexual organs. Mwaula Muigna (1995) studied in Kenya that many stumbling blocks prevent greater use of family planning among men. One is rumours about contraception. For example one of the oldest rumours is that the condom is made to fit European men and therefore not suitable for African men. Furthermore, men also fear permanent methods, such as vasectomy because of the rumour that it is similar to castration. Men are led to believe that they cannot perform sexually after the procedure.

A study done by Wongoi Njau (2001) on adolescent reproductive health initiative in Jinja revealed that the community was aware that there was no law forbidding provision of family planning to adolescents. However, its use among adolescents was discouraged on grounds that some forms of contraceptive like Depo – provera were injurious to their health and would promote sexual activities among the youth. In addition, Muwagaba (1997) suggests that 'ignorance' about modern contraception, such as misconception that contraceptives lead to sterility, may be responsible for the low levels of use in Uganda.

Ariimi (1997) in a survey carried out in Kumi established that some of the barriers to use of modern contraceptives were fear of side effects, lack of information on different family planning methods, fear of weakening the husband's sexually. Others were condoms may remain in the womb, and permanent barrenness in women as a result of using family planning methods. Hodgson. R (2003) found that 22% of women in her study said that they are not using family planning methods due to fear of side effects. Many people have fears of side effects which are based on local

information and their own non – medical perceptions about how contraceptive methods work.

2.4 Poor Contraceptive access

Contraceptive prevalence rate in Uganda still remains one of the lowest in Africa, standing at only 18% (UDHS 2006). This is in contrast to the level of community awareness of modern family planning methods which was estimated at 96%. Some of the factors include inter alia limiting family planning use are poor quality of services, limited range of services provided and inaccessibility of family planning services.

Difficulty in getting contraceptive supplies is one of the key limiting factors. According to a study by WHO (1997) in Mozambique, it was reported that most women did not use any method of contraception because their preferred choices were not available in the health facility. Some women go to the health facility with their minds set on getting a preferred choice of family planning method. When they are convinced by health provider to take another method they sometimes do not use them.

In Africa societies according to World Bank Report (1998) most populace live in rural areas. In the rural areas most services are not adequate and this cannot exclude family planning services. Safe Motherhood Action Agenda of 1997 also reported that very few family planning clinics do exist and where they exist, the services are either inadequate due to the rudeness of the nurses or that the staff is not enough to attend to the clients of family planning. WHO reported the words of this woman in one of the rural areas of Burundi;

"I arrived here at 6.30 a.m. this morning to make sure that I get my package of pills for the month today. This is my third visit this week. On

the other days by the time I arrived, there were already too many clients and the nurse told me to come back. I have 9 children and I do not want more. I am afraid I will get pregnant again. I should have started a new packet of pills two days ago".

This woman has failed to get the services because there are so many clients who want family planning services yet there seems to be only one clinic which offers the services. This is not different in some areas in Uganda.

On the economic side, UNDP report (1995) says that women with low economic status cannot afford the costs of family planning services. An example is given of a woman who was asked why she had stopped using family planning services. She said that it was too expensive for her. She was using injector plan but she could not afford the 3000= which she had to pay every after 3 months. This shows that most probable family planning users coward away because of the costs involved.

Women of our World (1998) reports that almost one – half of married women are not using family planning. Those women who want to limit or space births but do not practice family planning, say they lack access to facilities offering a range of contraceptive methods and services. They also experience poor quality care when they visit clinics. Women also complain about lack of access to an effective female method for preventing both pregnancies and STDs including HIV/AIDS.

Chapter Three

METHODOLOGY

3.0 Introduction

This chapter gives a detailed description of the research design, sampling Techniques, instrumentation as well as data analysis techniques. It describes what was done and how it was done.

3.1 Research Design

The study was conducted using cross-sectional survey design and employing both qualitative and quantitative approaches. The design was considered by the researcher in order to provide numeric description of some part of the population and also describe and explain events as they are or as they were. It is qualitative because the researcher believes that open ended questions were asked to the respondents which gave them chance to discuss exhaustively issues related to modern family planning.

3.2 Research Population

The study was carried out in Buyende district with a total population of 248,000 (projected 2002 census), distributed as 126,480 (51%) females and 121,520 (49%) males. Women of child bearing age (15 – 49 years) are 50,096 (20.2%) were studied. This was chosen because it is the reproductive age group which has the highest potential to use modern family planning services because most of the methods benefit female

partners.

3.3 Sample population

The sample consisted of 125 young women of child bearing age. The size of the sample of 125 was determined using Statistics calculator in Epi Info computer program. The details for the calculations are:

- 1 Total target population 50,096 (women 15 – 49 years) in the district under study.
- 2 The expected frequency - 50%
- 3 Worst acceptable frequency - 40%
- 4 At confidence level of 95%, the sample size is 125

In this research, 125 women and girls were sampled. These were selected from the two sampled sub-counties. Two sub-counties were selected because the district was too large to cover all the five sub-counties.

3.4 Sampling procedure

In this study, the researcher employed simple random sampling to select the sample population. The random sampling technique was used because it ensures that each member of the target population has equal and independent chance of being included in the sample. Names of the five sub-counties were written on small pieces of paper, folded, shuffled and randomly selected two sub-counties. In this research Kagulu and Nkondo sub-counties were sampled.

In order to determine the number of women to be studied in each sub-county, the total number of young women (15 – 49 years) was established in each sub-county and the sample size for each sub-county was proportionally calculated. In the sub-county simple random sampling procedure was used to select two parishes for study. Names of

all parishes in each sub-county were written on small pieces of paper, folded, shuffled and randomly select the two parishes. Four parishes will be studied. Kagulu and Kabukye parishes were selected Kagulu sub-county, whereas Immeri and Iringa parishes were sampled in Nkondo sub-county. In each parish, one village was selected following the procedures used during the selection of parishes and that is where respondents were identified.

Respondents were selected from households in the four parishes. The first household to be visited in each parish was randomly selected, beginning from the central position of the parish. At the central location, the researcher tossed a pen to provide the direction to follow. The researcher then systematically visited households along the chosen direction and interviewed one woman or girl within the age group from a household. Where there was more than one legible respondent, the researcher employed simple random sampling technique to select one respondent to be interviewed in a particular household.

All the six health units in the sampled sub-counties were visited to ascertain the availability of contraceptives.

3.5 Research Instruments

In this research, three data collection instruments were used. These are interviews, questionnaires, and observations.

3.5.1 Interviews

Interviewing was used to collect data from the young women related to family planning services and contraceptive use. This was because many of the respondents could not read write and therefore having a face to

face interaction helped in getting in depth views and also increased on the response rate.

3.5.2 Observation

This method was used to observe and establish the availability of contraceptives in health facilities. Visits were made to all health facilities in the sampled sub-counties and through the health facility officer in charge or staff found on duty, the researcher requested to physically observe the contraceptives where they were said to be in stock. An observation checklist, with a list of all essential contraceptives, was used.

3.5.3 Questionnaire

The researcher employed the questionnaire method to collect data from key informants. This is because the majority of them could read and write and therefore self administered questionnaires were provided and this saved time.

3.6 Data Collection procedures

Data on knowledge, skills, attitudes, and values about modern family planning services were collected from the sampled young women in Kagulu and Nkondo sub-counties using the questionnaire and interview guide. Data collection was conducted by the researcher assisted by two research assistants who were duly trained before commencement of their assignment. While the data on availability of contraceptives in health units was collected by the researcher by observing the methods guided by the checklist.

3.7 Quality Control

To control quality the researcher provided serial numbers to questionnaires to avoid double entry and ensure that standard questioning was adhered to. The questionnaires were checked every evening to make sure the data was correctly entered. Thus, accurate tallying and recording was assured by involving more than one person in the process for cross checking the correctness of the data recorded.

3.8 Ethical Consideration

During the study, the researcher observed the entry protocol in all the sampled places that is, recognized and respected the hierarchy in areas of study. There was respect for individual rights and the purpose of the study was clearly explained to all participants and consent sought before the interview. The respondents were assured of confidentiality to be observed by not recording the names of the respondents on the questionnaire and the information was strictly used for academic purposes. Respondents were interviewed in a place beyond the hearing distance by the spouse or another person in the household.

3.9 Problems Encountered

In the process of the study, the researcher encountered a number of challenges. The study was expensive in terms of time and finance since it involved the researcher and his team travelling to different parishes and homes which were scattered. This delayed the process of collecting data.

However the problem of time and finance was somehow solved by using the easiest and cheapest means of transport while going around the sub-county so as to ease the process of data collection.

Chapter Four

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.0 Introduction.

This study investigated the challenges of utilization of modern family planning methods among young women in Buyende district. This was in light of the low contraceptive prevalence rate in the district. Data was collected and analyzed and the chapter presents the results of the analyses.

4.1 Knowledge about family planning and its benefits

The first objective of this study was to assess the level of knowledge about family planning and its benefits among young women in the district. To achieve this objective, the respondents were asked whether they had ever heard about family planning and all of them (100%) agreed. When asked the meaning of family planning as known to them, the responses are shown in the table below.

Table 1: Meaning of family planning

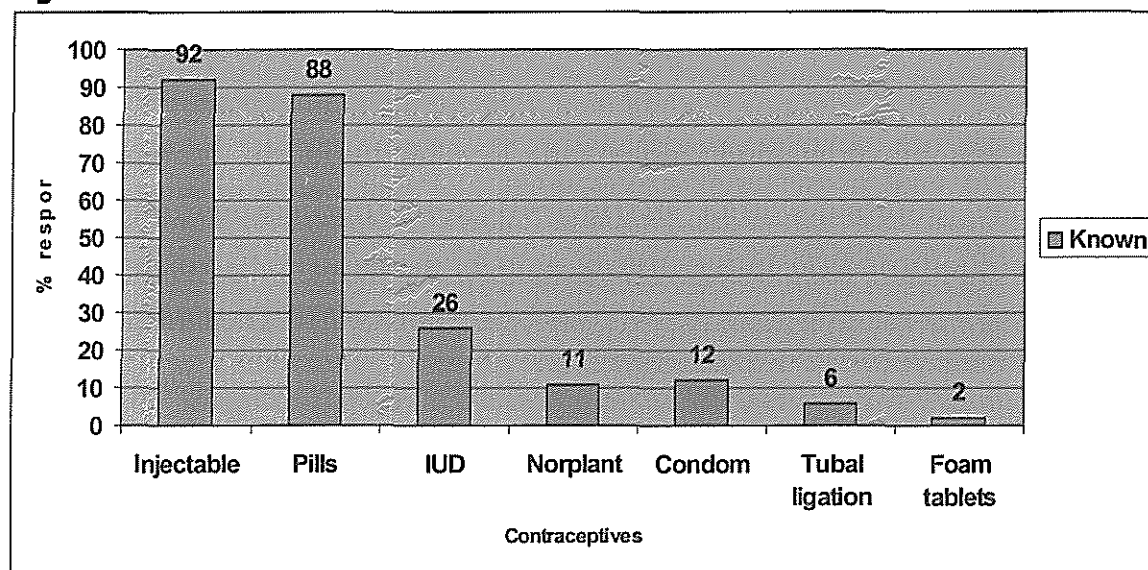
Meaning	Response	Percentage
Spacing of children	55	44
Stop producing children	35	28
Have manageable number of children	33	26
Don't know	2	2
Total	125	100

The above table shows that 70% of the respondents were able to describe what family planning was. This percentage is fairly good because it is

above average although 30% of the respondents who did not know is quite a big proportion given the various family planning campaigns conducted by government and non-governmental organizations since its inception in 1957 in Uganda.

When asked if they knew any modern method of family planning, 106 (89%) respondents knew, while 14 (11%) of them did not know any. The women who knew the modern methods were asked to mention those known to them. The graph below has the details.

Figure 1: Known modern FP methods.



The above graph shows that the majority of women know injectable (92%) and pills (88%) as the only modern methods of family planning. It should however be noted that knowledge about all contraceptive methods is closely linked to the use of the methods. In situations where the clients have experienced adverse effects with pills and injectable, then they may not have another choice of contraceptive because the others are not known to them regardless of the service provider's counseling. This leaves the clients with no choice but to go without any family planning method.

Women were also asked about the benefits of family planning known to them. The responses are shown in the table below.

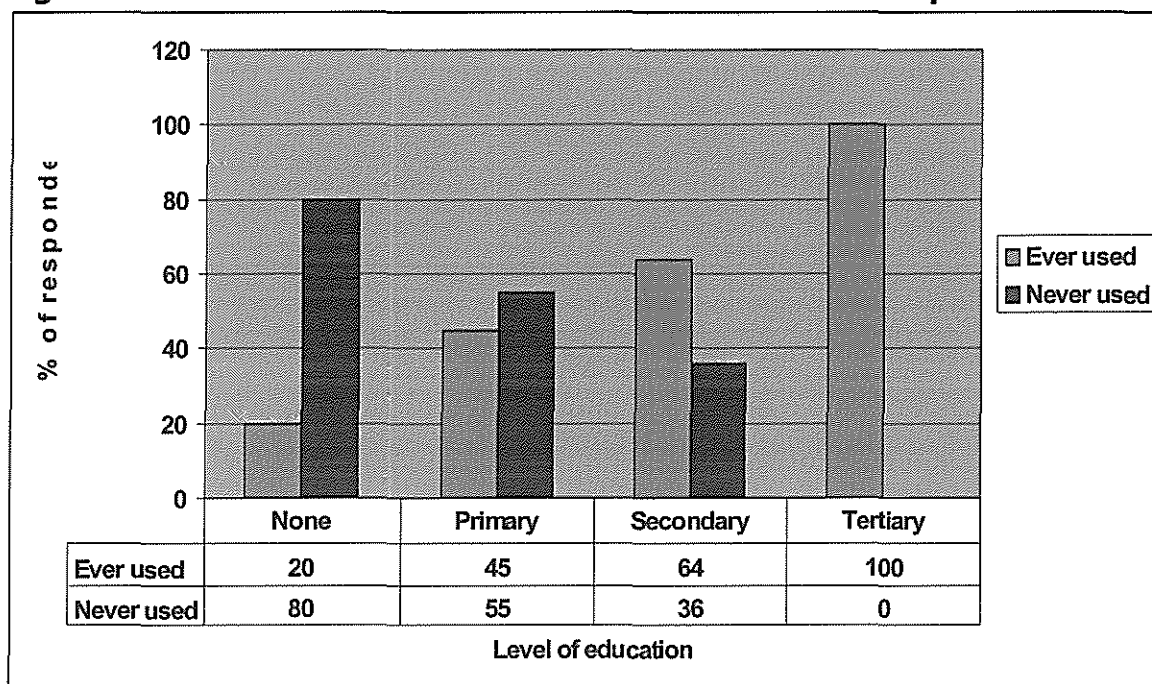
Table 2: II: Benefits of family planning

Benefits	Response	Percentage
Mothers' health improves	36	29
Child grows well	45	36
Development in a home	16	13
No benefit at all	18	14
Don't know	10	8
Total	125	100

From the above table, 78% of the women were able to describe one benefit of family planning. However 22% of the women do not attach any benefit to family planning. This proportion of women automatically cannot think of taking up modern family planning methods.

Population Reference Bureau (2000), linked women's education to increase in modern contraceptive use. Women were therefore asked about their educational status and the use of modern contraceptives

Figure 2: Educational level and the use of modern contraception.



The above figure clearly shows that all women with tertiary level of education have ever used modern family planning methods and those with no education only 20% had ever used family planning methods. This is an indication that education has significant influence on the utilization of modern contraceptives.

4.2 Cultural beliefs and practices

The second objective of this study was to establish cultural beliefs and practices that hinder young women from using modern family planning methods. To achieve this objective, the respondents who had never used modern family planning were asked to give reasons for not utilizing modern family planning methods.

Table 3: Reasons for not utilizing modern FP

Reason	Response	Percentage
Fear of side effects	55	44
Need for many children	21	17
Husband's refusal	11	9
No access to FP services	23	18
Use of herbal methods	15	12
Total	125	100

The above table reveals that the way some women regard modern methods of contraception tend to jeopardize the utilization of the services. Cultural issues and practices like need for many children (17%), husband's refusal (9%), and use of herbal methods (12%) were given as reasons for not using the services. The idea of children is very crucial in most African cultures as Werner D (1988) found that some mothers and fathers want a lot of children. Where many children die young, parents feel they need large number of children to help with work to be sure that some remain to care for them when they grow old.

As regards the Muslim community Kajungu R (2003), affirmed that having many children is seen as a blessing and an opportunity to increase the minority numbers of Muslims. Respondents were asked their religion and the researcher related it with the use of modern family planning methods.

Table 4: Religion in relation to use of modern FP methods

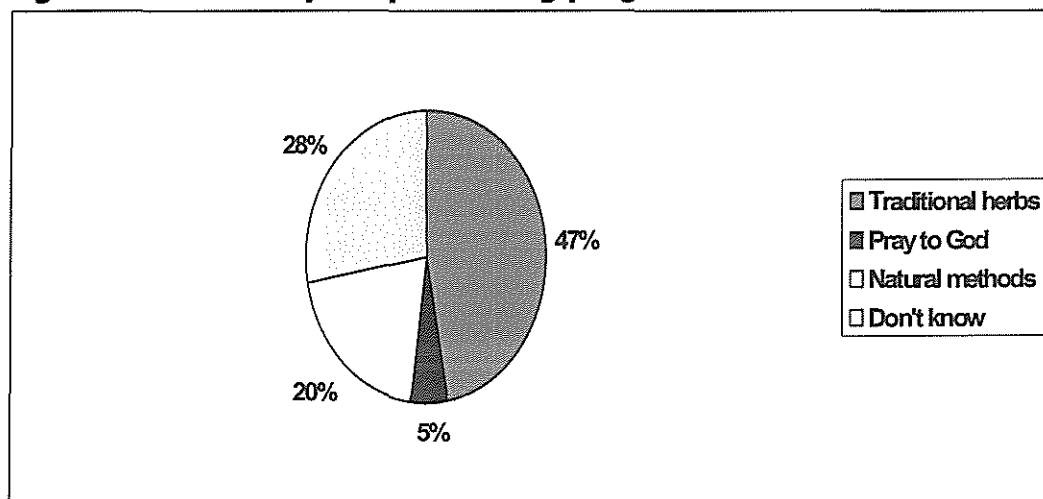
Religion	Ever used modern FP methods?		
	No. of Respondents	NO (%)	YES (%)
Protestant	44	62	38
Catholic	33	53	47
Muslim	18	75	25
Seventh Day Adventist	17	70	30
Born Again	13	33	67

It can be noted from the above table that among the five religions that exist in Buyende district, the Moslem women constitute the majority of those not practicing modern contraception. The Islam faith is also known for supporting polygamous families which end up with co-wives competing to produce children for the man/husband and thus affect contraceptive use.

The researcher asked for the respondents' ethnic group. This was aimed at establishing the ethnic diversity in the district because different tribes have different traditions and some of which have direct bearing on reproductive health. The majority were Basoga (62%), followed by Iteso (13%) and Banyoro (9%). The others (16%) include Bakenyi, Baluli, Bagwere, Bakonjo, Baganda, lugbara, and Chapadhola.

The women were asked whether there were other ways of preventing pregnancy known to them. The responses are shown in the figure below.

Figure 3: Other ways of preventing pregnancies.



There are other ways of delaying or preventing pregnancies that are used other than modern FP. The pie chart above shows that there is substantial proportion of women (47%) who stated that traditional herbs could be used to delay or prevent pregnancy.

4.3 Rumors and misconceptions

The third objective of this study was to investigate existing rumors and misconceptions associated with modern family planning methods in Buyende district. To achieve this objective, the respondents who had never used modern family planning were asked to give reasons for not utilizing modern family planning methods. Table III above shows that 44% of the women advanced fear of side effects as the main reason why they had not used modern family planning methods. It is important to note that these women have never used any modern contraceptive method therefore they just rely on hearsay.

Respondents were also asked in their opinion what could be preventing other women from using modern methods of contraception. The responses included the following as possible reasons: severe bleeding, causes body weakness, fear to produce abnormal babies, lack knowledge,

burns woman's eggs, causes cancer, stop producing, damage fallopian tubes and uterus, loss of weight, the bible forbids, need for many children, fear of divorce, overweight, refused by husbands, missing menstruation periods and long distance to FP clinic. This is not different from what Hodgson R (2003) found that many people have fears of side effects which are based on local information and their own non-medical perceptions about how contraceptive methods work.

The women of child bearing age were also asked about their marital status. The objective was to find out the relationship between the woman's marital status and the use of modern FP methods.

Table 5: Marital status and the use of modern FP methods.

Marital status	Ever used modern FP methods?		
	YES (%)	NO (%)	Total Respondents
Married	34	66	108
Single	29	71	9
Widow	100	0	1
Student	0	100	7
			125

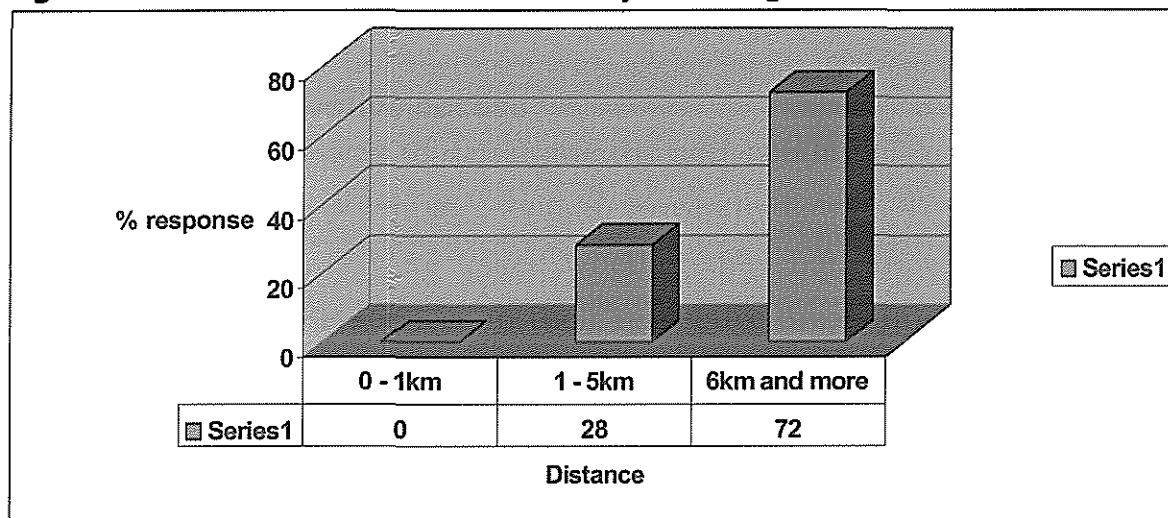
The above table shows that all students have never used any modern family planning method. These are girls who are above 15 years of age and are potential candidates for sexual activities that may result into unwanted pregnancies. This could be one of the contributing for the high teenage pregnancies (33%) in Uganda and Buyende district inclusive.

4.4. Poor contraceptive access

The fourth objective was to determine the accessibility of modern family planning services to potential clients in Buyende district. To achieve this objective, respondents were asked whether they had knowledge of the place where to get FP services in their respective areas, and in response 74% were aware while 26% did not know.

As regards the distance to the nearest FP clinic, the majority (72%) indicated that clinics are 6 km and more, from them as in the graph below.

Figure 4: Distance to the nearest Family Planning clinic



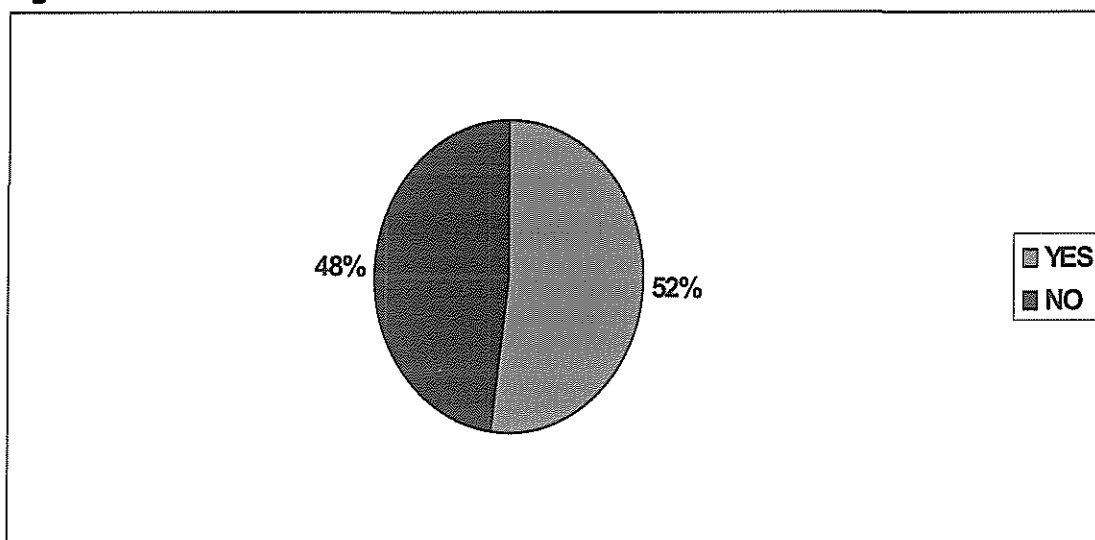
The majority of women (72%) live in areas where family planning services are inaccessible because walking or riding a bicycle for a distance of 6 km or more to the health facility for FP services is nearly impossible.

The researcher also wanted to find out whether health workers had visited the communities to talk about family planning and/or provide community based family planning outreaches in the last two years. The majority of the respondents (94%) had not seen any health worker

visiting their area for this purpose. Use of popular community social learning activity such as drama to engage the community in dialogue about the methods can greatly increase on the utilization of family planning services, but the family planning providers in this district has used this approach.

Women were asked if they were satisfied with the general health services offered at their nearest health facility. The figure below has the data

Figure 5:Client satisfaction with health services



Although 52% of the respondents reported that they were satisfied with the general health services offered in the nearest health units, the 46% respondents who were not satisfied gave the following reasons for their dissatisfaction.

- Long waiting time
- Unfriendly health workers
- Frequent drug stock outs
- User fees in PNFP units
- Un-official fees charged in public units

Similarly Safe Motherhood Action Agenda of 1997 also reported that very few family planning clinics do exist and where they exist, the services are

either inadequate due to the rudeness of the nurses or that the staffs are not enough to attend to clients of family planning.

The six health facilities in the sampled sub-counties were visited to ascertain the provision of family planning services and availability of essential contraceptives. Four health units (67%) were providing FP services. As regards the availability of contraceptives only three types were observed in the four practicing units, namely pills, injectable, and male condoms.

Table 6: Availability of essential contraceptives in health units

Contraceptives	Health units	Percentage
Injectable	2	50
Pills	3	75
Male condoms	3	75

Lack of access to facilities offering a range of contraceptive methods and services limit some women in using the modern methods. Some women also go to the health facility with their minds set on getting a preferred choice of FP method. When they are convinced by the service provider to take another method they sometimes do not use them (WHO 1997). Women also complained about lack of access to an effective female method such as female condom for preventing both pregnancies and STDs including HIV/AIDS.

Chapter Five

DISCUSSION OF RESULTS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction.

Uganda's high total fertility rate (6.9) and high population growth rate (3.4%) are the most significant contributing factors to continuing high levels of poverty and high maternal and infant / child mortality throughout the Country. Provision and utilization of family planning services is one of the key health interventions to address this problem. However the family planning utilization in the country including Buyende district is still low. This is the very reason why a study to establish challenges contributing to low utilization of modern contraceptives, was conducted and the findings are discussed below.

5.1.1 Knowledge about family planning and its benefits.

In Uganda family planning services are offered as part of the maternal and child health package. Information, Education and Communication (IEC) campaigns have been conducted to popularize the family planning services. This has significantly increased the level of community awareness about family planning services in the country (UDHS 2000/01). The same situation is not different in Buyende district where all women (100%) have ever heard about family planning and the majority (70%) can explain correctly the meaning of family planning. It is also believed by Turman T (1997) that knowledge about family planning helps men and women achieve one of their most fundamental freedoms and human rights; the ability to plan their families by choosing freely the number and spacing of their children.

Women who are adequately informed about family planning methods are better able to develop a rational approach to planning their families. In

this respect the level of knowledge of modern family planning methods in Buyende district was measured and found to be high (89%). The most commonly known methods are pills and injectable. These other methods are however little known: IUD, Norplant Condoms, Tubal ligation and foaming tablets. It should however be noted that knowledge about all contraceptive methods is closely linked to the use of the methods. In situations where the clients have experienced adverse effects with pills and injectable, then they may not have another choice of contraceptive because the others are not known to them regardless of the service provider's counseling. This leaves the clients with no choice but to go without any family planning method.

It should also be realized that for one to be able to have a choice of which method of family planning to use, there should be adequate awareness about the family planning benefits and the existing various FP methods. In Buyende district 78% of the women can describe at least one benefit of family planning. However the National Reproductive Health symposium (2003) noted that people who do not perceive any clear benefit or advantage of family planning cannot see the need to use the service no matter how accessible they are.

However those who feel at risk or see some benefit in using services need to weigh these risks and benefits against the indirect costs of accessing those services, the time away from productive activities, the actual costs of travel, the disruption to child care and domestic responsibilities as well as the possibility of incurring unexpected cost for unofficial user fees. The poor and most marginalized groups such as young women, single mothers, and students will find these indirect costs most unaffordable. This very state of affairs has not saved the women of Buyende district.

Like elsewhere in other countries, women with more education are more likely to use contraception than their less educated counterparts. It was studied by Glewwe.P. (1999) that women with strong comprehension skills are better equipped to access and interpret information. In turn, they tend to have greater demand for and be better users of health services including family planning. The research revealed that in Buyende district all women (100%) with tertiary level of education were using modern contraceptive methods and contraceptive use declined to 20% among women with no level of education.

5.1.2 The Cultural beliefs and practices associated with modern family planning.

Social, Cultural and religious values have a strong influence on reproductive choices for women in Uganda. Early and frequent child bearing and large family size reflect long standing societal norms among most segments of the population. Women are discouraged from using family planning by spouses or family members or by religions and community leaders because they disapprove the methods. This is because of the deep-rooted beliefs associated with modern methods of contraception.

In Buyende district, the Moslem women constitute the majority (75%) of those not practicing modern contraception. The Islam faith is also known for supporting polygamous families which end up with co-wives competing to produce children for the man/husband and thus affect contraceptive use.

Religion also plays a major role in shaping people's attitudes and behaviours towards health services. Certain religions for example the Muslims advocate for producing many children as it is seen, as a

blessing and an opportunity to increase the minority numbers of Muslims. Other religious sects like Seventh Day Adventist have faithfuls who claim that child birth is God given and it is sinful to use any contraceptive method *"You can only pray to God to regulate your child spacing"* one lady said.

Some husbands in Buyende district refuse their spouses to use modern contraception because of the need for many children. They believe that many children are needed to cultivate the land or to find employment and bring in money for the family. But this is a false belief because a newborn baby or even an older child is not yet a worker and must be cared for by his parents and the community. He must be fed and clothed, go to school and be provided for in other ways for many years before he is able to contribute by working on the land or in a factory.

The idea of number of children is very crucial in most African cultures, as Werner. D. (1988) found out that some mothers and fathers want a lot of children, where many children die young, parents feel they need large number of children to help with work and to be sure that some remain to care for them when they grow. Such parents can be helped to realize that present day child health services such as immunization, mean that more of their children will now live to support them in they grow old. The man in Africa including Buyende district is a major decision maker, he determines everything that happens in the family including contraceptive use therefore he should be involved in the delivery of reproductive health services.

Some women use natural methods. These methods have been used for many years. They do not require any medicine or supplies and can be followed without medical or supervision. Examples of the methods

mentioned include safe period, breast feeding, withdrawal and traditional abstinence. However, none of these methods are effective without a high level of commitment on the part of each of the partners. This automatically means that these methods are very unreliable. Unmarried teens also find it difficult to access FP services where cultural or religious beliefs condemn sexual activity among unmarried young women.

There are traditional beliefs and practices in all areas of life including reproduction. Modern FP methods are an extension of traditions mentioned above. Although modern methods are effective and sometimes safer than most traditional methods, many traditional methods continue to be widely used. Many of the traditional herbs may be ineffective and others are harmful. Women said that these herbs are sometimes taken orally and others are tied in the waist. However, no one testified their effectiveness. These traditional practices are equally reported by WHO (1999) and Ariimi W (1999), that there are traditional local practices which include keeping herbs, pieces of umbilical cord around the waist, in underwear, in ceilings, in beds, in mattresses, and other practices.

Buyende district has a diversity of ethnic groups. It is a well known fact that different tribes have different traditions and some of which are related to reproductive health. The traditional abstinence after birth is practiced by Iteso tribe where couples traditionally avoid intercourse for a period of time after birth. The Iteso constitute 13 percent of the people living in the district.

5.1.3 The existing rumours and misconceptions about modern family planning methods.

Contraceptive use has remained low due to existing rumours and misconceptions. Many people have misconceptions about FP and the effects that contraceptives may have on future fertility, unborn children and women's health. These misconceptions have become famous because of the misinformation by those who are against the program especially men.

This study revealed that fear of side effects is the main reason advanced by majority of women (46%) for not using modern contraception. Most of the people have fears of side effects which are based on local information /rumors and their own non-medical perceptions about how contraception methods work. It is true that almost all modern contraceptives have advantages and disadvantages. But clients getting methods from established FP clinics learn about side effects a head of time before they take up the method. Common side effects may include nausea, spotting or bleeding between menstrual periods which may occur in the first three months. Unfortunately, the non-users of FP methods exaggerate these common side effects, thus scaring the potential users to take up the services.

A study by Wongoi Njau (2001) in Jinja revealed that the community discouraged the use of modern family planning methods among adolescents on grounds that some forms of contraceptives like injectable depo-provera were injurious to their health and would promote sexual activities among the youth. This could be the very feeling of the community of Buyende because out of all the students interviewed none of them had ever used modern contraceptive methods. These are girls who are above 15 years of age and are potential candidates for sexual activities that may result into unwanted pregnancies.

Educated men and women are also likely to know more about family planning methods because providers are more likely to provide more complete information to a family planning client who has a higher level of education than they would to a client with a lower level of education. The poor knowledge about the effect of the use of FP methods on fertility as well as poor understanding of the procedures, particularly the long term family planning methods such as vasectomy, tubaligation, and norplant, have to fueling of myths and beliefs that hinder the successful promotion and adoption of the services. In Buyende the women expressed the following as possible reasons for not using modern FP methods; severe bleeding, causes body weakness, fear to produce abnormal babies, lack knowledge, burns woman's eggs, causes cancer, stop producing, damage fallopian tubes and uterus, loss of weight, the bible forbids, need for many children, fear of divorce, overweight, refused by husbands, missing menstruation periods and long distance to FP clinic and all these fears are based on local information and their own non-medical perceptions about how contraceptive methods work.

5.1.4 The poor contraceptive accessibility

Provision of modern family planning services requires the availability of a variety of essential contraceptives at the FP clinic. This gives chance to every client who wishes to practice modern family planning to choose a preferred method. In Buyende district, the research revealed that the common contraceptives in stock were Pills, injectable and condoms. This affects those who would have preferred to use other methods such as IUD, and Norplant and end up without any contraceptive use.

Typically, the distribution of health facilities in the district is sparse. Some women (72%) have to walk for 6 km or more to nearest health facility for health care. As if that is not enough, only 67% of the existing

health facilities in the district offer family planning services. This means that women have to walk longer distances in order to access FP services. A woman who has not realized the benefits of FP cannot afford to incur such transport costs for purposes of getting FP services. Individuals and families usually visit nearby drug shops for general health care, especial curative services for endemic diseases such as malaria. Reproductive health services are often not provided in such facilities.

Most needy clients have to go to great inconveniencies and expense in terms of travel distance and time, to get the facilities that provide the services and even then, may not be guaranteed to leave having received the service at all. Where these services are available, the procedures are often not available every day or all day yet the hours and days when the services are available are not always posted clearly or announced.

Due to the limited number of health facilities in the district, the number of clients who turn up for health services including FP is quite high. The women also complained that health workers start late; there are always too many clients, thus making women wait for a long time before they are served.

In some health units the service providers are rude to clients. Some health providers are naturally rude whereas others are just overwhelmed by high turn up of clients. This unfriendly approach scares away clients and more especially those who would wish to get FP services.

This district has both public and PNFP health units. In PNFP units, clients pay for the services. Whereas in some public units, unofficial fees are charged in order to access services. This makes it difficult for some

women who are generally rural poor to access FP services, and those started can stop using the methods.

Acceptance of FP methods is one thing and continuing to use it is another. Acceptance without continuance wastes time, energy, money and hope. So people responsible for FP services should always evaluate their own performance by assessing FP acceptance and continuance rates.

5.2 Conclusion

This study investigated the challenges of utilization of modern family planning methods among young women in Buyende district. It was intended to establish the challenges of utilization of modern family planning methods among young women in Buyende district using cross-sectional survey design and employing both qualitative and quantitative approaches with a view of improving the utilization of modern family planning services in the district.

The study specifically sought to assess the level of knowledge about modern family planning methods and its benefits; to establish cultural beliefs and practices that hinder young women to use modern family planning methods; to investigate existing rumors and misconceptions associated with modern family planning methods; and to determine the accessibility of modern family planning services by potential clients in Buyende district.

The study established that although there was high level of awareness about family planning, there was limited knowledge about the benefits of family planning, and this has great influence on the contraceptive use.

Negative attitudes about modern family planning methods have led to fuelling of myths and beliefs that the methods are injurious to the health of the users. These rumors and misconceptions mostly advanced by non-users continue to saturate among the rural and less educated communities and thus scare away the potential clients from contraceptive use. The common side effects that occur in some individuals are always exaggerated.

The existing cultural beliefs and practices among the women of Buyende have contributed to the low utilization of modern family planning methods. The need for many children as source of wealth, security and prestige has made women choose not use modern FP methods since they are also associated with stopping child birth. Some husbands refuse their wives from using family planning methods because in some cultures the more the number of children, the more powerful he is.

Respect for religious beliefs such as the Muslim community who believe that bearing many children is seen as a blessing and an opportunity to increase the minority numbers of Muslims. This attitude does not allow women of that faith use contraceptive.

A good number of women including those of Buyende district believe in the use of natural methods and traditional herbs as other ways of delaying or preventing pregnancies. Examples of the methods mentioned include safe period, breast feeding, withdrawal and traditional abstinence. However, none of these methods are effective without a high level of commitment on the part of each of the partners.

Difficulty in accessing modern FP methods is contributing to low contraceptive use in Buyende district. Long distance to the family planning clinics; rude or unfriendly health workers; long waiting time

before one is attended to; irregular availability of contraceptives in health facilities; and lack of a variety of FP methods are responsible for hindering women to access family planning services in the district.

5.3 Recommendations

Following the above findings, the following recommendations are hereby made.

The health workers in the district should partner with religious leaders to conduct community IEC campaigns specifically putting emphasis on benefits of family planning. The campaign will have the full backing of religious leaders who are centers of influence in the area, and the messages come out with added authority, credibility, and support from the leaders.

Family planning service providers should develop focused health education interventions to address the traditional beliefs, which tend to discourage women from using modern methods of contraception.

The District Health office should consider establishing more health facilities offering family planning services to reduce on the long distance travelled to the existing facilities for the services. The services should also be made more widely available and supply stocks should be maintained and replaced speedily as that can affect positively.

The district health office could organize training workshops for service providers in order to improve the quality of provider interaction with clients, provider's knowledge and understanding of the methods and procedures, and staff competence in performing the procedures.

The district may consider deploying more staff to units which are understaffed. This will reduce on the work load and solve the problem of clients waiting for long before they are served.

Health workers should provide women with information on all family planning methods both during antenatal and as part of postnatal counseling to make them aware of the methods available to them.

The family planning providers should use social network groups (women's groups) and community events such as market days, sports events and local health days, as opportunities for learning and exchange among method users, potential users and critics of these methods.

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