

FACTORS CONTRIBUTING TO UNDER UTILIZATION OF MODERN
CONTRACEPTIVE METHODS AMONG WOMEN OF REPRODUCTIVE AGE (15-
49 YEARS) ATTENDING ANTENANTAL CLINIC AT ISHAKA ADVENTIST
HOSPITAL, BUSHENYI DISTRICT.

BY

OKER RONALD
BMS/0113/91/DU

A RESEARCH DISSERTATION SUBMITTED TO THE FACULTY OF CLINICAL
MEDICINE AND DENTISTRY IN THE PARTIAL FULFILMENT OF THE
REQUIREMENT FOR THE AWARD OF BACHELORS OF MEDICINE,
BACHELORS OF SURGERY OF KAMPALA INTERNATIONAL UNIVERSITY.

OCTOBER 2014

DECLARATION

I hereby declare that this research dissertation is my own work and has never been submitted to any insitution or universsity in partial fulfillment of any award and in case of any consultation the references are quoted.

.....

OKER RONALD

BMS/0113/91/DU

APPROVAL

This is to approve that this research dissertation has been prepared under my direct supervision and approval and is now ready to be submitted to the faculty of clinical medicine and dentistry of Kamapala International University.

SignDate.....

Mr. Emorut Simon Peter

DEDICATION

I dedicate this document to my beloved Father, my wife, my sisters, brothers and family at large for all their encouragement and support in my life and my dear friends whom i consider a family too, classmates and lecturers.

May the Almighty bless all of them.

ACKNOWLEDGEMENT

First and foremost, I want to thank the Almighty God for giving me life and good health through this course. To Kampala International University – Western Campus administration and all the academic staff for their efforts to make my course a success during the time of my stay in the university. I also acknowledge Ishaka Adventist Hospital administrative authority for giving me the opportunity to do this study at the hospital.

Special thanks go to my wife, family members for their constant encouragement, emotional and financial support throughout the years of my study. To all my lecturers, you all added a great plate of invaluable knowledge to my table of life.

My deepest appreciation and sincere gratitude goes to my supervisor, Mr. Emorut Simon Peter, for his guidance, patience and good supervision throughout the research work, may the Almighty God shower you and your family with abundant blessings.

ABSTRACT

Globally and locally in Uganda family planning is promoted to enable individuals and couples to space and limit birth. Family planning promotion is based on demographics and health concerns and basic human rights. Clients can use either Artificial or Natural Family planning methods but none is 100% effective. This study was done to assess the factors contributing to underutilization of modern contraceptive methods among women of reproductive age (15-49 years) attending antenatal clinic at Ishaka Adventist Hospital. The study also assessed the knowledge and attitudes towards modern family planning, and finally the cultural & religious factors.

It was a cross-sectional descriptive study that employed both quantitative and qualitative methods. Quantitative methods included use of predesigned structured questionnaires. A sample size of 100 respondents was considered for the study. Simple random sampling method was used to collect data. The raw data was tallied and grouped in form of frequency, percentages, tables, pie charts and bar graphs. 78% of the respondents were in the range of 15-25 years and 16% were in the range of 25-35 years. Most of the respondents (55%) were small scale farmers, 44% of the respondents were Catholics and 41% were Protestants. It was found out that 97% of the respondents knew about modern family planning methods and most of them heard from the health workers (34%) and the radio (33%). The best known methods were pills(34.1%) and injectable(30.3%), however only 47.5% had used modern family planning methods, but majority said family planning was good(95%) and promised to use it in future. The study also showed that males, culture and religion especially Catholics and Muslims did not approve the use of family planning methods.

Therefore for the respondents to continue using modern family planning methods, the Ministry of Health through health care providers (HCP) and Ministry of education should continue to educate the population on the advantages of family planning. Sensitization of males to participate in reproductive issues, and since reproductive health has no religious boundaries, the religious fundamentalists, like Catholics who do not support the use artificial contraceptives, should be taught and encouraged to use natural family methods methods.

LIST OF ABBREVIATIONS

ANC	:	Antenatal Care
DMO	:	District Medical Officer
F/P	:	Family Planning
FPAU	:	Family Planning Association of Uganda
MOH	:	Ministry of Health
WHO	:	World Health Organization
CBDs	:	Community Based Distribution (of contraceptives)
CPR	:	Contraceptive Prevalence Rate
IUD	:	Intra Uterine Device
HIV	:	Human Immune Deficiency Virus
AIDS	:	Acquired Immune Deficiency Syndrome
UCMS	:	Uganda Catholic Medical Secretariat
Km	:	Kilometer
KIU	:	Kampala International University
KIU-TH	:	Kampala International University Teaching Hospital
US	:	united States
FPAU	:	Family planning association of Uganda
NGOs	:	Non-Governmental organizations
RCC	:	Roman Catholic Church
HCP	:	Health Care Provider

TABLE OF CONTENTS

DECLARTION.....	I
APPROVAL.....	II
DEDICATION.....	III
ACKNOWLEDGEMENT.....	IV
ABSTRACT.....	V
TABLE OF CONTENTS.....	VII
DEFINATION OF TERMS.....	VIII
CHAPTER ONE	1
1.0 INTRODUCTION.....	1
1.2 PROBLEM STATEMENT.....	3
1.4 OBJECTIVE.....	4
1.4.1 GENERAL OBJECTIVE.....	4
1.4.2 SPECIFIC OBJECTIVES	4
1.5 SCOPE OF THE STUDY	5
1.6 CONCEPTUAL FRAMEWORK.....	5
CHAPTER TWO: LITERATURE REVIEW.....	7
2.1 INTRODUCTION.....	7
2.2. KNOWLEDGE ABOUT AND ATTITUDES TOWARDS FAMILY PLANNING	7
CHAPTER THREE: METHODOLOGY	13
3.0 STUDY AREA	13
3.1 STUDY DESIGN.....	13
3.2 SAMPLE SIZE DETERMINATION	14
3.3 SAMPLING METHOD	14
3.4 DATA COLLECTION TOOLS	15
3.4.1 DATA ANALYSIS AND PRESENTATION.....	15
3.4.2 DATA QUALITY CONTROL.....;;.....	15
3.5 ETHICAL CONSIDERATION	15
3.6 EXPECTED LIMITATIONS.....	16

3.7 INCLUSIVE CRITERIA	16
3.8 EXCLUSION CRITERIA.....	16
CHAPTER FOUR: STUDY FINDINGS.....	18
4.0 INTRODUCTION.....	18
4.1 DEMOGRAPHIC INFORMATION.....	18
4.2 KNOWLEDGE AND ATTITUDE.....	20
4.3 CULTURE AND RELIGION.....	26
CHAPTER FIVE: DISCUSSION, CONCLUSION AND	
RECOMMENDATION.....	28
5.1 DISCUSSION.....	28
5.2 CONCLUSION.....	31
5.3 RECOMMENDATION.....	33
APPENDIX:1 QUESTIONNAIRE	34
APPENDIX 2: INFORMED CONSENT FORM.....	39
APPENDIX 3: INTRODUCTORY LETTER.....	40
APPENDIX 4: MAP OF ISHAKA.....	42
APPENDIX 5: FRONT VIEW OF ISHAKA ADVENTIST HOSPITAL.....	42
REFERENCES.....	43

DEFINITIONS OF TERMS

Contraceptive: A device or substance used to prevent pregnancy.

Women's Reproductive Age: This is a period during which a woman is able to conceive. It starts from the earliest age at which a woman can conceive. Generally, it is considered to range from 15-49 years, although a few pregnancies occur before the age of 15 and after the age of 49.

Vasectomy: Permanent Surgical removal of parts of each of the ducts through which semen passes from the testicle especially as a method of birth control.

Child Spacing or Pregnancy Spacing: Both terms mean the same thing, that is, the use of F/P method to postpone pregnancy until a couple is ready to have a child and the existing child is old enough.

Mortality: number of death

Morbidity: state of being deceased

Fertility rate: number of children per woman

CHAPTER ONE

1.0 Introduction

Family planning is the means by which the basic human group (family) is organized in accordance with its social, economic and psychological resources in order to achieve optimum health for all its family members. It therefore signifies having as many children as wanted and as can be afforded so as to guarantee the family's self-sufficiency when children are born(Hatcher, 1993)

Family planning prevents unwanted pregnancy, prevent induced abortion and reduce family size. Family planning was introduced concerning the welfare of the society as a whole than well being of individual, man or a woman(Underwood, 2000)

Due to failure of fertility awareness methods, hormonal, barrier and surgical methods were introduced to reduce the high population growth rate and due to increase number of unwanted pregnancies that were occurring. An estimated 600 000 maternal deaths occur worldwide each year, 99% of them in developing countries. The World Health Organization estimates that 13% of these are due to unsafe abortions. Worldwide, approximately 100 million women resort to induced abortion each year, frequently results in mortality and adverse health consequences. Other causes of high maternal death rates in developing countries include complications of pregnancy and complications of childbirth(JE, 1999)

1.1 Background information.

This concept has been in existence worldwide throughout ages in widely differing cultures and societies. It started far back as 11000B.C. in Egypt where method included jumping up and down and breathe holding during coitus by women and using condoms in form of sheep's skin or goat's bladder. Among the Kikuyu of Kenya, a method called Thingira" was used where a woman after delivery would be barred from visiting her husband until after three years. (Mugoya E.M, 1982)

In Uganda, similar method was practiced by the Iteso where a wife after delivery would stay in her mother-in-law's house for at least 1½ years. It was an offence for a husband to have sex with his wife and a heavy fine would be levied on such a husband. Among the Banyankole in South-Western Uganda, a young girl was always severely punished if she became pregnant. She would be beaten and severely harassed and often chased from the home. This method could scare off young girls from boy-girl relationships hence preventing early pregnancy. (Standfield et al 1986).

However, all these maneuvers had little impact on controlling unwanted pregnancies and population explosion warranting a need for modern contraceptives. Sharing scientists from U.S.A discovered the first pill "Anoular" in 1993 after intensive research marking the genesis of the modern contraceptive era.

Today, family planning services are an integral part of PHC in most countries and in Uganda, these services are provided by the government and non-government owned health institutions and facilitated by the MOH and other NGOs.

The government has and is continuing to train personnel for purposes of improvement and sustainability of the family planning programme. Available data indicates that the most frequently used family planning methods are oral and injectable contraceptives, Norplant, female sterilization, IUDs and condoms.

The success of the family planning programme in many countries in Africa is affected by many factors the most important of which is client's compliance. Women who form the majority of clients face special circumstances that make it difficult for them to obtain the health care they need even when it is seemingly available through a specific programme.

In this generally illiterate and poverty striven population, the chances of offsprings' survival tend to be less compliant with utilization of family planning services (*Edith, 1992*)

Family planning is beneficial as it improves stability and happiness of married couple as they will be able to share the resources available in the family. Unintended pregnancies

have significant consequences and occur most frequently in adolescents, low-income groups and women from minority groups. Improving contraceptive compliance among high-risk adolescents is a key to reducing the rates of unintended pregnancy in this group of the population. (Dona 1997)

On other hand contraceptives for example combined oral pills help prevent anemia, incidence of pelvic inflammatory disease, it also decreases menstrual cramps and pain and several types of cancer. (Cynthia 2005)

The availability, accessibility and the cost –effectiveness of the family planning programme also affects the outcome following its implementation.

This research intends to determine how each of the mentioned factors affects the programmes implementation and the researcher hopes to identify other unknown factors hindering the programmes implementation if any.

The research therefore, focuses on the perception, fears and concerns of the potential users about health associated risks of contraceptive method. It will also establish the level of knowledge about the effect of family size on health. The researcher also examines the role of men in reproductive health and hopes to discover the short-comings in the family planning programme implementation which may limit the choice or use of the available contraceptive.

1.2 Problem Statement

In the developing countries, poor family health remains a fundamental problem. This explains why the general health status of most of these countries is abnormally low bearing in mind that the family is the basic unit of the community.

In Uganda, maternal and infant mortality and fertility indicators are among the highest in the Region. Maternal mortality is estimated at 600 per 100 000 live births and infant mortality at 70 per 1000 live births; the fertility rate is estimated at 6.6 children per woman. The total fertility rate of a nation is directly related to the prevalence of contraceptive use. On average, for every 15 percentage points increase in contraceptive

use in the community there is a reduction of 1 birth per woman. This suggests that countries with high total fertility rates tend to have low contraceptive use and vice versa (UDHS 2005).

However, family planning is not widely accepted in Uganda and in particular Ishaka (the area of study) CPR is still at 11% in Bushenyi district. (FPAU 2004)

This therefore poses a fundamental question: What factors hinder utilization of modern contraceptives in Ishaka, Bushenyi district, South-Western Uganda.

1.3 Objectives

1.3.1 General objective

To assess factors contributing to under utilization of modern contraceptives among women of reproductive age (15-49) attending antenatal clinic at Ishaka Adventist Hospital, Bushenyi District, Western Uganda.

1.3.2 Specific Objectives

1. To determine the socio demographic profile of mothers attending ANC at Ishaka Adventist Hospital.
2. To determine the knowledge and attitude of mothers in reproductive age towards modern contraceptive use.
3. To assess the cultural and religious factors associated with low utilization of modern contraceptives.

1.4 Significance of the study:

The findings of this study will enlighten and provide information to the health professionals on the factors contributing to underutilization of modern contraceptives among women attending ANC at Ishaka Adventist Hospital and Uganda at large.

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

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

It will help in evaluation of health care services and improve on the existing problem.

The study will be useful in the future plan of overcoming the low utilization of family planning methods and increase the knowledge of the people.

The ministry of health will be able to make people aware of family planning by introducing education on family planning through radios, TV and posters.

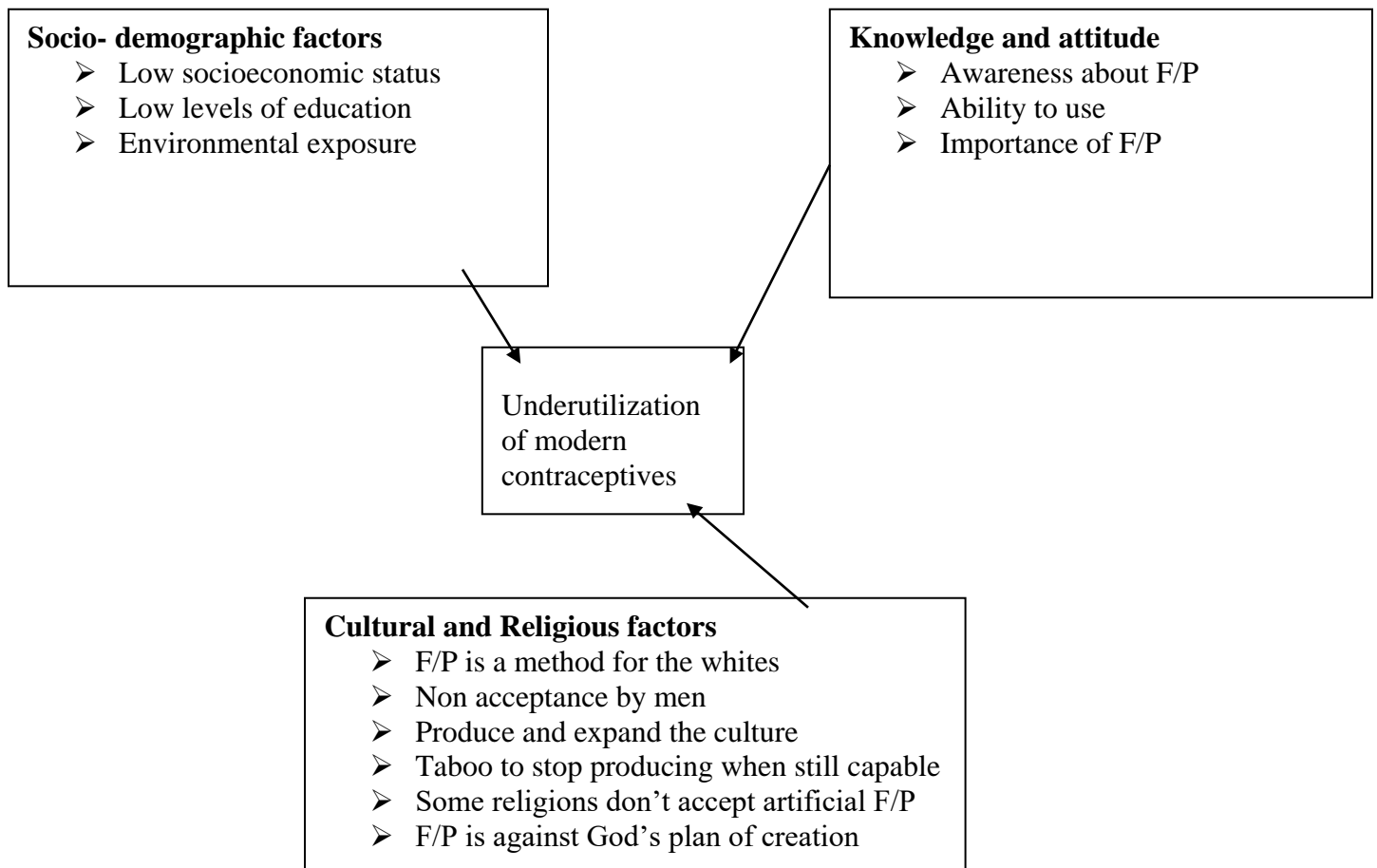
The ministry of health will take the initiative to educate males on the importance of family planning methods and also to educate people on importance of contraceptive methods especially to the religious leaders of all denomination and on cultural beliefs.

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

1.5 Scope of the study

The study scope was on the impact of people's attitudes and beliefs on the use of family planning methods. The geographical study area was Ishaka division Bushenyi district in particular women of reproductive age (15-49) attending ANC at Ishaka Adventist Hospital. The study covered 100 respondents. The study took 1½ months from the time of proposal development to the time of reporting findings.

1.6 Conceptual framework



From a primary source

Explanation of the conceptual frame work:

The conceptual framework explains the various factors leading to underutilization of family planning. This includes the socio demographic factors, knowledge about and attitude towards family planning and Cultural & Religious factors.

The conceptual frame work assumed that people with low socio economic status and those with low levels of education would use modern family planning less frequently.

The conceptual frame work also assumed that knowledge and attitudes affected the utilization of modern family planning, for example lack of knowledge about the various types of family planning, the importance of family planning and the ability to use family planning.

It also explained how culture and religion affect the utilization of modern family planning, for example F/P is a method for the whites, non-acceptance by men, to produce and expand the culture, it's a taboo to stop producing when one is still capable, some religions (Catholics and Muslims) don't accept artificial F/P saying that F/P is against God's plan of creation.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter focuses on various documented item pertaining the use of modern contraceptives. The information was retrieved from other countries, medical journals, textbooks and internet.

2.2. Knowledge about and attitudes towards family planning

There are many options for family planning out there, and it is confusing to sort through all of them. Each one has different failure rates—no method other than the abstinence, is completely effective- but some are more suitable for ones needs than the other.

Natural family planning is also called rhythm method. It involves tracking the woman's ovulation and avoiding sexual intercourse when she is fertile, if ones 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 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 (cdc, 2012)

Barrier methods include the condom, the diaphragm and the cervical cap. The diaphragm covers the entrance of the uterus, there by blocking the sperms access. The cervical cap does the similar thing. In general, the barrier methods have a failure rate of the range of 11% to 20%, but using spermicide along with barrier increases its effectiveness.

Oral/Topical methods are 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 in to 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(Famillyhe, 2013)

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

The harmful practice of douching with hot water, salt, vinegar and lemon or potassium after sex is common in African cultures, and should be discouraged. This ineffective technique can introduce infection in to a woman's uterus and cause permanent damage, including infertility(UN, 1996)

Pills, condoms and injectable are the best known methods in most communities including Bushenyi district. The pill mentioned spontaneously by 54% is best known method followed by injectable (44 services' %), condoms (11%), IUCD 3%, tubaligation 4% and Norplant 1% (Ferguson, 1999)

Mbereka, 1993, noted that the most important factors hindering family planning. Utilization in Uganda are lack of knowledge and fear of side effects. (Nakato L, 1994) observed that contraceptive use in Uganda like any other developing country is surrounded with a lot of rumors, fears, anxieties and misconceptions. For example it is feared that use of contraceptives at a young age may make the girl not to conceive at an

old age. This has led to poor attitude and prevalence of contraceptive use among teenagers despite their knowledge on contraceptives.

According to Miiro F.A (1999), Uganda women are faced with a very high un-controlled fertility rate averaging about 7.5%. This in contrast to 1.5% in developed countries has prompted the Uganda government to increase spending on the family planning programme. However despite, this increased expenditure, the contraceptive prevalence rate is still low in Uganda. (Oriesi, 2000)

A study in Kenya by (Bledsoe, 1993), revealed that among the youth aged 15-24 years, 4% of those with no education had used contraceptives. The proportion rose to 10% among those with primary education and 19% among those with secondary education. In Rakai district, one study showed that the uptake of family planning among HIV-infected individuals is fairly high. However, there are a large number of unplanned pregnancies(Wanyenze, 2011)

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 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.

A study from Kenya indicated that that a majority of women had knowledge of one more method of family planning at the same time, the level of use of family planning methods was average according to their findings(Mutea, 2014)

Their study showed a relationship between levels of education; distance from health facilities, household's level of income and family planning methods knowledge levels and women's use/non-use of family planning methods. Fear of side effects based on information from friends, myths and misconceptions about contraceptives is another factor that influences for non-use of contraceptives. Lack of information on contraceptives, long distances to the service provision sites and the cost of contraceptives were also cited as reasons for non-use(Mutea, 2014)

2.3 Cultural and religious effects to modern contraceptives

Cultural and religious believers are among the problems of low utilization of family planning methods as most of the cultures don't allow their clans and tribe to use family planning, some religions are not allowing their believers to use family planning saying it is against God's word which state that give birth and multiply and fill the earth. There is lack of proper health education on family planning method from health workers. If people were educated on family planning and their benefits and disadvantages, this would help them to choose the method wisely and could increase the utilization of family planning(MoH-Uganda, 2005)

In Nigeria, studies have shown that the felt need of the women for a means of control of reproduction and their approval of contraception is not matched by the use of the available family planning services. It is suggested that this gap between attitudes and use is due to the lack of practical recognition by the providers of these services of the indigenous conventions which surround the discussion and management of menstruation, pregnancy, childbirth, and contraception. Several ways in which family planning services could be made more acceptable culturally to both women and men of Aboriginal communities are proposed(Reid, 1979)

However, FP use varies according to religion or cultural values, myths, knowledge, Promotion and marketing, effectiveness of the method, marital status, sex, age, policies, social and economic factors, as well as the attitudes of clients and providers. The Uganda

government's national FP strategy is to increase access to FP in all public health units and to intensify information, education, and communication for FP(MoH-Uganda, 2005).

Some of the world's major religious groups are opposed to efforts that encourage the use of birth control or abortion especially Roman Catholics and Muslim groups in making any sexual related decision that we must examine the ethical and religious value.(Amooti,2007).

The catholic Relief services has tested the 'simple rule calendar 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.

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 the individual Muslims. However, sometimes the leaders' stance toward family planning is often misinterpreted since they are expected to refer to religious texts for guidance as they seek to interpret the acceptability of new ideas(Underwood, 2000).

Beliefs and misconception is also an important issue when it comes to family planning. Some people get misleading information from their colleagues and may take it as the 'gospel truth'. In cases where the information comes from prominent people in the community, it is hard to convince them otherwise. Another challenge is when religious leaders decampaining family planning methods point out that they are against their preaching's(Stacey, 2014).

According to the RCC, all other methods of FP frustrate the natural processes through interruption by mechanical devices, or chemical interventions(karl, 2005). The natural methods are also morally accepted by the RCC on the grounds that they enhance and intensify the matrimonial relationship between spouses(Sin, 2001).

Uganda, about 40% of whose population is Catholic, would therefore be expected to be a haven of natural family planning, with strong and visible opposition to contrary dissertations. This study set out to find the practice of natural family planning in the Masaka Diocese region, covering the four districts of Masaka, Rakai, Sembabule, Kalangala and Lyantonde. Due to historic inter-religious conflicts of the late 19th century, it is also one of the most Catholic-inhabited areas of Uganda, with about 60% of its population in following the Catholic faith (Uganda Catholic Secretariat (UCS), 2004)

CHAPTER THREE: METHODOLOGY

3.0 Study area

Ishaka Adventist hospital is one of the referral hospitals in Bushenyi district. It is a faith based organization under the Seventh Day Adventist church. Ishaka Adventist hospital lies 58KM along the Mbarara-Kasese highway and at the junction of the murrum road connecting Ishaka town to Rukungiri district and now also Mitooma district, the surrounding areas are connected with a rich network of feeder roads and the means of transport around consist of motor vehicles, motor cycles and bicycles.

The hospital has the following departments; out patient department during which ANC is carried out, in patient department comprising of a maternity, a male and female wards. The hospital also offers laboratory and imaging services including ultra sound. The services are paid for at subsidized prices.

The hospital conducts ANC during the days of Monday to Thursday. The ANC attendance was 539, 483 and 573 mothers in the month of July, August and September respectively. They also carryout community outreach programs on Fridays every week where they emphasize on the issues of ANC and hospital delivery.

The hospital serves Bushenyi district with a total population of 823,100 people according to 2002 national census (national census ,2002) and some of the patients also come from the neighboring districts which included Rukungiri, kasese, Ntungamo, Kamwengye and the newly created Mitooma and Sheema districts.

3.1 Study Design

A cross sectional descriptive study was carried out to determine the factors cotributing to under utilization of modern contraceptives among women of reproductive age (15-49) attending ANC at Ishaka Adventist Hospital, Ishaka, Bushenyi district in South-Western Uganda. The study used triangulated approach that is; both qualitative and quantitative data was collected.

3.2 Sample Size Determination

To obtain sample size fishers' et al 1990 formula was used.

$$n = \frac{z^2 p(1 - p)}{d^2}$$

Where n= Desired sample size

Z= Standard normal deviation taken as 1.96 at a confidence level of 95%

P= Proportion of target population estimated to have similar characteristics.

If there is no measurable estimate, we use 100% (constant) or 0.5. Therefore P=0.5

Therefore Q= is standardized 1.0- P= 0.5

D= Degree of accuracy desired 0.05 or 5%

In this case 95% confidence level has 5% errors. Therefore 0.05 is a level of significance.

In this case, according to (FPAU 2004), the CPR in Bushenyi was 11% therefore P=11 % (0.11) and Q=1-0.11=0.89

$$n = \frac{1.96^2 0.11(1 - 0.11)}{0.05^2}$$

$$n = \frac{1.96^2 0.11(0.89)}{0.05^2}$$

$$n = 150.34$$

Given a limited period and funds, a sample size of 100 participants was considered

3.3 Sampling method

The study was done at Ishaka Adventist Hospital, Bushenyi district. Random sampling method was used in which participants (mothers) were selected randomly as they arrived

at the clinic and interviewed using questionnaires until a total sample size of 100 was attained.

3.4 Data Collection Tools

Data was collected using a questionnaire prepared in English. The questions to be used during the study were pre-tested on mothers attending ANC at KIU-TH. Necessary changes were made on wording and question format following the pre-test. The researcher used one research assistant who was given the necessary training and pre-testing before going to collect data.

3.4.1 Data analysis and presentation

The data collected was analyzed manually using Microsoft excel and scientific calculators and presented in form of tables, bar graphs, pie charts, percentages and frequency.

3.4.2 Data Quality Control

The structured check list was applied systematically by predetermined systems which minimize the chances of cumulative errors.

3.5 Ethical Consideration

To ensure acceptability of the student researcher, a letter was obtained from the University addressed to the administrative authority of Ishaka Adventist Hospital. Only respondents that signed informed consent were interviewed. There was no penalty for participants who wished to withdraw from the study. To ensure confidentiality the respondents names were not published anywhere. The purpose of the research including risks and benefits was explained to the respondents.

3.6 Study Limitations

1. Rains interrupted data collection as mothers could not come for ANC, this was overcome by collecting data on non-rainy days.
2. Resources in terms of funds were limited which was overcome by using the cheapest means possible.
3. Lack of cooperation from some mothers pretending not to know anything when asked, was overcome by creating a good rapport.

3.7 Inclusion criteria

Pregnant Mothers attending ANC at Ishaka Adventist Hospital and who consented to participate in the study.

3.8 Exclusion criteria

Pregnant Mothers attending ANC at Ishaka Adventist Hospital and who did not consent to participate in the study and those mothers who were not pregnant.

CHAPTER FOUR

4.0: Study findings

This chapter basically presents the study findings; data was analyzed in terms of percentage, frequency distributions, pie charts, bar graphs and simple statements.

4.1: Demographic Information

The study population comprised of women of child bearing age (15-49 years).

Table 1: Age Distribution of Respondents

n=100		
Age distribution (Years)	Frequency	Percentage (%)
15-25	78	78.0
25-35	16	16.0
35-45	5	5.0
>45	1	1.0
Total	100	100

Majority of the respondents were aged between 15-25 years 78(78%) followed by 25-35 years 16(16%), 35-45 years 5(5%) and > 45 years 1(1%) respectively.

Table 2: Tribe of the respondents

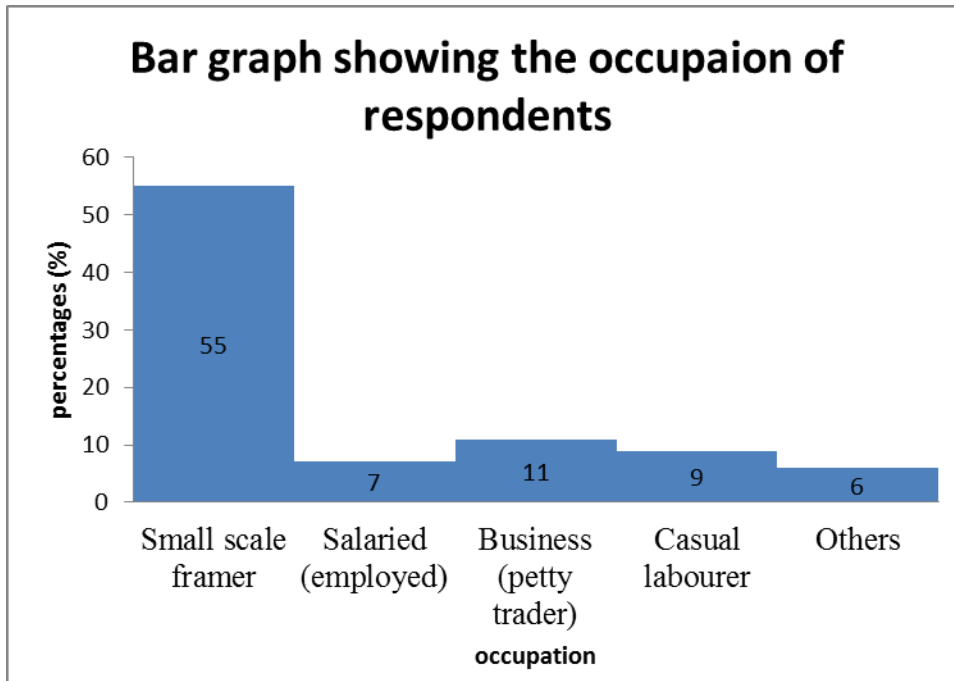
n=100		
Tribe	Frequency	Percentage (%)
Munyankole	92	92.0
Muganda	1	1.0
Muchiga	7	7.0
Others	-	-
Total	100	100

Most of the respondents were Banyankole 92(92%) followed by Muchiga 7(7%), there was only 1(1%) Muganda.

Marital Status of the Respondents

Most of the respondents, 89(89%) were married, 11(11%) were single and none were divorced nor widowed.

Figure 1: Occupation of respondents



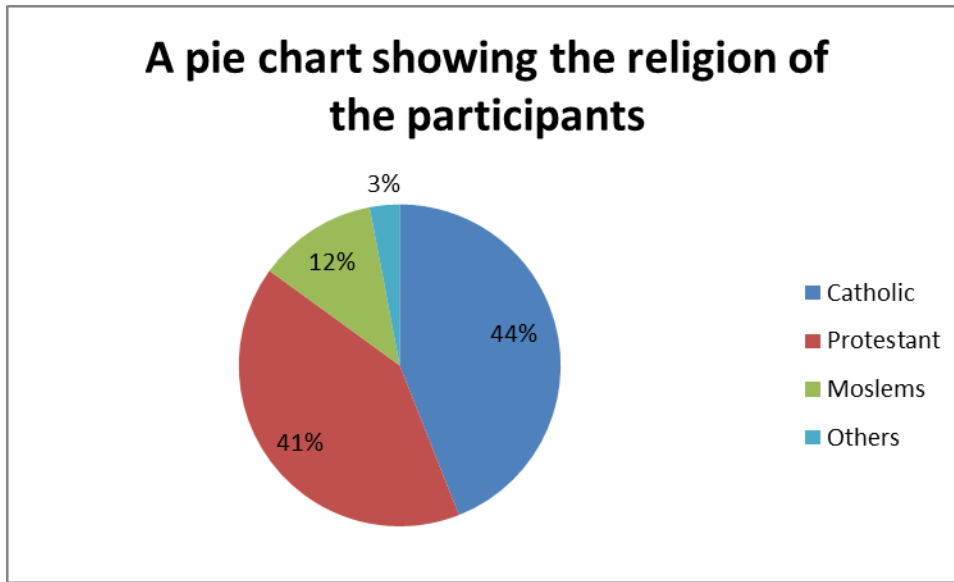
Slightly more than half of the respondents, 55(55%) were peasant farmers, 9(9%) casual labourers while only 7(7%) were salary earners.

Table 2: Educational Level of the Respondents

n=100		
Level of education	Frequency	Percentage (%)
no education	23	23.0
Primary	58	58.0
Secondary	15	15.0
Tertiary	4	4.0
Total	100	100

Most mothers interviewed 58(58%) had primary education and only a small number, 4(4%) had tertiary education. A significant number, 23(23%) had no formal education.

Figure 2: Religious Affiliation of Respondents



The religious affiliations of the respondents were as indicated above with Catholics, 44(44%) leading, closely followed by Protestants 41(41%), Moslems 12(12%) and others were 3(3%), scripture union, none.

4.2: Knowledge and attitude about Family Planning.

The majority of the respondents, 97(97%) had ever heard about family planning while only 3(3%) had never.

Table 3: Main Sources of initial information on Contraception more than one response was obtained

n=97

Source	Frequency of mentioning	Percentage (%)
Health centre/clinic	44	39.6
Community based distribution	5	4.5
Radio	37	33.3
Women group	16	14.4
Others	9	8.1
Total	111	100

Nearly half of the respondents, 44(39.6%) got their knowledge on F/P from health centres/clinics while a significant number 37(33.3%) heard about it from radios, 16 (14.4%) from women group.

Table 4: Overall levels of knowledge by method more than one response were obtained.

n=97

Method	Frequency	Percentage (%)
Oral contraceptives	72	34.1
Injectables	64	30.3
Condoms	15	7.1
IUD	12	5.7
Norplant	24	11.4
Foams, creams and vaginal suppositories	10	4.7
Rhythm(safe methods)	2	0.9
Sterilization	1	0.5
Abstinence	3	1.4
No method known	8	3.4
Total	211	100

Most of the respondents, 72(34.1%) knew about oral contraceptives, 64(30.3%) knew about injectables and 24(11.4%) knew Norplant. Other methods were known by few respondents while 8(3.4%) did not know any method.

Use of Family Planning Methods

The majority of the respondents, 50(51.5%) had never used a contraceptive method while 47(48.5%) had ever used a F/P method.

Table 5: Ever and Current use of F/P Methods

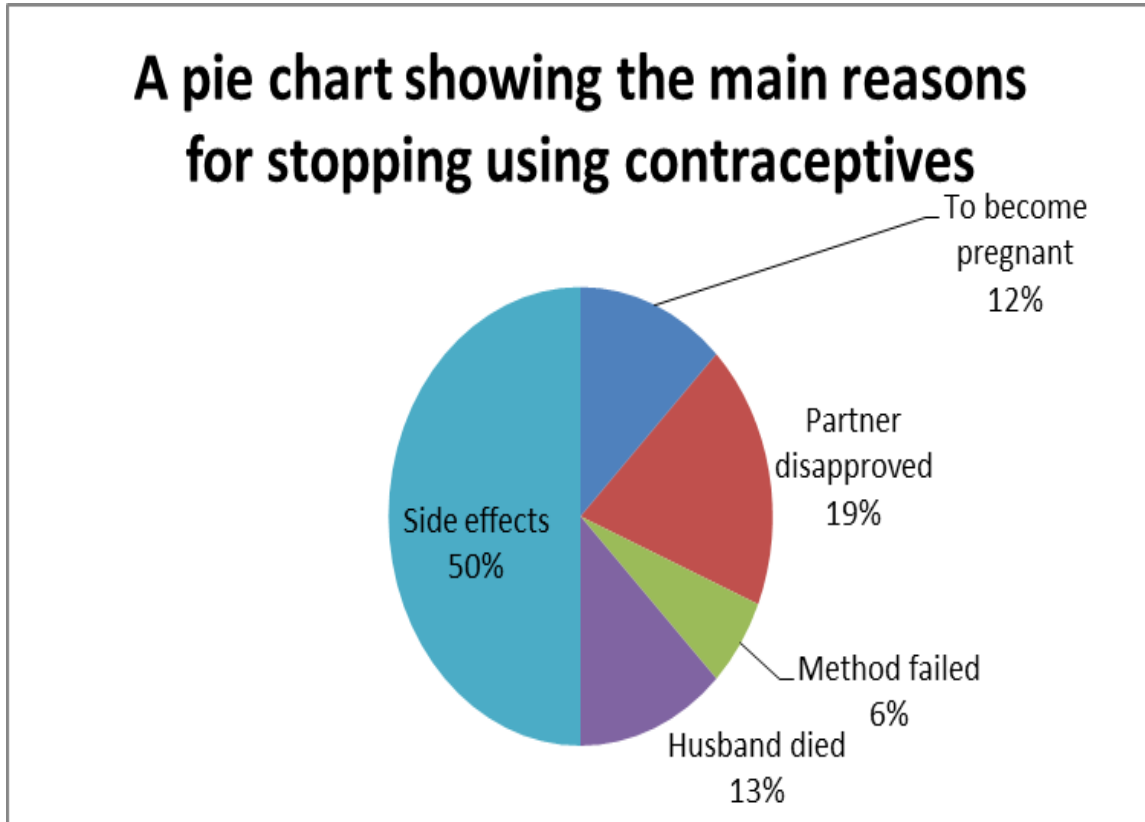
Method	Number	Percentage (%)
(a) Ever use. More than one answer may be obtained n=48		
Oral contraceptives	24	45.3
Injectables	20	37.7
Condoms	2	3.8
IUD	1	1.9
Norplant	1	1.9
Rhythm (safe method)	1	1.9
Abstinence	4	7.5
Total	53	100
(b) Current use. More than one answer may be obtained n=32		
Oral contraceptives	18	51.4
Injectables	14	40.0
Condoms	1	2.9
Abstinence	2	5.7
Total	35	100

Half of the respondents, 24(45.3%) had ever used oral contraceptives, 20(37.7%) had ever used injectable while none had ever used foams, creams, vaginal suppositories or sterilization.

Of the 32 respondents that were still using contraceptives, the majority, 18(51.4%) were using oral contraceptives, followed by injectable with 14(40.0%) users. None of the respondents was using IUD, Norplant, foams, creams, vaginal suppositories or sterilization.

Figure 3: Main Reason for stopping using Contraceptives

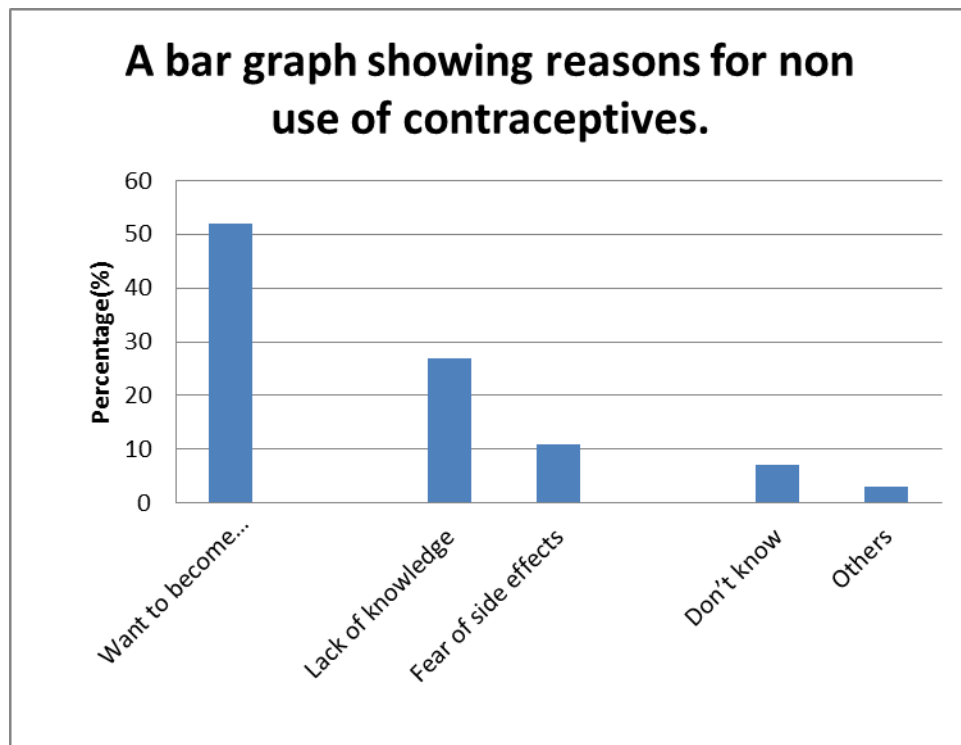
n=16



Half of the respondents 8(50%) had stopped using contraceptives because of occurrence of side effects. Other reasons given were disapproved by partners 3(18.8%), wanting to become pregnant 2(12.5%) and death of husbands by 2(12.5%).

Figure 4: Reasons for non-use of Contraceptives advanced by Respondents
(More than one answer may be given)

n=100



Most of the respondents 52(52%) wanted to become pregnant, 27(27%) lacked enough knowledge on F/P, 10(10%) feared side effects, 7(7%) said they had no reason and 3(3%) said they had opposition from relatives.

Respondents Plan about use of Contraceptives in the future. n=50

The majority of the respondents, 30(60%) were intending to use F/P methods in the future, 19(38.0%) had no intention of using F/P methods in the future while 1(2%) were not sure.

**Table 6: The known problems associated with frequent or unwanted pregnancies.
More than one answer was obtained.**

n=100

Problem	Frequency	Percentage (%)
Unsafe abortion	10	10.0
Maternal depression syndrome	6	6.0
Ill-health	17	17.0
Low birth weight	14	14.0
Malnutrition of siblings	20	20.0
Mother become old at an early age	58	58.0
Total	100	100

More than half of the respondents, 58(58%) mentioned becoming old at an early age, followed by 20(20%) who mentioned malnutrition of siblings, ill health by 17(17%), low birth weight by 14(14%), unsafe abortions by 10(10%) and maternal depression syndrome by 6(6%).

Table7: Attitude towards family planning

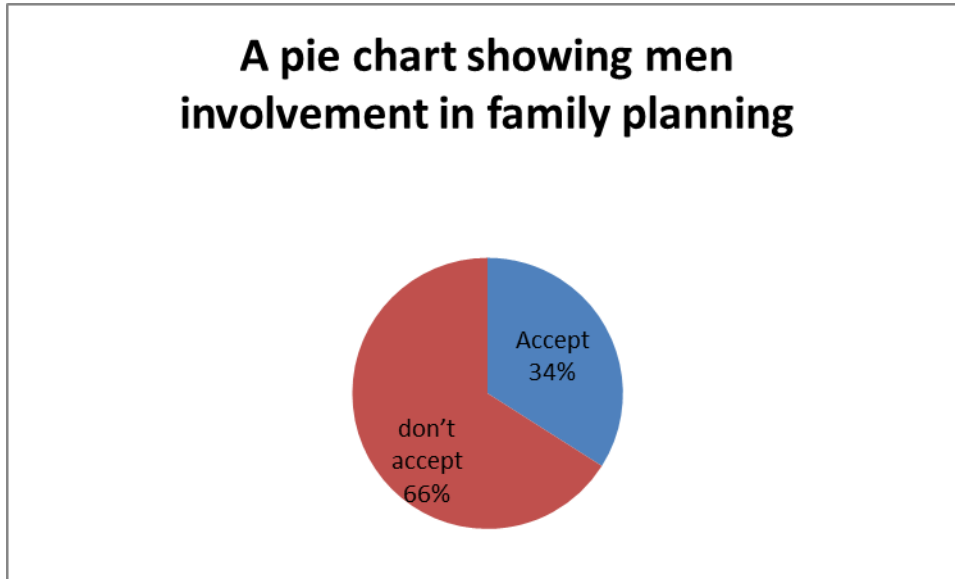
n=100

Is family planning important	Frequency	Percentage (%)
Yes	95	95.0
No	5	5.0
Total	100	100

Almost all the respondents 95 (95%) said family planning was important and only 5(5%) said it was not important.

4.3: Culture and Religion

Figure 5: Men involvement in family planning



Majority of the respondents 66 (66%) said that men do not accept family planning while 34(34%) said men accept.

Table 8: Influence of culture on family planning

n=100.

What culture says	Frequency	Percentage (%)
Cause disease	21	21
Method for whites	24	24
Reduces clan	55	55
Total	100	100

Concerning the culture 55(55%) said that family planning reduces the culture, 24(24%) said it's meant for whites and 21(21%) said it causes many diseases.

Table 9: Respondent's attitude to Contraception by religious affiliation**n=97**

Religion	Catholic		Protestant		Moslem		Scripture Union		Others	
	No.	%age	No.	%age	No.	%age	No.	%age	No.	%age
Approved	26	61.9	37	92.5	-	-	7	77.8	4	100
Don't approve	15	35.7	3	7.5	1	50.0	1	11.1	-	-
Not sure	1	2.4	-	-	1	50.0	1	11.1	-	-
Total	42	100	40	100	2	100	9	100	4	100

Most of the protestants 37(92.5%) approved of F/P, none of the Moslems approved while only 26(61.9%) of Catholics approved of F/P.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 DISCUSSIONS OF FINDINGS

The discussion of findings is in relation to factors leading to underutilization of modern contraceptive methods among women of reproductive age (15-49) attending ANC at Ishaka Adventist Hospital, Bushenyi District South-Western Uganda, specific attention is put on the respondents' knowledge, attitude, religious and cultural factors

5.1.1 Demographic characteristics

Demographically the respondents were mothers of child bearing age (15-49 years) with the majority 78(78%) within the range of 15-25 years. This implies that mothers in this community are still young and capable of having more children hence a need for education on F/P to enable them avoid unwanted/too frequent pregnancies. Almost all the respondents were Banyankole 92(92%), so there was no variation in cultural beliefs. The majority 89(89%) were married while 11(11%) were divorced.

Slightly more than half of the respondents, 55(55%) were small scale farmers, 9(9%) were casual labourers while only 7(7.0%) were salary earners. This predominance of low income earners, who were mainly practicing subsistence farming for economic support, has socio-economic implications that impede development and oppose the welfare of women. This may also be an obstacle in promoting F/P as some of these mothers can't afford modern contraceptives in case payment for them is needed.

The majority of the respondents, 44(44%) were Roman Catholics, closely followed by Protestants, 41(41%) and only a few were from other religious sectors. The high number of Catholics is probably partly responsible for the low number of actual users as the catholic denomination is strongly against use of artificial contraceptive method. This study finding is in line with Karl 2005 and sin 2001. According to the RCC, all other methods of FP frustrate the natural processes through interruption by mechanical devices,

or chemical interventions(karl, 2005). The natural methods are also morally accepted by the RCC on the grounds that they enhance and intensify the matrimonial relationship between spouses(Sin, 2001).

Over half of the respondents, 58(58%) had attended primary education while 23(23%) had no formal education at all compared to 15(15%) and 4(4%) who attained secondary and tertiary levels of education respectively. This low level of female education is a barrier to changing reproductive behaviour in Ishaka as most illiterates have a traditional strong belief in very large families. Illiterates are also unable to use the information in the mass media quite well as the highly educated. These findings agree with those by Bledsoe H et al 1993 who revealed that the higher the level of education, the better the attitude of contraception.

5.1.2 Knowledge and Attitude

Women in Ishaka parish showed awareness of modern contraceptives with a positive attitude though actual use is still low.

In this study, the majority, 97(97%) had at least heard about F/P while 3(3%) had never heard about it. Almost half of the respondents, 44(39.6%) first heard about F/P from health workers, followed by 37(33.3%) who first heard about it from the radio. This study's findings are very different from (Tseko P.W's 1995) findings where 61% of the clients had heard about F/P from relative and friends.

The radio presenting a second major source of information about F/P, for slightly more than one-third of the respondents agrees with studies by Briager W and Adamchack D.J et al where the radio was the most used media for receiving information of F/P matters.

Pills and injectable were the best known methods, mentioned by 72(34.1%) and 64(30.3%) respectively. The condom was mainly perceived as a method of disease prevention rather than a contraceptive and was mentioned by 15(7.1%). The study findings agree with those established by Ferguson A. 1999 with pills and injectable as the

best known methods only that these percentages are slightly higher. A part from these two methods, knowledge about other methods was very minimal.

The study revealed underutilization of contraceptive, because of the 97 respondents that had heard about contraceptive, slightly more than half, 50(51.5%) had never used any F/P method while, 47(47.5%) had ever and only 32 were currently using contraceptives.

These findings agree with (Ndyakira Amooti, 1991)'s findings who revealed that although many Ugandans know about some methods of F/P, their acceptability and popularity are still on the rock due to poor information and inadequate knowledge about side effects and how to go about them.

Of the 48 respondents, that admitted having ever used F/P, half, 24(45.3%) had used oral contraceptive, 20(37.7%) had used injectable and very few had used other types of F/P methods.

Of the 16 respondents, that had stopped using contraceptive half 8(50%) feared side effects, 3(18.8%) did so due to their partner's disapproval while 2(12.5%) wanted more children.

Asked about what reasons other women give for non-use of contraceptive, the majority of the respondents, 52(52%) mentioned wanting to become pregnant, 27(27%) motioned lack of knowledge about F/P, while 10(10%) feared side effects. However these findings do not agree with results from Mbereka's 1993 findings that the most important factors hindering F/P services in Uganda are lack of enough knowledge about F/P and fear of side effects.

Almost all of the respondents, 95(75%) had a positive attitude towards contraception while 5(5%) had a negative attitude.

5.1.3 Cultural and religious factors

Majority of the respondents 66 (66%) said that men do not accept family planning while 34(34%) said men accept. And concerning the culture 55(55%) said that family planning reduces the culture, 24(24%) said it's meant for whites and 21(21%) said it causes many diseases. This study findings agrees with MoH study in 2005 that Cultural and religious believers are among the problems of low utilization of family planning methods as most of the cultures don't allow their clans and tribe to use family planning, some religions are not allowing their believers to use family planning saying it is against God's word which state that give birth and multiply and fill the earth.

There is lack of proper health education on family planning method from health workers. If people were educated on family planning and their benefits and disadvantages, this would help them to choose the method wisely and could increase the utilization of family planning(MoH-Uganda, 2005) .

Most protestants 37(92.5%) Practiced F/P while 15(35.7%) of Catholics had practiced F/P. None of the Muslims interviewed had a practiced F/P. This agrees to what Amooti 2007 stated that Some of the world's major religious groups are opposed to efforts that encourage the use of birth control or abortion especially Roman Catholics and Muslim groups in making any sexual related decision that we must examine the ethical and religious value. (Amooti, 2007) and also according to Underwood, 2000, 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 the individual Muslims. However, sometimes the leaders' stance toward family planning is often misinterpreted since they are expected to refer to religious texts for guidance as they seek to interpret the acceptability of new ideas(Underwood, 2000).

5.2 CONCLUSIONS

According to the study findings, the following can be concluded:

1. Demographically, the majority of the respondents (mothers) were married and peasant farmers with no other source of income for economic support. Over half of the respondents in the study had attended formal education of some kind, ranging from primary to college level and the main religious affiliations were Protestants and Catholics.
2. Regarding the attitude towards contraception, the majority of the respondents, (95%) said that F/P was good and there was no relationship between level of education and use of family planning because most of the respondents had only primary education followed by those without any formal education. The knowledge about contraception, most mothers had heard about F/P mainly from health workers and radio. However, a part from pills and injectable knowledge about other methods was rudimentary. More than half of the respondents had never used a method of contraception at all, only about one third of the respondents were currently using contraceptives. All these indicate underutilization of contraceptives in the area. The most important reasons advanced for non-use of contraceptives included: wanting more children, lack of enough knowledge about contraceptives, fear of side effects and disapproval by partners in that order.
.
3. Most of the Protestant respondents approved of F/P than Catholics, none of the Muslims did. Majority of the men did not approve the use of family planning.

5.3 RECOMMENDATIONS:

Basing on the study findings, the following recommendations are made to enhance utilization of modern contraceptive methods in Ishaka Bushenyi, South Western Uganda and the country at large.

1. There is need for the D.M.O's office to initiate a CBD program in the area to distribute contraceptives and assist the community by carrying out regular home visits to educate the community about F/P.
2. The district health education team in conjunction with Ishaka Adventist Hospital should organize public seminars in the parish to give intensive health education about F/P and its advantages.
3. ANC staff at Ishaka Adventist Hospital should organize health education talks to mothers in the catchment area during ANC visits on the role of F/P.
4. Efforts should be made to ensure the availability of several contraceptive methods in the various health canters so that women have a wide range of contraceptives to choose from.
5. The researcher also recommends increased school enrolment among girls. Family planning should be a topic for all people of the reproductive age, starting from 18 years and above. This is because , the earlier the people come to know about family planning the better.
6. Women in the area should be mobilized and encouraged to engage in income generating activities so as to improve their socio-economic status.
7. Deliberate efforts to sensitize and involve men in reproductive health issues including F/P should be initiated, bye-laws should be formulated to restrain men from discouraging women from use of contraceptives.

8. Since reproductive health has no religious boundaries, the religious fundamentalists, like Catholics who can never use artificial contraceptives, should be taught and encouraged to use natural F/P methods after thorough explanation of the role of child spacing.
9. The study also recommends that natural family planning should be emphasized because it does not contradict with many people's beliefs. This is also a method that involve the community directly and stakeholder's i.e. The women leaders. When people are taught by the people they believe in they come to like the service.

Appendix 1: Questionnaire

QUESTIONNAIRE ON FACTORS CONTRIBUTING TO UNDER UTILIZATION OF MODERN CONTRACEPTIVE METHODS AMONG WOMEN OF REPRODUCTIVE AGE (15-49) ATTENDING ANC AT ISHAKA ADVENTIST HOSPITAL, BUSHENYI DISTRICT.

INTRODUCTION

I OKER RONALD a medical student at KIU is conducting a research on factors contributing to underutilization of modern contraceptives among women of reproductive age (15-49) attending ANC at Ishaka Adventist Hospital, Bushenyi district. Your participation is voluntary and the information you give is confidential. You may also stop the interview at any time you wish.

A. Social and Demographic characteristics of the respondents

1. Age:

- | | |
|------------|----------------------|
| i. 15-25 | <input type="text"/> |
| ii. 25-35 | <input type="text"/> |
| iii. 35-45 | <input type="text"/> |
| iv. >45 | <input type="text"/> |

2: Tribe:

- | | |
|---------------------|----------------------|
| i. Munyangkole | <input type="text"/> |
| ii. Muganda | <input type="text"/> |
| iii. Mukiga | <input type="text"/> |
| iv. Mutoro | <input type="text"/> |
| v. Others (specify) | <input type="text"/> |

3. Religion

- | | |
|---------------------|----------------------|
| i. Catholic | <input type="text"/> |
| ii. Protestant | <input type="text"/> |
| iii. Moslem | <input type="text"/> |
| iv. Scripture union | <input type="text"/> |

v. Others (Specify).....

4: Marital status

- | | |
|----------------|----------------------|
| i. Single | <input type="text"/> |
| ii. Married | <input type="text"/> |
| iii. Separated | <input type="text"/> |
| iv. Widowed | <input type="text"/> |

5. Level of education

- | | |
|-----------------------|----------------------|
| i. Primary | <input type="text"/> |
| ii. Secondary | <input type="text"/> |
| iii. College/tertiary | <input type="text"/> |
| iv. None | <input type="text"/> |

6. Occupation

- | | |
|-----------------------------|----------------------|
| i. House wife | <input type="text"/> |
| ii. Peasant farmer | <input type="text"/> |
| iii. Salary earner/employed | <input type="text"/> |
| iv. Business/petty trader | <input type="text"/> |
| v. Casual labourer | <input type="text"/> |
| vi. Others (specify)..... | |

B. Knowledge and attitude towards the use of contraceptives.

1. Have you ever heard about contraception?

- | | |
|--------|----------------------|
| i. Yes | <input type="text"/> |
| ii. No | <input type="text"/> |

If yes, where did you get this information about contraception?

- i. Health centre/clinic
- ii. Community based distributor
- iii. Radios
- iv. Women group
- v. Others (Specify).....

2. Which methods of contraception do you know ?

.....

.....

.....

.....

3. Have you ever used any of the methods listed ?

- i. Yes
- ii. No

4. If yes, which one.....

5. Are you currently using any method?

- i. Yes
- ii. No

6. If yes which method?.....

7. If No, what is the main reason that made you stop using it?

- i. To become pregnant
- ii. Partner disapproved
- iii. Got side effects and stopped
- iv. Method not available
- v. Inconvenience
-

- vi. Cost
- vii. Don't know
- viii. Method failed
- ix. Others (Specify).....

8. What reason do you have for not using any method to avoid pregnancy?

- i. Want to become pregnant
- ii. Lack of knowledge
- iii. Fear of side effects
- iv. Don't know
- v. Other (Specify).....

9. Do you intend to use a method to avoid pregnancy at any time in future?

- i. Yes
- ii. No

10. What are the most likely problems associated with too frequent/unwanted pregnancies?

- i. Unsafe abortions
- ii. Maternal depression syndrome
- iii. Ill-health
- iv. Low birth weight
- v. Malnutrition of siblings
- vi. Mothers become old at an early age

vii. Others (Specify).....

11. Do you think family planning is important?

i. Yes

ii. No

C. Social, cultural and religious belief towards the use of modern contraceptives.

1. What do men feel about family planning in this area?

i. Accept it

ii. Do not accept

iii. Others(specify)

.....

2. What does your culture say about family planning as a means of birth control method?

.....
.....
.....
.....

3. What about your religion?

.....
.....
.....
.....

THANK YOU

Appendix 2: Informed consent form

I OKER RONALD a medical student at KIU is conducting a research on factors contributing to under utilization of modern contraceptives in Ishaka Adventist Hospital, Bushenyi district. You may also stop the interview at any time you wish.

Part I- Information

Dear participant,

Following consultation with administration of the Hospital, authority has been given to interview mothers attending ANC to find out factors contributing to under utilization of modern contraceptives .

The participants are required to consent to voluntarily participate in this study.

I the under signed; Mrs /Ms.....

I have read the information sheet above about the planned study and the explanation given to me, and I understand what I have been requested to do in respect of this study.

I have discussed and asked questions about the study and got satisfied with the answers.

I have after due consideration agreed to voluntarily participate in the study.

Participant's signature..... Date.....

Investigators nameSignatureDate.....

Appendix 3: **Introductory letter**



**KAMPALA
INTERNATIONAL
UNIVERSITY**

Ishaka Bushenyi * PO BOX 71 Ishaka, Uganda
Tel: +256 (0)771696711/0703817216 Fax: +256 (0) 41 - 501 974
E-mail: admin@kiu.ac.ug * Website: <http://www.kiu.ac.ug>

**OFFICE OF THE DEAN,
FACULTY OF CLINICAL MEDICINE & DENTISTRY**

18/9/2014

TO WHOM IT MAY CONCERN

RE: OKER RONALD (BMS/0113 /91/DU)

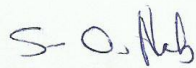
The above named is a student of fifth year at Kampala International University pursuing a Bachelor of Medicine, Bachelor of Surgery (MBChB) programme.

He wishes to conduct his research project in your hospital.

Topic: Factors contributing to under utilization of modern contraceptives among women attending antenatal clinic at Ishaka Adventist Hospital .

Any assistance given will be appreciated.

Thank you


Dr. Akib Surat
Asso. Dean, FCM & D



Appendix 4: Map of Ishaka showing the location of Ishaka Adventist Hospital



Appendix 5: Front view of the hospital



REFERENCES

- Bledsoe, C. H., Cohen, Barney. . (1993). *Social Dynamics of Adolescent Fertility in Sub-Saharan Africa*. New York US: The National Academies Press.
- cdc. (2012). Reproductive Health. Retrieved 1st September, 2014, from www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm
- Famillyhe. (2013). Vasectomy. Retrieved 2nd September, 2014, from <http://familyplanning.org/pdf/VASECTOMY2.pdf>
- Ferguson. (1999). Family Planning in Western Uganda (Vol. 4). Kampala: Makerere University.
- Hatcher. (1993). *Family Planning in the new era* (Vol. 2). Washington: KKK
- JE, Cherry. (1999). World Population affairs. In WHO (Ed.), (Vol. 5, pp. 90). Geneva: WHO.
- Karl. (2005). *Sexuality and Homosexuality* (Vol. 1). New York: WW Norton Co. Inc.
- MoH-Uganda. (2005). *The Uganda Population Series*. Kampala: Ministry of Health.
- Mutea, Irene. (2014). *The utilization of modern family planning methods among women of reproductive age in Kisumu Division, Makueni County*. Thesis Report. Gender and Development. Institute of Anthropology. Nairobi. Retrieved from <http://african-studies.uonbi.ac.ke/node/502>
- Reid. (1979). Cultural factors affecting the use of family planning services in an Aboriginal community. *Med J Aust.*, 24(2), 1-4.
- Sin. (2001). Natural Family Planning. Retrieved 1st September, 2014, from <http://www.thomas.aquinas.org>
- Stacey, Dawn. (2014, 03 July 2014). What Do Religions Say About Birth Control and Family Planning? Retrieved 1st September, 2014, from <http://contraception.about.com/od/additionalresources/ss/religion.htm>
- Uganda Catholic Secretariat (UCS). (2004). Adolescent Sexual and Reproductive Health Rights in the Catholic Church in Uganda: *The ASRH Advocacy Project* (pp. 15). Kampala: UCS.
- UN. (1996). Traditional beliefs part of people's lives (Vol. 17).
- Underwood. (2000). *Barriers and Perceptions of Opinion Leaders Regarding the Use of Modern Contraception Methods* (2nd ed. Vol. 1). London: Syed

- Wanyenze. (2011). Uptake of family planning methods and unplanned pregnancies among HIV-infected individuals: a cross-sectional survey among clients at HIV clinics in Uganda. *Journal of the International AIDS Society*, 14(35), 11.
- Zieman, Mimi. (2014). Barrier birth Control overview. *up to date*, 1(3), 1.