

**THE STUDY OF KNOWLEDGE, ATTITUDE AND PRACTICES OF
MOTHERS TOWARDS FAMILY PLANNING IN ARUA
REGIONAL REFERRAL HOSPITAL**

BY

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**A RESEARCH REPORT SUBMITTED TO THE FACULTY
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DECLARATION

I, Imvikia Christine declare that this report on the "Study of Knowledge, Practices and Attitude of Mothers" carried out in Arua Referral Hospital is entirely my original effort and has never been submitted to any institution for any award whatsoever.

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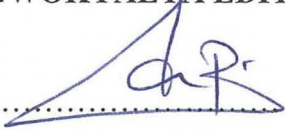
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APPROVAL

This report on the “Study of Knowledge, Practices and Attitude of Mothers” carried out in Arua Referral Hospital at the Family Planning Unit, in Arua Municipality has been under my supervision.

Supervisor: MS GWOKYALYA EDITH

Signature:

.....

Date:

.....28/09/2010

DEDICATION

I dedicated this piece of work to my beloved parents Mr and Mrs Yekoko for their moral and financial assistance in my education.

ACKNOWLEDGEMENT

I extend my sincere appreciation to my supervisor. Ms Gwokyalya Edith who, rendered me assistance, tolerated me and guided me in the conducting and in the compilation of the Report.

I also acknowledge my lecturers for their knowledge that has made it possible for me to complete this research.

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
COP	Combined Oral Pills
CRHWS	Community Reproductive Health Workers
FP	Family Planning
HIV	Human Immune Virus
IUDS	Intrauterine Devices
MDGs	Millennium Development Goals
MIHV	Minnesota International Health Volunteers
PMTCT	Prevention of Mother To Child Treatment
POP	Progestin-Only Pill

ABSTRACT

This report on the “ Study of Knowledge, Practices and Attitude of Mothers” carried out in Arua Referral Hospital at the Family Planning Unit specifically to find out; mothers’ knowledge, attitude, participation in regard to family planning as well as its impact on their welfare. To comprehend the problem of the study, the researcher carried out a documentary review on the literature. The study employed a descriptive exploratory design based on qualitative and quantitative approaches where the researcher obtained data on the variables by use of a questionnaire and interview guide as research instruments from a sample of 40 respondents comprising of 5 medical personnel and 35 mothers all clients at the unit. The study findings revealed that, the following on knowledge of mothers; have been sensitized on family knowledge, open to criticism by men, it fights poverty, women have little knowledge, and both prescriptive and non prescriptive methods are used. The attitude towards family planning was that; health risk of pregnancies were minor to those of contraceptives, family planning is expensive, women buy from the negative tendencies of their husbands and others view it simply as a way of spacing children. The level of participation was influenced by; abortion practices, awareness campaigns by government involvement and limited participation due to unmet family planning demand. The impact included; improvement of mothers’ knowledge on child welfare, regaining of reproductive strengths, reducing maternal deaths, improving standard of living, reducing grief, and preventing spread of diseases. The study concludes that there is need for sensitization of men, to win their consent on use of family planning services because the mother’s position can be compromised to acceptance and government needs to subsidize the services to eliminate the barrier of unmet need.

The study recommended; expanded and open service delivery; restriction of the maximum number of births; setting a comprehensive, integrated approach to be based upon; dedicating more effort and resources to those that are in the most need, awareness campaigns be revised; build capacity of health unit staff in mobilization; encouraging safe motherhood; sensitizing women into the disadvantages of unspaced births; integration of family planning services into public health; drama campaigns; and devising programs for campaigns through media.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

The growing use of contraception around the world has given couples the ability to choose the number and spacing of their children and has had tremendous lifesaving benefits. The widespread adoption of family planning represents one of the most dramatic changes of the 20th century. Yet despite these impressive gains, contraceptive use is still low and the need for contraception high in some of the world's poorest and most populous places. According to Rhonda (2009), recent research is shedding light on how family planning increases survival, improves the health of millions of people, and helps achieve national goals. Considered a "best buy" among health investments, family planning is one of the most cost-effective, high-yield interventions that exist today. Countries that invest in family planning can reap immediate health benefits, investment savings in the health and education sectors, and social and environmental benefits that extend well beyond a single generation. Family planning could prevent many more deaths particularly in the poorest countries if current knowledge is put into practice.

1.1 Background of the Study

Modern family planning started in United Kingdom when the first control clinics were put in place in 1921. Contraceptive clinics were opened and advice could be provided to the nursing mothers but limitations of family size by then was achieved by abstinence, rhythm method and coitus interrupts. However, chemical interruption was rare. In 1960, Oral contraceptives and modern intrauterine devices (IUDS) were introduced and later on other methods were introduced (Gilda Sedgh et al, 2007).

In Africa setting, the principle duty of the women has been viewed as bearing children, particularly sons and as foundation you can fail to do your housework. So they think it is fit for the rich women who can employ house girls. Child spacing is not new in Africa. Traditionally, intensive breast-feeding of long duration (18-24 months) has been the norm, and in many African countries the prevalence of breast-feeding still exceeds 90

percent in the immediate post partum period. Unfortunately this useful and life saving practice for the infant is decreasing especially in urban areas. In some African societies, a long period of abstinence from sexual intercourse after delivery was a major contributing factor to child spacing. The goal of Family Planning is to assist families in achieving the number of children desired, with appropriate spacing and timing to ensure optimal growth and development of each family member (Loudon, 1995). Failure to plan a pregnancy can adversely affect the health of the individual, the health of the relationship and the health of the family as a whole.

In Uganda and other developing countries, family planning began of local service provided by voluntary agencies and initiated by doctors and women's organization who established the original delivery services in most countries. Some family planning associations became linked as affiliation of the international planned parenthood federation. In 1990, family 'planning programmes faced the challenges of finding the better ways to deliver services to the millions of people who would wish to use family planning (Loudon, 1998). The contraception of "unmet need" described married women who were to bare children, but were not using family planning methods. Today it's government policy that family planning services would be timely, appropriate, comprehensive, and easily accessible and "user friendly". Although modern family planning was introduced in Uganda in 1980s, people still use the traditional methods, which were practiced long ago before the discovery of modern family planning. People use local herbs to prevent pregnancy in some cultures, women put cords of the new born babies up in the kitchen (Busoga culture) and some have been successful. Traditionally, men also practice birth control by not sleeping together with wives after delivery until six months. This also helps in child spacing (USAID, 2006).

However, in Arua the situation is just like elsewhere, some modern family planning methods are not used commonly but the majority use traditional birth control, family planning began long time ago and it was practiced traditionally until modern family planning come into existence. It is upon this background and setting that the researcher, aimed to assess the knowledgeability, attitude and practices of mothers towards family

planning, through a rapid assessment of the existing problems and appropriate strategies that can bring about an effective change in consumption of family planning methods.

1.2 Statement of the Problem

It is imperative to state that, despite the efforts by the Ministry of Health to teach and sensitize mothers on the importance of Family Planning (FP), the knowledgeability, attitude and practices of mothers towards Family Planning in Arua Regional Referral Hospital is still minimal and thus raises global concern.

1.3 Purpose of the Study

The purpose of this study was to find out the knowledgeability, attitude and practices of mothers towards family planning.

1.4 Objectives of the Study

1.4.1 General Objective

The general aim of the study was to examine the knowledge, attitude and practices of mothers towards family planning in Arua Referral Hospital.

1.4.2 Specific Objectives

The specific objectives of the study were;

- (i) Find out the mothers' knowledge about family planning used in the community.
- (ii) Assess the attitude of mothers towards modern family planning methods.
- (iii) Find out the level of participation of mothers in family planning services.
- (iv) Find out the impact of family planning on the welfare of mothers.

1.5 Scope of the Study

1.5.1 Geographical Scope

The study was carried out in Arua Regional Referral Hospital which is located in Arua Municipality. The referral offers all medical assistances including family planning services. It has around 65 qualified medical personnel of which 28 work in the family planning section.

1.5.2 Content Scope

The study was restricted to assessing the impact of family planning on the welfare of mothers through examining the knowledgeability of mothers on family planning as a way of finding out the drive for their attitude and practices towards family planning methods. The research was carried out among medical personnel and mothers at the family planning unit and will cover different age groups and at the referral center.

1.5.3 Time Scope

The study took place for three months due to the work activity that was involved and thus covered a period from July 2010 to September 2010.

1.6 Significance of the Study

- The study findings will help the Ministry of Health and different reproductive health units to improve on their informative as well as training role and to make it comprehensive in nature in order to encourage those that are utilizing the service to carry on.
- It will help non governmental, government, stakeholders and the community based organization to know about the knowledgeability, attitude and practices of mothers towards family planning in order to lay out a strategic plan for controlled birth rates.
- The study will also add on to the existing knowledge on current literature about knowledge, attitude and practices of mothers and will be referenced upon by other researchers who will wish to carry out more research on the same topic. This study will be useful since it will help to establish baseline data.
- The study is also expected to boost the documented resources at universities and other higher institutions of learning. The study will help the researcher to identify the gaps from the relevant information/data.

- It will be useful for family planning strategies in the community when different practitioners and relevant authorities make use of the information.
- This information collected can help the other to acquire relevant knowledge attitude and practices towards family planning.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter entailed review of previous studies and findings of other writers on knowledge, attitude and practices of women towards family planning. Although different studies have been conducted on the same, not all concerns have been addressed. The researcher therefore, intended to comprehend the problem through reviewing various literatures on the same topic.

2.1 The Concept of Family Planning

Family planning is a component of reproductive health and is one of the pillars of safe motherhood. It refers to both the contraceptive methods and family planning services. Family planning therefore offers individuals and couples the ability to anticipate the desired number of children through spacing and timing of their births, which may be through involuntary infertility and contraception. It is a basic human right and integrates part of the national as part of any service and is internationally recognized as part of any programme of health care. It saves lives of women and children and improves their health, also benefits families, also benefits families, communities and society in general (Gilda Sedgh et al, 2007).

2.2 Review of Related Literature

2.2.1 Mothers Knowledge about Family Planning

Family planning is a family life education, which is the only wide spread programme for young adults. It is a tool used in the social -economic planning of many developed and developing countries it is a measure adopted by families to control the rate of its growth in order to ensure healthy child spacing so that individuals and couples can decide freely and responsibly when, how often and how many children to have And the mother gets time to regain her full strength and health before she has a mother pregnancy. It is another means of caring for each child born into the family that has responsibility to care for it, at the same time it achieves social benefits for the community by providing for improvement and maintenance of the health status of the family (Robert et al, 1997).

According to Robert et al(1999), family planning methods include prescriptive and non prescriptive methods. Some of the methods require authorization for use by a qualified health worker, while others can be offered by trained non skilled personnel such as Community Reproductive Health Workers (CRHWS) and social marketing agents (non prescriptive workers). The prescriptive methods include hormonal, intra-uterine device, barrier, permanent and fertility awareness based, oral contraceptive Combined Oral Pills (COP), Progestin-Only Pill (POP), and levonorgestrel progestin-only emergency contraceptive pill, injectables for example Depo-Provera and Nonristerat, Implants for example Norplant and intra-uterine contraceptives for example copper bearing intra-uterine device, levonorgestrel intra-uterine device and tubal ligation and vasectomy, whereas the non-prescriptive methods include; natural family though planning methods (fertility awareness), barrier methods for example condoms (both female and male), spermicidal.

Lack of knowledge, attitude and practice of many families towards family planning has caused many problems to all the sexually active females and males including children whose parents did not plan properly. According to USAID (2006), family planning counseling is one topic that triggers lively discussions among providers and the population. Doctors declare that counseling on family planning is an essential part of their jobs and therefore they provide it where on almost every visit, they try to initiate a conversation about family planning with their clients.

Adu (1978) asserts that, family planning helps in the breaking of the cycle of poverty, too many children and avoiding the prevalence of preventable diseases. Sai (1978) also stated that withholding family planning from adolescent does not lead to the decline in the number of adolescents having intercourse, but the result are more unwanted pregnancies, tremendous social, educational, economic and emotional cost. Whereas Bryant al (1993) found out that, because unmarried youth typically begin sexual relations without contemplating the consequences and without accurate information or contraceptive

protection, many face serious or even dangerous consequences including unwanted pregnancies, abortions, Aids and other sexually transmitted diseases.

Robert A. et al (1995) said that family planning information and services are a critical means for the men need accurate information in the media as well as in family planning clinics. According to them, many of the migrants, refugees and internally displaced people are ineligible for health care benefits, unfamiliar with family planning programmes and unable to obtain information easily.

2.2.2 Attitude of Mothers towards Modern Family Planning Methods

Susheela Singh et al (2003), points out that, if couples do not develop the attitude of having fewer children, in future, demand for natural resources such as water and fertile soil will be more. People will not have better opportunity for better life. By the end of this decade more than a half of developing countries may be unable to feed their population from their own land. However, people view the health risks of pregnancy differently from the health risks of contraception. According to Rhonda (2009), the health risks of contraception are minor compared to those of pregnancy. Many women suffer and die from health risks of pregnancy.

Nagaali(1978) made a conclusion that husbands do not accept contraception because they fear their women might not remain faithful to them and also they believe contraception methods cause women to remain barren. Loudon (1995) also reported that, women's reproductive health and population control are connected to the issues of poverty world over.

Rose Mond (1995) submitted that, providing contraception to women who desire it can reduce maternal death by as one third. Each year 529,000 women die during pregnancy. Most maternal death occurs in late pregnancy and first week after end of pregnancy.

Rhonda (2009), emphasizes that, more than half of all couples in the developing world are using family planning to delay, space, or limit future pregnancies, yet the need for family planning keeps increasing as the number of women of reproductive age continues

to grow. An estimated 137 million women worldwide have an unmet need for family planning, they are not using any method and yet report that they want to avoid a pregnancy.

2.2.3 Level of Participation of Mothers in Family Planning Services

According to Hopkins, although efforts have been put to deliver family planning service world over, only 600 million people use family planning service. John Hopkins (1999) and his law of family planning has caused a lot of problems to people especially mother and children. A big number of women suffer and die due to causes related to child birth yet if there were improved family planning use, 550,000 deaths of women from maternal causes would have been reduced. Pregnancy related causes account for about 50,000 women each year world over whereas 200,000 deaths of women each year are as result of abortions.

In Uganda, the contraceptives prevalence is only 22% (population reference bureau 2002), this is quite low compared to developed where it ranges between 55% to 80%. From the census done in 2002, population of Uganda have risen by approximately 40%. The social economic status can not improve with that population and the government may fail to invest for them appropriately to meet their demands. For instance jobs and schools may not be enough for them. The government is concerned and has provided family planning services through general practitioners and clinics in the community and in hospitals with the aim of maximizing the rate of attendance of family planning services (Robert et al, 1999)

Nzeribe (1978) found that planning of pregnancy is reduced in the chances of congenital defects, preventing the stress and anxiety of unwanted pregnancies whereas, Aly (1978) revealed in his study that child spacing helps to reduce the pregnancy complications and improves the nutritional status of mother, child and family.

Desmond (1978) found that accessibility of family planning is a key factor in any programme since people can not easily use contraception. If access is limited or not

existing, probability of pregnancy related risks become high. One of the obstacles to modern family planning practices is the time spent while attending family planning clinic.

According to Robert et al (1997) each time a woman in the poorest country conceives, her risk of dying from that pregnancy is as much as 200 times greater than the risk for women in the United States or Europe.

2.2.4 Impact of Family Planning on the Welfare of Mothers

Family planning enables the family to decide on the number of children it can comfortably maintain, feed and cloth educate and provide social support. It allows breast feeding infants to mature enough nutritionally and psychologically before the next pregnancy. It also offers families with emotional stress and other problems, an opportunity for appropriate advice and counseling about contraception and conception (Cynthia et al, 1992).

Lack of appropriate family planning has caused a global concern to many people including the government whereby in developing countries Uganda inclusive, women of childbearing age are at high risk especially those in rural areas. It has caused problems and complications to many girls in adolescent age in that many of them have experienced complications, abortions, death of children who are born malnourished due to poor spacing as result of not using family planning. Risk of hemorrhage during delivery due to too many children; risks of malpresentation, difficult deliveries due to poor developed pelvis especially to those who are still young below 18 years (Cynthia et al, 1997).

According to Susheela (2003), family planning helps governments achieve national and international development goals. Governments around the world are focused on combating poverty and achieving a range of health and development goals, such as those outlined in the United Nations' Susheela emphasizes that, family planning leads to realization of Millennium Development Goals (MDGs). Family planning can contribute to nearly all of these goals. Family Planning Saves Lives Family planning has numerous

health benefits for women, their sexual partners, and their children. Family planning helps to: Prevent unintended pregnancies and the number of unsafely performed abortions, thereby reducing: Maternal deaths and disabilities; infertility; prevent high-risk pregnancies among adolescents under age 18, women over age 35, women who have had many births or births spaced too closely together, women with HIV/AIDS and other health conditions such as malaria and tuberculosis. It also spaces births, resulting in: Lower rates of newborn, infant, and child mortality, more time to breastfeed, improving infant health, more time for women to recover physically and nutritionally between births. including reducing poverty and hunger, promoting gender equity and empowering women, reducing child mortality, improving maternal health, combating HIV/AIDS, and ensuring environmental sustainability and that there is a safe and effective family planning method for every woman that can enable her to protect her health and that of her children.

Bryant et al (1996) asserts that, the government of Uganda recognizes that its population is the most variable asset and integral components of the development process. The development goals are therefore geared towards the improvement of quality of life of its population. The attainment of these goals however are being tampered by high fertility, maternal, infant mortality and mortality rates.

In 1995, the maternal mortality ratio stood at 506:100,000 live births. Infant mortality rate were 97:1000 live births. This total fertility rate was 6.9 births and the contraceptive virulence was 15%. The major causes of mortality and morbidity are preventable. One of the major strategies for reducing maternal mortality rate and fertility is ensuring access to quality integrated reproductive health services (Family planning methods).

Many mothers have died due to improper child spacing and some due to medical conditions such as sick cell diseases worsened by pregnancy. Children who are born two years apart usually die and three to four million deaths occur worldwide. John Hopkins (1999). It has also affected socio-economic and health status of people. Women can not have better future, education and prosperity for their children unless they make their own

reproductive choices. Women are also subjected to complication of high fertility, poor prenatal care and obstetrical complications.

Asaba et al (1993) concluded that when mothers use family planning methods to space birth, they have enough time to recover from anemia, hence the need for family planning. According to Ann. P. et al (1994) safe contraception contributes to good health and women are healthier and have more control of their time, are in better position to take advantage of education, employment or other opportunities if they can plan more of other aspects of their life whereas, Cynthia et al (1997) said that pregnancy related complications cause one quarter to one third of death among women of reproductive age in developing countries compared to one percent in the US.

Bryant et al (1995) observe that, family planning saves women's lives. Family planning could prevent as many as one in every three maternal deaths by allowing women to delay motherhood, space births, avoid unintended pregnancies and abortions, and stop childbearing when they have reached their desired family size. According to Ushmar et al (2001), family planning saves children's lives. After giving birth, family planning can help women wait at least two years before trying to become pregnant again, thereby reducing newborn, infant, and child deaths significantly. Family planning saves adolescents' lives. Teen pregnancies pose health risks not only for the babies but also for the young mothers, particularly those under age 18. Family planning can help young women avoid having children during this high-risk time and also avoid the social and economic consequences of early childbearing.

Family planning reduces deaths from AIDS. The consistent and correct use of condoms can significantly reduce the rate of new HIV infections. Many HIV-positive women and couples want to avoid becoming pregnant and many effective methods are available to assist them. By averting unintended and high-risk pregnancies, family planning reduces mother-to-child transmission of HIV and the number of AIDS orphans, whose life chances are seriously diminished because they have lost a parent, particularly the mother. (Asaba et al, 1993).

Another consequence of unintended pregnancies is abortions. In sub-Saharan Africa, an estimated 4.7 million abortions occur each year. Of these abortions, about 98 percent are performed either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both, accounting for 17 percent of all maternal deaths in Eastern Africa, 13 percent in Western Africa, 10 percent in Central Africa, and 9 percent in Southern Africa. Additionally, these unsafely performed abortions occur more frequently among poor, rural, and young women (Ann. P. et al, 1995).

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This covered areas of study, sampling, study design, data analysis and presentation, pre-testing and ethical and ethical consideration.

3.1 Research Design

The study employed a descriptive exploratory design to find out the knowledge, attitude and practice of mothers towards family planning. Both qualitative and quantitative techniques were used to collect and analyze data on the variables therein. Through this method the researcher solicited for general information on the subject matter from mothers visiting the clinic as well as medical personnel.

3.2 Area of Study

This study was carried out in Arua Regional Referral Hospital in the family planning department. The hospital is located in the municipal council of Arua district, in North western Uganda, 523km away from Kampala, the capital city of Uganda. The area attracts a wide diversity of people of Uganda cutting across tribes, religions and socio-economic status; that is from urban, semi-urban and rural society. Therefore representing the true picture of the situation in Arua Regional Referral Hospital. The hospital has a total of about seventeen departments with wards attached.

3.2 Sample Size and Sampling Technique

This study was carried out in the family planning clinic (unit), using simple random sampling to get the total of 40 respondents which was deemed appropriate for the study. The criteria was based on the researcher's convenience in terms of close proximity to the unit such that there was no long period taken or wasted time.

3.3 Study Population

This study covered the entire population of Arua municipality which is 18,625 but ideally the whole population could not be covered due to study limitations that may be bound. A

representative sample of 40 respondents was used in a descriptive study and information was collected through questionnaires and interviewing mothers who were chosen randomly and was taken that any of these mothers, would be significant to display to correct representation of what was on the ground. A sample of 35 mothers was randomly selected for purposes of giving each an equal chance of representation and 5 medical personnel were purposively selected because they worked in the family planning unit.

3.4 Data Collection Instruments

Data was collected using questionnaire schedule and interview guide.

Questionnaires

Both structured and unstructured questionnaires were administered to medical personnel purposely because they were in position to read and understand and answer the questions accordingly. The method was also selected because it would allow for a wider range of data to be collected as they would not feel tongue tied to reveal information that is sensitive.

Interviews

The researcher organized interviews by help of an interview guide and questions were posed directly to the respondents to enrich the study findings as they came in for their antenatal care services.

3.5 Data Collection Procedures

The study defined the population, listed the elements of the population, determined an appropriate sampling methodology, decided an adequate sample size and selected a representative sample of 40 respondents. The procedure was based on the demographic characteristics of the study respondents. Mothers were interviewed directly by the researcher as she took note of their responses instantly.

3.6 Data Analysis and Presentation

Data was analyzed using the computer and the results were represented in form of tables, pie charts, percentages, bar graphs and short sentences.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTEPRETATION

4.0 Introduction

This chapter covers the presentation, analysis and discussion of the findings which centered on four main themes which were; identifying the different forms of advertising media used and their effect on sales volume, fin

4.1 Demographic Distribution of the Respondents

The study sought about the differences in different characteristics of the respondents and the findings were as represented in Table 1 to Table 3.

4.1.1 Distribution of the Respondents by Gender

The study sought about the gender differences of the respondents and the findings were as represented in Table 1.

Table 1: Gender Distribution of the Respondents

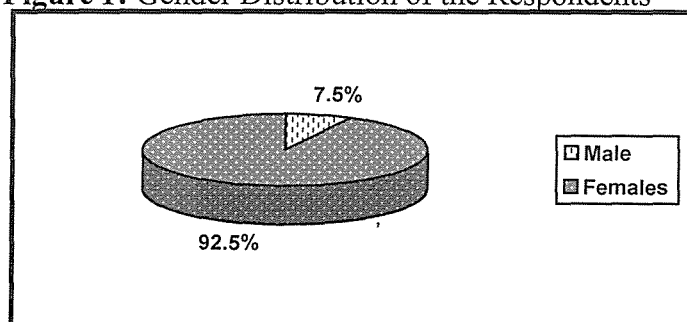
Sex	No of respondents	Percentage
Male	37	92.5%
Female	3	7.5%
Total	40	100

Source: *Field Research Findings (2010)*

According to the study findings in Table 1, and figure 1, the women were highly represented because as mothers, they were the main elements of study and thus constituted of 92.5% of the total responses whereas the men were only represented by 7.5% of the total responses.

The study findings were also presented in figure 1.

Figure 1: Gender Distribution of the Respondents



Source: *Field Research Findings (2010)*

4.1.2 Distribution of the Respondents by Age

The study sought information about the age distribution of the respondents and the findings were as presented in table 2

Table 2: Age Distribution of the Respondents

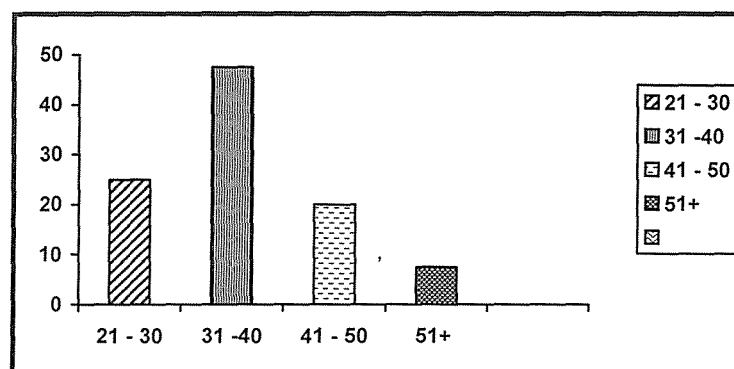
Age group	Total	Percentage (%)
21 – 30	10	25%
31 – 40	19	47.5%
41 – 50	8	20%
51+	3	7.5%
Total	40	100%

Source: *Field Research Findings (2010)*

In the study findings in Table 2, as per the findings from the respondents, it was established that age group age group 21 – 30 constituted of 25% of the total sample, whereas the 31 - 40 age group was represented by 47.5% and the 41 - 50 age group had a representation of 20% yet that of 51+ constituted of 7.5% of the total sample. The 51+ is the least represented group particularly because they are already in their menopause and thus need less of the family planning services.

Graphically this was represented in the Figure 2.

Figure 2: Age Distribution of the Respondents



Source: Field Research Findings (2010)

4.1.3 Educational Level of the Respondents

The study further sought information on the educational levels of the respondents and their qualifications were identified and presented in table 3.

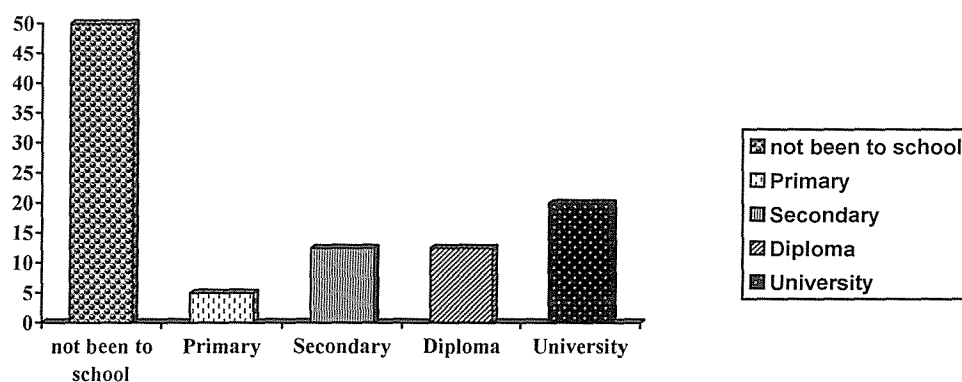
Table 3: Distribution of the Respondents by Educational level

Education level	Total	Percentage (%)
Never been to school	20	50%
Primary	2	5%
Secondary Level	5	12.5%
Diploma	5	12.5%
University	8	20%
Total	40	100%

Source: Field Research Findings (2010)

According to table 3, 50% of the respondents had never been to school, 5% had acquired primary level, 12.5% had acquired secondary education, those that attained Diplomas were 12.5% whereas the remaining 20% had reached University level. The sample was dominated by respondents who had never been to school and that could be the reason as to why they had a negative attitude towards modern family planning method.

Figure 3: Distribution of Respondents by Education Level



Source: *Field Research Findings (2010)*

4.2 Mother's Knowledgeability on Family Planning Methods Used in the Community

The study aimed at establishing the knowledgeability of mothers on the different forms of family planning methods used in the community and the study findings were as revealed in table 4;

Table 4: Knowledge of Mothers on Family Planning Methods Used in the Community

Knowledge on Method Used	Agree	Disagree	Total
Women have little knowledge	22(55%)	18(45%)	100
It fights poverty	24(60%)	16(40%)	100
Both prescriptive and non prescriptive methods are used	17(42%)	23(58%)	100
Sensitization on Family knowledge	37(93%)	3(7%)	100
Open to criticism by men	28(69%)	12(31%)	100

Source: *Field Research Findings (2010)*

According to table 4, the mothers managed to cite the methods used to include; sensitization on family knowledge 93%, open to criticism by men (69%), it fights poverty (60%), women have little knowledge (55%), and both prescriptive and non prescriptive methods are used (42%) which was the least known method.

The mothers were aware of the sensitization campaigns that were held at the referral hospital by doctors and nurses. This is done on particular days especially on the Wednesday, an immunization day arranged for children, upon which mothers have to gather at 10:00am, and taught how to feed and care for their children as well as on their reproductive health. Some mothers (42%) were able to identify the methods used in family planning. They said that among the prescriptive methods that they were aware about included Norplant, coil and intra-uterine device, tubal ligation and vasectomy and the Pills. According to their knowledge, the non-prescriptive methods included natural family planning methods upon which they count safe days, condoms and withdraw methods, others traditionally relied on the moon to predict their safe days. However, some women (55%) although knew about some of these methods, they did not actually know how they are administered, this was attributed to the fact that they could not discuss the matters with doctors since this was part of their private sphere. Others had the knowledge but due to criticisms from their husbands, could not practice the methods and yet others (60%) were aware that but practicing family planning they are fighting poverty.

4.3 Attitude of Mothers towards Modern Family Planning Methods

The study aimed at examining the attitude of mothers towards modern family planning methods and the study findings were established as represented in table 6;

Table 5: Attitude of Mothers' towards Modern Family Planning Methods

Attitude of Mothers towards FP	Agree	Disagree	Total
Family planning is viewed as expensive	28(69%)	12(31%)	100
Health risks of pregnancy are minor to those of contraceptives	36(90%)	4 (10%)	100
It only helps in spacing children	26(65%)	14 (35%)	100
Women develop negative tendencies of their husbands	27(68%)	13(32%)	100

Source: Field Research Findings (2010)

Table 6 represented attitude of mothers towards modern family planning methods and these were established as; health risk of pregnancies being minor to those of contraceptives (90%), family planning is viewed as expensive (69%), women develop negative tendencies of their husbands (68%), and spacing of children (65%).

According to most respondents (90%), pregnancy was held to carry less side effects and that family planning involved so many health risks and thus some of them would prefer conceiving to applying family planning. To others family planning was as bad as their husbands' felt it was (68%), others looked at it as expensive (69%) and therefore inaccessible, for this matter, they would apply the methods if they offered at a free cost and to others it was a method of spacing children (65%) simply that.

4.4 Level of Participation of Mothers in Family Planning Activities

The study also sought about the level of participation of mothers in family planning services and these were established as;

Table 6: Level of Participation of Mothers in Family Planning Activities

Level of Participation	Agree	Disagree	Total
Inaccessibility	23(58%)	17(42%)	100
Substituted with abortions	28(69%)	12(31%)	100
Government provided for sensitization campaigns	22 (55%)	18 (45%)	100

Source: Field Research Findings (2010)

In the study findings, it was revealed that, women are not full participative in family planning services, that others wait until they are pregnant and abort (69%), government on the other hand is trying to involve women by educating them in sensitization campaigns (55%), others were not participating because the services were not affordable and thus inaccessible (58%).

Some women wait until they are pregnant and resort to aborting, although government is trying hard to ensure that the sensitization campaigns are held at the family units as a constant reminder, others claim that the services are unaffordable.

4.5 Impact of Family Planning on the Welfare of Mothers

The study aimed at establishing the impact of family planning on the welfare of mothers and the study findings were established as represented in table 7;

Table 7: Impact of Family Planning on the Welfare of Mothers

Impact	Agree	Disagree	Total
Helps mothers to regain their reproductive strengths	24(60%)	16(40%)	100
Reduces grief	18(45%)	22(55%)	100
Improving their knowledge on child welfare	26(65%)	14 (35%)	100
Improves their standard of living	18(45%)	22(55%)	100
Reduces maternal deaths	22(55%)	18(45%)	100
Prevents spread of diseases	14 (35%)	14 (35%)	100

Source: Field Research Findings 2010.

In the study, it was established that family planning impacts on the welfare of mothers by improving their knowledge on child welfare (65%), helping them to regain their reproductive strengths (60%), reduces maternal deaths (55%), improves their standard of living (45%), reduces grief (45%) and prevents spread of diseases (35%).

Family planning has improved the welfare of mothers and ways in which they take care of children. Mothers who practice it fully regain their strengths and recover from anemic conditions, this also reduces the chances of likely death, because of the improved health, and reduced HIV/AIDS spreading, in this way grief is also curbed. The standard of living in families has improved because of reduced birth rates.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter covers the summary, conclusions and recommendations of the study findings on the four major variables.

5.1 Discussion of the Findings

According to the findings it was revealed that mothers were to some extent knowledgeable on the family planning methods used in the community, and were seemingly less attracted to the modern family planning methods upon which their level of participation is too low, although family planning can be of vital importance to the mother's welfare.

5.1.1 Mother's knowledge about family planning used in the community

It was established that sensitization campaigns are held at the referral hospitals whenever mothers visit for antenatal or for any other gynecological problems. It was pointed out the medical personnel at the family planning unit always teach and sensitize mothers on utilizing family planning but on the other hand the mothers are reluctant claiming that they have been informed on how the methods can adversely affect their reproductive health. That this is particularly true for cases when the methods break the menstrual cycle and it becomes irregular, for such cases mothers continue swallowing the tablets and yet they have already contracted pregnancy. This was reported to lead to effects such as giving births to mentally and physically deformed babies, some of whom are born with some features missing for instance the fingers, toes among others. This has practically scared mothers, particularly the illiterate from utilizing family planning services despite the knowledge and importance of Family planning. In regard to the sensitization, Robert et al (1997) envisaged the same when he commented that family planning is a family life education, for young adults to ensure healthy child spacing by deciding freely and responsibly when, how often and how many children to have for mothers to regain full

strength and health before another pregnancy. In the researcher's opinion, this is significant of the fact that, although efforts have been taken to educate mothers on issues concerning family planning, mothers are reluctant because of the negative effects that they have heard about from friends.

It was further established that some of the women were aware of the methods used in family planning, which they could identify as prescriptive or non prescriptive although, aware of the methods, putting them to practice was still far away from their dreams they knew of the Norplant, coil and intra-uterine device, tubal ligation and vasectomy and also tablets which they reported, could be bought at any clinic or medical center. The non-prescriptive methods were reported to include natural family planning methods, such as safe days, condoms as well as spermicidal. This is contention with Robert et al(1999), who submitted that, family planning methods include prescriptive and non prescriptive methods and how some methods require authorization while other can be offered by any Community Reproductive Health Worker. In the researcher's opinion, this implies that, mothers are aware of the different methods of family planning and where they can seek help, but have simply failed to take initiative apply the methods due to fear of repercussions.

It was also pointed out that not all women are knowledgeable on the family planning methods, and that some of them are green about how these methods can be applied and besides this, they lack the confidence of facing the medical personnel to discuss about their sexual life for fear of exposing their sexual life. Due to this mothers have not been equipped with the basic knowledge on how to effectively plan for child spacing. According to USAID (2006), it was pointed out that due to lack of knowledge, attitude and practice of many families towards family planning, doctors have made it a point that counseling is essential and they provide it on almost every visit to clients. In the researcher's opinion, this implies that mothers don't feel confident and free to discuss issues pertaining to their sexuality, and thus lag behind in terms of family planning knowledge, but medical personnel are ensuring that, they spark off the conversations even when it is not called for.

Furthermore, it was established that, the idea of family planning, when mentioned to some men, is bound to face criticisms. This requires sensitization of the men to explain the goodness of family planning in order for the practice to become generally acceptable. In Robert A. et al (1995), it is emphasized that family planning information and services are a critical means for the men. In the researcher's opinion, this implies that when men are educated on how, why and when family planning should be exercised, they will become familiar and thus criticism will be reduced to acceptance.

Last but not least, it was also held in the study findings that family planning is a tool for poverty reduction. According to the study respondents, it was established that if family planning methods are utilized, there will be reduced births rates and thus the disposable income will be higher because there will be less dependants the excess of which can be profitably invested thereby reducing poverty. Loudon (1995) also reports on the same when he suggests that, women's reproductive health and population control are connected to the issues of poverty world over. Adu (1978), envisages the same when he asserts that, family planning helps in the breaking of the cycle of poverty, too many children and avoiding the prevalence of preventable diseases. This implies that, through family planning, there are increased opportunities to save and invest in profitable project because family planning regulates the number of children in the family, thereby increasing one's disposable income.

.1.2 Attitude of Mothers towards Modern Family Planning Methods

In view of the respondents, it was argued by some of the respondents that, it is better for to be pregnant than adopt measures that can affect your health. Some of them supported that, according to them, the risks involved in pregnancy were not as much as the risks that they would encounter in case they chose to adopt family planning methods. In this way they some preferred that bare as many children as God has put in their wombs' other than getting permanent reproductive health damages in the guise of family planning. This is however, contrary to Susheela Singh et al (2003), who commented that the risks involved in pregnancy were not as much as those involved when one applies family planning

methods. According to them the methods are not effective and one may unknowingly conceive, yet relying on contraceptives and before one knows, it is already too late. That due to this effect some women have produced mongoloids, children without toes and fingers, and others lack some body parts, that this brings about different abnormalities even on the side of mothers, others will miss their periods even when not pregnant that it becomes hard for them to tell whether they have conceived or not. However, on the other hand, Susheela Singh et al (2003), warns mothers on developing an attitude of having fewer children to reduce increasing demand and that many women suffer and die from health risks of pregnancy. In the researcher's opinion, this is indicative of the fact that mothers don't take initiative to apply family planning because they feel safer and better off pregnant rather than use family planning services which exposes them to adverse side effects.

It was also pointed out that some women develop negative tendencies towards family planning, simply because their husbands don't want to hear of family planning, and thus are not ready to do what is against the will of their husbands. This can be seen as expressed by one of the respondents.

"Kini me choni ga ma agupini si ku doctor ni yosi askuni iri anji ma agiyi tenimanga osi irini lerisi."

Implying that, I can not go past my husband's wish, simply to fulfill the doctor's will, after all it is my husband who caters for the children, I will produce until he says I should stop.

Nagaali(1978), was of the same opinion when she stated that, husbands do not accept contraception because they fear their women might not remain faithful and also for fear that contraceptives may keep women barren. This is implicative of the fact that, to some women, it doesn't matter, how many children they can bear provided their husbands, so wish, it does not cost them, not knowing that it is affecting and weakening their health.

More still it is noted that, mothers are of an attitude that family planning is expensive in some cases out of their means of reach. This makes it difficult for them to adopt modern family planning, but instead leave things to take their own course. They argued

responsible authority to offer the services for free. This is in contention with Mond (1995), who commented that, providing contraception to women who desire it can reduce maternal death by as one third.

In the researcher's opinion, this implies that, some mothers may want to use family planning services but are less willing to spend on it and thus want such expenses to be taken over by responsible authority.

Last but not least it was also established that, mothers have an attitude that, family planning is basically there to allow for spacing of children but does not serve the community much, but instead it affects their health. Rhonda (2009), also held the same view when she emphasized on how more than half of all couples in the developing world are using family planning to delay, space, or limit future pregnancies.

In the researcher's opinion this implies that, some mothers may adopt family planning services simply to space their births, but not beyond that.

5.1.3 Level of Participation of Mothers in Family Planning Services

According to the study respondents, it was pointed out that whereas some women are participating in family planning services to curb unnecessary pregnancies, others have simply not yielded, although they may not be interested in getting pregnant. Due to this, those that conceive against their will and are not part of the family planning services, resort to aborting although some of them said it is very painful, particularly those that had tried it, and that it has led to death of some of their colleagues. This is in contention with Hopkins (1999), who pointed out that, although efforts to deliver family planning service world over are in place, 200,000 deaths of women each year are as result of abortions.

In the researcher's opinion, this implies that, although measures to prevent conception are in place, women don't apply them, until they are pregnant and think of aborting.

More still it was pointed out that, government is also trying to boost women participation in family planning services through the sensitization campaigns that it has been supportive of, for instance through seminars, conferences, education weeks to raise awareness in the women. That medical personnel were playing an informative role in

sensitizing the mothers on their visits to the referral family planning unit. Robert et al (1999) also supports the same situation when, he points out that, the government is concerned and has provided family planning services through general practitioners and clinics in the community and in hospitals with the aim of maximizing the rate of attendance of family planning services.

In the researcher's opinion this implies that, government provides counseling and guidance services in family planning to help mothers to perceive a more positive attitude to participate in the services as a way of controlling births and enabling the government to be in a better position to provide its citizens with social services without much trouble.

Lastly, it was established that, the level of participation is also hindered by the inaccessibility of the family planning services, that however much some mothers/women would have wanted to participate in family planning, they are limited by lack of resourcefulness and that this is true for the prescribed family planning methods. This is also envisaged by Desmond (1978) on how, if access is limited or not existing, probability of pregnancy related risks become high.

In the researcher's opinion this implies that, some mothers don't participate in family planning services simply because, they have an unmet demand

5.1.4 Impact of Family Planning to the Welfare of Mothers

It was established in the study findings that family planning improves mother's knowledge on child welfare. Women through the family planning unit are educated on antenatal services and how they can feed their children, how they can space them and the maternal care that the children need thus improving on their nutrition health as well as growth. This corresponds with Cynthia et al (1997), on how women of child bearing age can be at risk without family planning services to guide them, which may lead to birthing underweight children, still births, malnourished children, hemorrhage risk and difficulties in deliveries. In the researcher's point of view, this implies that without adequate family planning, mothers can risk the lives of their children when they experience risks in deliveries, and can as well bear malnourished children who may regularly fall sick because they may lack immunity.

It was further pointed out that, family planning helps mothers in regaining their reproductive strengths and health and to recover fully. This is particularly true as noted from the respondents because it creates time enough for mothers to space their children as they restore their health and lost blood. This is in contention with, Asaba et al (1993) who observed that, when mothers use family planning methods to space birth, they have enough time to recover from anemia. Similarly Ann. et al (1994) comments about how safe contraception contributes to good health. This implies that, when women use family planning knowledge and services, it can help in their health restoration due to the years they may take without contracting another pregnancies hence regaining fully the blood that was lost, thus can not suffer from anemia.

It relation to the above, it was further established that family planning helps in curbing the number of deaths that may occur, when women are prevented from regularly bearing children, year after year, which can result into anemia not forgetting the risk of birth as near to death. This is supported by Cynthia et al (1997) view on how pregnancy related complications cause one quarter to one third of death among women of reproductive age. According to Hopkins (1999), many mothers have died due to improper child spacing and some due to medical conditions worsened by pregnancy and that women cannot have a better future and prosperity of their children unless they make reproductive choices. In the researcher's opinion, this implies that when mothers endlessly give births, they become anemic and thus easy for them to die during delivery when they loose a lot of blood.

It was also established that family planning improves the standard of living of mothers, that this is in such a way that when they control their births rates, they are left with enough resources to cater for their needs other than when they bear too many children and whatever is earned is consumed by the so many children. This will secure them funds to feed well, educate their children without much strain, secure them better housing facilities among others, thus improving their standard of living. This corresponds with Bryant et al (1996) who asserted that, government development goals are geared towards

the improvement of quality of life of its population and thus needs to control its population. Similarly Susheela (2003), comments on how family planning helps governments achieve national and international development goals how it saves lives of women, their sexual partners as well as children.

It was also pointed out by the study respondents that, family planning reduces grief that mothers would have otherwise experienced by helping mothers to avoid social consequences of birthing children in high numbers which they may be less likely to provide for adequately. In this way mothers are able to bear the right number of children that they can feed, support, as well as manage. This relieves mothers from future stress. This corresponds with Cynthia et al, (1992), on how family planning enables the family to decide on the number of children it can comfortably maintain, feed and cloth educate and provide social support. In the researcher's opinion, when the number of children is small in the family, less stress can be experienced because the family will be in a better position to provide for its children.

Lastly, it was also pointed out that FP knowledge has helped to prevent mothers from spreading HIV/AIDS (PMTCT) and other sexually transmitted diseases to their babies at the time of delivery and thus reduces the possible number of deaths for children. Asaba (1993), held the same view when he pointed out that, family planning reduces mother-to-child transmission of HIV and the number of AIDS orphans, whose life chances are seriously diminished because they have lost a parent.

This implies that, family planning can help mothers to deliver their children safely without contracting HIV/AIDS and other diseases and thus increases the chances of child survival as also supported by Ushmar et al (2001), on how family planning saves children's lives.

5.2 Conclusion

5.2.1 Knowledgeability of Mothers in Family Planning Methods used in the Community

The study concludes that, men need to be sensitized alongside with their wives to reduce biased or suspicious tendencies as well as criticisms, for easy adoption of the FP methods

and reduction of mothers' unwillingness to participate and for winning mothers' confidence to freely share the information that they think is personal and yet it saves nations if shared because this controls the barriers to development. This is because family planning if practiced increases one's ability to save and invest profitably for future growth and sustenance of the family.

5.2.2 Attitude of Mothers towards Modern Family Planning Methods

The study concluded that, women need more awareness campaigns on how family planning improves the wellbeing of the entire family, this is to eliminate the remorse feelings of how it simply helps in spacing children, with such beliefs mothers will not take initiative even when they really should. But with due awareness, they will know how much their reproductive health is affected through endless births and this will increase their willingness to spend on family planning services.

5.2.3 Level of Participation of Mothers in Family Planning Services

Despite the effort of government to increase awareness and maximize participation levels of mothers in family planning services, there is still less acceptance. The study concludes that this ought to be stepped up to involve behavioral counselors than mere doctor counselors. The study therefore concludes that, mothers need to be enlightened on how prevention is better than cure to reduce their intentions of abortions because this is not a health practice for their bodies and free as well as subsidized FP services need to be organized to eliminate the barrier of unmet need.

5.2.4 The Impact of Family Planning to the Welfare of Mothers

The study concluded that, there is need for adequate family planning because this helps mothers to reduce risks involved in deliveries and improve on the health of the child. Yet on the other side the mother is also helped in restoring her healthy to normal, regain the lost blood and the body system becomes fully functional again. Mothers are also relieved from stress when their children are not lacking and in good health.

5.3 Recommendations

On summarizing the findings and drawing conclusions of the findings, the researcher made the following recommendations, that there is need to;

Advocate for an expanded and open service delivery which should be organized to enable a range of providers (public sector, private sector, community volunteers, and medical/nursing students) to deliver family planning information, referrals, and services in this case Government in collaboration with other agencies, and stakeholders to leverage resources and increase access to family Planning services; can develop innovative information, education, and communication methods to deliver family planning messages to low literate populations

Restrict the maximum number of births in each family to a defined number in designated areas. Laws can establish maximum standards to families, as well as ban subsidized services to the excess births ,

Set a comprehensive, integrated approach to be based upon in the improvement of individual child survival interventions where health unit staff should collaborate with non-governmental health unit staff to strengthen family planning services, provide yearly skill upgrades and involve health unit staff in supervision and monitoring of Traditional Birth Attendants, drug vendors, and community-based distributors and skill areas should include modern methods, community mobilization, and condom negotiation.

Dedicate more effort and resources to those that are in the most need, by the government and concerned agencies, in order to help the program to acquire its target. Through allocating resources to the districts under decentralization arrangements should include free or subsidized family planning services to the rural women.

Put in place sensitization programmes to educate and mobilize communities to increase demand for, and use of, family planning services the capacity of health unit staff to

mobilize communities, supervise health workers, establish systems, create realistic budgets and plans, and assist with clinic rehabilitation and equipping

Build capacity of health unit staff to mobilize communities, supervise health workers, establish systems in order to help in the creation of responsive budgets and plans. Activities should include hands-on technical assistance and incorporating district health staff in family planning project trainings.

Encourage safe motherhood in training of Traditional Birth Attendants and also free counseling services on family planning issues should be put in place.

Sensitize women into the disadvantages of unspaced births in order for them to accept at least a two – three years child spacing. This should be done through involving the communities in all aspects of the projects (project needs assessments, planning, monitoring and evaluation, leadership sensitization, educational events, interpersonal communication and counseling), as well as through increased service availability and visibility.

Concerned agencies and bodies should work towards improving the reproductive health of women through an integration of family planning services into public health as well as expanding the family planning services to rural areas through use of community-based. That peer educators with volunteers based in primary and secondary schools should counsel peers about family planning, and HIV/AIDS and sexually transmitted infection prevention through dramas, music and poetry through health clubs should be established in schools.

Form drama groups through which a campaigns on family planning practices can be launched to sensitize the community on the dangers of having so many children.

Community leaders should devise programmes through which campaigns and mass media interventions of an extended duration, using brief, recurring messages to inform

and to motivate women to use modern family planning methods. Message content should be developed through formative research, and message dissemination include use of paid broadcast time or print space (as advertisements), donated time and space (as public service announcements), or a combination of paid and donated time and space.

5.4 Recommendations for Future Research

This research looked at the study of knowledge, practices and attitude of mothers towards family planning. The researcher therefore suggests that more study can be conducted on specific subjects especially on how mother's knowledge on family planning services can be improved to erase doubt in the services.

REFERENCE

Adu (1978); Family planning as a way of promoting health. Africa Health Training Institution Project. Unit 7 page(i)

Aly (1978); Benefits of child spacing for family health. Africa Health Training Institution Project. Unit 318, page 15.

Ann. P. et al (1994); Opportunities for women through reproductive clinics population reports volume Xxii No.12 page 3.

Ann. P. et al (1995); Meeting the needs of the young adults, population report volume xxii No.3 series No.41 page 2.

Asaba et al (1995); Guide for Nurse Aids. Family planning and maternal health services delivery. Page 285.

Bryant et al (1993); Making programs work. Population reports volume xxii No.2 series No.40 page 285.

Bryant et al (1995); Helping the news media to cover family planning. Population reports volume xxiii No.4 series 42 page 1.

Bryant et al (1996); Meeting the 'unmet need' population reports volume xxiv No.4 series No.43 page 1.

Cynthia et al (1992); Environment and population growth. Population reports volume xx, No.2 series No. 10 page.

Cynthia et al (1997); Slummy women's lives, population reports volume xxv, series 10, page 3.

Desmond; 'The unmet need'. Population reports volume xxix, No. 42 page 17

Gilda Sedgh et al., "Induced Abortion: Estimated Rates and Trends Worldwide, Guttmacher Institute and World Health Organization," *The Lancet*, 370, no. 9595 (2007): 1338-45.

Hopkins John (1999); maternal mortality, family planning methods and practice . African second edition page 3.

Loudon (1995); United Kingdom services and training handbook of family planning and reproductive health care, third edition page 9.

Loudon (1998) United Kingdom service and training, handbook of family planning and reproductive health care, third edition page 1.

MIHV, (2006): *Family Planning - Partnering with Communities and District Health Teams* Minnesota International Health Volunteers in collaboration with Adventist Development and Relief Agency International.

Nagali (1978); Social, Psychological and educational factors related to family planning, Africa health training institutions project unit 212 page 12.

Nzeribe (1978); Family plaining. Its complications in health. African health training institution project unit No.219 page (i) and 1

Rhonda Smith (2009), *Family Planning Saves Lives*, Population Reference Bureau, Washington.

Robert et al (1997) New reproductive focus. Population reports volume xxiv No.3 series No.45 page 1

Robert et al (1997); Family planning helps every one. The essentials of contraceptive technology, page 2.1.

Rose Mond (1978); Africa Health Training Institution Project. Unit 312. page 14.

Sai (1983); Family health benefits/methods and practices, Africa page 3.

Susheela Singh et al., *Adding It Up: The Benefits of Investing in Sexual and Reproductive Health Care*, New York, Guttmacher Institute and UNFPA, 2003 pg 24.

USAID (2006), Together for Health, Knowledge and Attitudes to Family Planning Reproductive Health in Ukraine, Institute of Family and Youth for Together, For Health, Ukraine.

Ushmar. P. et al (2001); Helping people decide. Population reports volume xxix No. 1 series No.50 pages 5.

APPENDIX I : QUESTIONNAIRE FOR MEDICAL PERSONNEL

Dear Sir/Madam,

I am Imvikia Christine a student of Kampala International University pursuing a bachelors degree on Arts with Education. I am doing a research paper which is a requirement for the award of the above stated degree program. The study is about the knowledge, attitude and practices of mothers towards family planning in Arua Regional Referral Hospital. The data acquired below will be treated with a lot of confidentiality so I kindly request you to render your assistance by answering these questions. I am looking forward to your positive response.

Please tick appropriately (✓)

A: Biographical Data

1. Sex Female ☐ Male ☐
2. Age
3. Marital status; Married ☐ Single ☐ Widower ☐
 Divorced ☐ Separated ☐ Cohabiting ☐
4. Level of education; Secondary ☐ Tertiary institution ☐ University ☐
5. Religion; Catholic ☐ Protestant ☐ Moslem ☐
 Others (specify).....
6. Occupation; Nurse ☐ Doctor ☐ Medical Assistant ☐

B: Knowledge of Family Planning

7a) Do you inform women on the usefulness of family planning during their visitations?

Yes ☐ No ☐

b) If yes, what do you teach them about?

.....
.....

8. Which family planning methods is common to your clients?

Pills ☐ Injectable ☐ Intrauterine devices ☐ Norplant ☐
Condoms ☐ Spermicidal ☐ Cervical mucous ☐

Voluntary surgical contraceptives []

9,a) Do you think family planning is of any benefit to them?

Yes [] No []

b) If yes, how have they benefited?

.....
.....

10, How do they receive their family planning services?

.....
.....

12, How have you sensitized them?

.....
.....

C: Attitude of Mothers towards Family Planning

13,a) What is your opinion about mothers and the use of family planning?

a) It is a good practice [] it is a bad practice []

b) Give reason(s) for your answer in (a) above.

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

14. a) Do you think the traditional birth control methods are better than modern family planning according to your clients?

Yes [] No []

If yes, give reasons to justify your answer in (a) above.

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

E: Practices of Family Planning

15. What family planning methods do they prefer?

Pills [] Injectable Norplant [] implant [] intrauterine devices []
condoms [] Natural and traditional []

F: Impact of Family Planning

16. Do your clients complain of side effects when they use family planning methods?

Yes ☐ No ☐

b) What do you advise them to do?

.....
.....

APPENDIX II: INTERVIEW GUIDE FOR MOTHERS

SPOT INFORMATION

- A) Invikia Christine Date of Interview:.....
- B) Interview number 1 -35 etc....
- C) Survey Interview
- D) Putting into consideration the various measures taken by the Ministry of Health to control birth rate through family planning utilization, there is still minimal awareness, biased attitude and low practices of family planning in Arua, this brings about an urgent call to address the issue pertaining to knowledgeability, biased attitude and low practices of family planning by mothers.

Guiding Issues

- Gender representation
 - What do you know about family planning?
 - How many family planning methods do you know about?
 - Which methods have you tried to apply?
 - How effective were they?
 - What is your opinion on the use of family planning services?.
 - Who teaches you about family planning?
 - Are the modern methods of any effect on you?