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Factors Which Influence Utilization of Family Planning Services Among Reproductive Women (15 To 49) Years in Hoima City, Hoima District

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ABSTRACT

Despite the enormous benefits of family planning services, the utilization of the services still remains low in sub-Saharan. Africa Researchers have identified a number of factors that are related to unmet needs and nonuse of contraception. Higher levels of education among women are associated with higher levels of contraceptive use, smaller desired family size, and lower levels of unmet needs. However, in Hoima city, Hoima district these are not defined. To determine factors which influence the utilization of FP services among reproductive women in Hoima City, Hoima district. This study was a cross-sectional investigation conducted among 120 women of reproductive age (15 to 49 years) from Hoima city, Hoima district who consented to take part in the study. A questionnaire was used to collect data and all collected data was coded, entered, and analyzed using SPSS version 25. Majority 71(59.2%) were aged 21-34 years, many 96(80.0%) of the participants were married, many 52 (43.3%) were Pentecostal, many 47(39.2%) were of primary level of education, and lastly majority 65(54.3%) were farmers. The majority of 75(62.5%) had ever used family planning and 45(37.5%) had never used family planning. At the multivariate stage, education level and religion were significantly associated with the usage of family planning. That is the odds of using family planningwere eight-folds higher among women of secondary level of education as compared to women who were uneducated. While participants who said that religion doesn't allow them to practice family planning were 94.7% less likely to use family planning as compared to those that are allowed practice family planning by their religions. In conclusion, the prevalence of women using FP in Hoima city, Hoima district is moderately high. Being uneducated significantly reduces the chances/odds of using family planning services while religion allowance to practice family planning significantly increased the chances/odds of using family planning services.

Keywords: Family planning services, Contraception uses, Reproductive women, Women secondary level of education, Uneducated women.

INTRODUCTION

Family planning services were an educational, comprehensive medical or social activity which enables individuals to determine freely the number and spacing of their children and to select how this may be achieved [1]. According to WHO, Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. It is achieved through use of contraceptive methods and the treatment of infertility" [2]. The Medical Dictionary on the other hand adds a sense of intention and determination to the previous definitions by stating that, "family planning intended to determine the numberand spacing of one's children through effective methods of birth control [3]. Since 1970, there have been substantial increases in contraceptive use. Contraceptive prevalence almost doubled, from 35 per cent in 1970 to 63 per cent in 2017, with most of thatincrease occurring prior to 2000. Similarly, in Asia and Latin America and the Caribbean, most of the changes occurred from 1970 to 2000, when contraceptive prevalence increased in Asia from 27 per cent in 1970 to 65 per cent in 2000 and in Latin America and the

Caribbean from 35 per cent in 1970 to 70 per cent in 2000. After year 2000, the increase slowed down and in 2017, 66 per cent of married or in-union women used any contraceptive method inAsia and 75 per cent in Latin America and the Caribbean. The changes have been more gradual in Africa, where contraceptive prevalence increased from 8 per cent in 1970 to 25 percent in 2000 and reached 36 per cent in 2017. In Europe and Northern America already in 1970 around 65 per cent of women used a contraceptive method and 6 contraceptive prevalence gradually reached 70 per cent in Europe and 74 per cent in Northern America by 2017. In the future, the most pronounced changes in contraceptive prevalence are expected to happen in Africa, while in other regions further increases will be slow or will remain constantat high levels. The contraceptive prevalence in Africa is expected to reach 45 per cent by 2030 (from 36 per cent in 2017), according to the median projection, with a 10 per cent chance to reach above 48 per cent. These projections are based on observed past observations, but greater progress may occur if efforts to increase contraceptive prevalence in the region are intensified. There are significant differences across subregions. Prevalence in 2017 was several times higher in Northern Africa and Southern Africa (54 per cent and 65 per cent, respectively) than in Middle Africa (23 per cent) and Western Africa (20 per cent). Contraceptive use has also been increasing rapidly in Eastern Africa and now stands at 43 percent [4]. Currently, family planning (FP) is widely acknowledged as an important intervention towards achieving Sustainable Development Goals (SDGs) as it has been proven to reduce maternal and child mortality and entrench human rights for women and girls [5]. FP covers a wide range of services concerning women, children and their families including access to birth control, contraceptives, sexual education, and other health resources. Access toFP services can be a major source of knowledge for birth spacing and can help to make known the benefits of birth spacing. Infant mortality can be reduced by such knowledge as it plays a critical role. In addition, maternal mortality, unwanted pregnancies and births, as well as improving the overall health of the mother, child, and ultimately the welfare of the family unit is, key benefits of Family planning [6]. In a world characterized by dwindling natural resources, burgeoning population growth and escalating levels of poverty, FP has the potential to make enormous contributions to poverty reduction, enhancing sustainable development through the reduction of excessive child birth and stabilizing population growth. Family planning is well known to be crucial in the deterrence of unwanted pregnancies and unsafe abortions as well as the spread of Sexually Transmitted Infections (STIs) including the much-threaded HIV/AIDS [7]. As a consequence of the actual and perceived positive impacts of FP, many countries around the globe especially those in Sub-Saharan Africa and Asia where birth rates are still unacceptablyhigh, have embraced FP as one of the means to lessen the rate of infant mortality, improving women and children's health and even reducing the rate of population growth [8].

Statement of Problem

Family planning is critical not only for protecting individual health rights but also for improving women's quality of life. According to the World Health Organization, low contraceptive use combined with high fertility rates can always contribute to women's and young children's ill health, but family planning can prevent up to 25-30% of all maternal deaths [2]. According to [9], access to FP services can reduce the number of healthy years of life lost due to disability and premature deaths among women andtheir newborn babies by more than 60%. In Uganda, despite the efforts made to increase the ease of access to and use of family planning services through organizations such as the Ministry of Health, there are still many impediments as the Unmet need for Family Planning was still high although it has reduced from 34 per cent in 2011 to 28 per cent in 2016, and is targeted to reduce further to 10 percent by 2020 (UNFPA UGANDA). However unmet need of FP in the western region has been increasing over time 27.3

in 1995, 31.0 in 2000 to 2001, 38.9 in 2006. [10]. Furthermore, abortions, and unwanted and unplanned births are high as a result of unintended pregnancies (34%) in Uganda [11]. The state of affairs in this area has resulted in high rates of many children, uneven birth spacing, unwanted pregnancies, unplanned deliveries, unsafe abortions and maternal mortalities. Given the significance of FP in reducing poverty, and promoting gender equality and empowerment, it will be imperative to undertake empirical research in Hoima city, Hoima district to identify and determine the actual factors that influence rural women from utilizing FP services.

METHODOLOGY

Research Design

The study employed a cross-sectional descriptive research design using both quantitative and qualitative approaches. The study described demographic and socio-economic factors that influence the utilization of FP services among women in Hoima [12]. This was a snapshot of the state of affairs regarding how modern FP methods were utilized in Hoima city, Hoima district.

Area of Study

The study was conducted in Hoima city. Hoima City is located in Hoima District, Mid- western Uganda. Coordinates: 01 24N, 31 18E. Hoima District is bordered by Buliisa District to the north, Masindi District to the northeast, Kyankwanzi District in the east, Kibaale District to the south, Ntoroko District to the southwest and the Democratic Republic of the Congo across Lake Albert to the west. The headquarters of the district local government and the throne of the Omukama of Bunyoro-Kitara Kingdom are all in Hoima Municipality. The Municipality is bordered by thefive Local Governments of Hoima District namely Buhanika and Kyabigambire Sub-counties in the east, Kitoba in the north, Buhimba in the south and Bugambe in the West. Hoima city covers an estimated area of 228 square Kilometres. This Local Government is composed of four Divisions which are further subdivided into sixteen wards. The city comprises 4 divisions namely, Mparo (with 4 ward and 45 cells), Kahoora (4 ward and 33 cells), Bujumbura Division (3 ward and 30 cells) and Busiisi (4 ward and 32 cells). In total, it is made up of 145 cells referred to as LC Is. It is bordered by other Local Governments namely Buhanika Sub-county in the east, Kitoba in the west, Buhimba in the North and Kyabigambire in the South.

Targeted population

Target population refers to the population to which a researcher wants to generalize the results of a study [13]. The target population constituted Hoima city women.

Study Population

The study population were women of reproductive age from 15 to 49 years from Hoima city, Hoima district from divisions of; Mparo, Bujumbura, Kahoora and Busiisi.

Inclusion Criteria

All Hoima city women of reproductive age from 15 to 49 years, who consented to take part inthis study.

Exclusion Criteria

Mentally ill and those who did not consent. Women above 50 years and those below 15 years of age.

Sample Size

The sample size of the study was obtained using the Yamane formula (Yamane, 1967)

$$n = \frac{N}{1 + N\,(e)2}$$

Where;

n is the expected sample size (about 150 women from 150 households in Mparo and Bujumbura Divisions)

N is the total population (e}2 is the standard error

Therefore,

$$n = \frac{150}{1 + 150\,(0.04)2}$$

n= 120

Hence from the total population of 150 clients, only 120 clients were to be interviewed for thestudy.

Sampling method

The study area comprises 4 divisions namely, Mparo (with 4 wards and 45 cells), Kahoora (4 wards and 33 cells), Bujumbura Division (3 wards and 30 cells) and Busiisi (4 wards and 32 cells) where two divisions that is Mparo and Bujumbura Divisions were selected using a simple random

sampling technique. The simple random sample was taken by writing the name of each division on a slip of paper. The four slips of papers were prepared and put into a cup and mixed thoroughly and then the researcher drew as a lottery (without looking) the required number of slips, two, for the sample one after the other without replacement. The researcher ensured that in successive drawings each of the remaining elements of the divisionhad the same chance of being selected.

Data collection method

The researcher used structured interviews to determine the factors affecting family planning service utilization among women of reproductive age in Hoima city, Hoima district. The questionnaire was interpreted using the local language for those who didn't understand English. Four research assistants were chosen to help the respondents in interpreting in their local language.

Quality Control

6 research assistants with a minimum of senior four education levels were used to collect data, two for each village in a period of two weeks and were handed to the principle researcher who compiled the results for data analysis. The questionnaire was pre-tested 2 months before data collection started.

Focus Group Discussion

In this study, two FGDs were conducted with women aged between 15 and 49 years where each group consisted of six women aged between 15 and 49 years old. This was done with the help of an FGD guide. The FGD aided in getting any additional and specific information regarding the topic under study as respondents had prob further for any further clarifications. The information from FGDs was used to enrich the data from the questionnaires.

Ethical Consideration

A letter of introduction was collected from the KIU Western campus allowing me to carry out theresearch after approval by IRC (institutional research committee) Informed consent was obtained from all respondents (care takers) and a record of it taken informed of a signature or thumbprint Confidentiality was maintained and participants were allowed to leave at any time during the research study [14]. Collected data was used for this research's purpose only and the thereafter filledquestionnaires were destroyed.

RESULTS

Socio-demographic findings

Table 1: Socio-demographic findingsn=120

Variable	Frequency (n)	Percent (%)
Age in years		
20 years and below	20	16.7
21 to 34 years	71	59.2
35 years and above	29	24.1
Marital status		
Single	12	10.0
Married	96	80.0
Divorced	4	3.3
Widower	8	6.7
Religion		
Catholics	41	34.2
Muslims	4	3.3
Pentecostal	52	43.3
Protestants	12	10.0
Unspecified	11	9.2
Level of education		
Primary	47	39.2
Secondary	45	37.5
Tertiary	4	3.3
Uneducated	24	20.0
Occupation		
Farmer	65	54.3
Business	24	20.0
Teacher	22	18.1
Others	9	7.6

Table 1 shows that the majority 71(59.2%) were aged 21-34 years, many 96(80.0%) of the participants were married, many 52 (43.3%) were Pentecostal, many 47(39.2%) were of primary level of education, and lastly majority 65(54.3%) were farmers. The proportion of women of reproductive age who had ever used family planning in Hoima City, Hoima District.

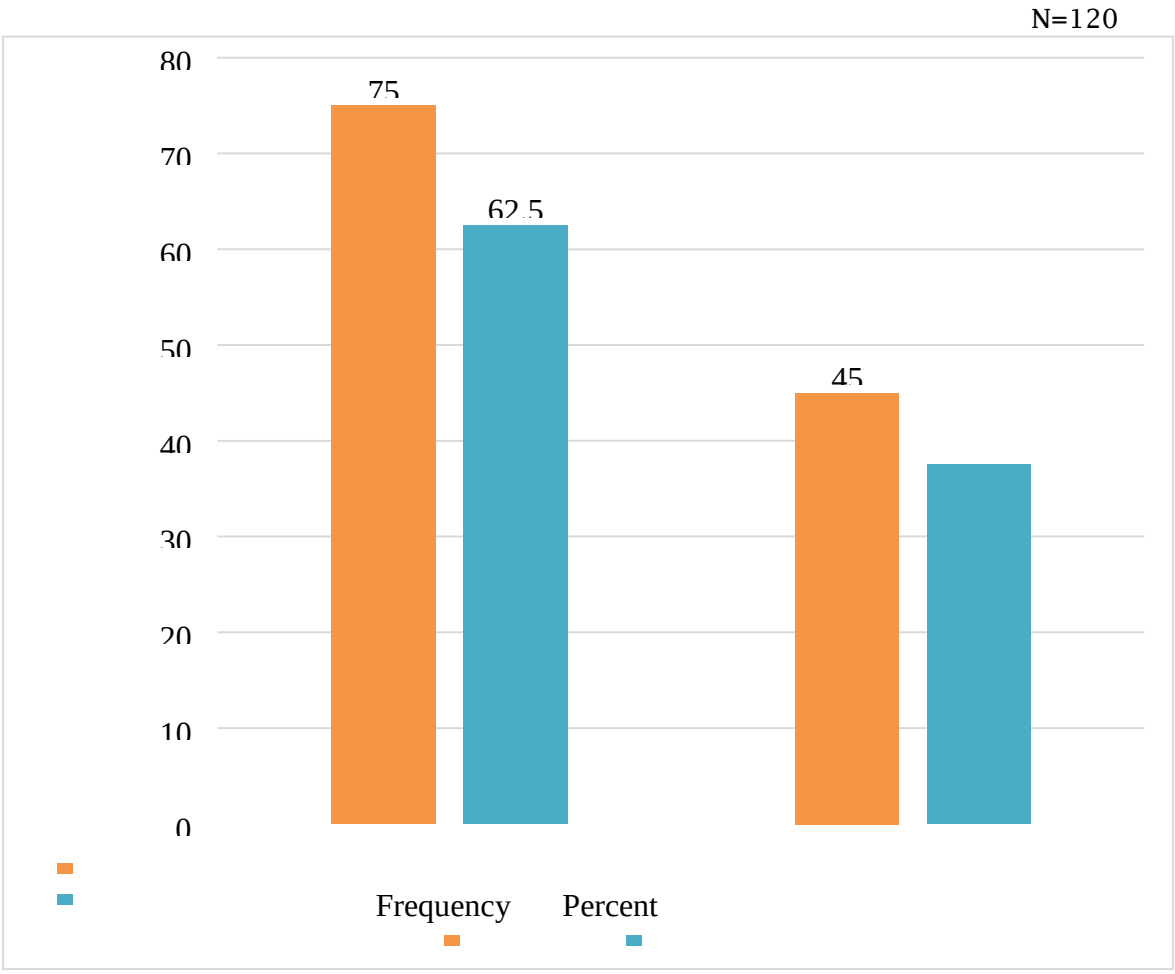

Figure 1: A graph showing the usage of family planning methods

From the table above, the majority 75(62.5%) had ever used family planning and 45(37.5%) had never used family planning.

Socio-demographic factors associated with the use of family planning at Hoima city,Hoima district.

Table 2: bivariate analysis of socio-demographic factors associated with the use of familyplanning methods

		Have you ever usedfamily planning?			
		Yes	**No**	**p-value**	**Crude odd ratio**
Age	20 years and below	9	11	0.197	1.039
	21 to 34 years	55	16		
	35 years and above	11	19		
Marital status	Single	8	4	0.063	0.137
	Married	63	33		
	Divorced	0	4		
	Widower	4	4		
Religion	Catholic	27	14	0.567	1.203
	Muslim	0	4		
	Protestant	44	8		
	Pentecostal	4	8		
Education	Primary	26	18	0.17	0.248
	Secondary	34	8		
	Tertiary	4	0		
	Uneducated	11	12		

From Table 3 above, marital status, and education level had P-values <0.2 thus being taken forthe multivariate analysis.

Table 3: Multivariate analysis of socio-demographic factors associated with the use of family planning methods

		Adjusted	**odd**	**95% Confidence Interval for aOR**	
		P-value	ratio(aOR)	Lower Bound	Upper Bound
Marital	Single	0.116	0.091	0.005	1.809
status	Married	0.648	1.694	0.176	16.283
	Widow		1.00	.	.
Educatio n	Primary	0.183	3.459	.556	21.518
level	**Secondary**	**0.046**	**7.883**	**1.034**	**60.077**
	Tertiary	0.77	0.860	0.321	2.344
	Uneducated	.	1.000	.	.

According to Table 4 above, education level (secondary vs. uneducated) was significantly associated with the usage of family planning. That is the odds of using family planning were eight-fold higher among women of secondary level of

education as compared to women whowere uneducated.

DISCUSSION

Socio-demographic factors associated with the use of family planning methods

In this study the odds of using family planning were eight-folds higher among women of secondary level of education as compared to women who were uneducated. This is in line with a study by [15], which showed that education level of the women has a highly significant effect on the contraceptive use and it is expected that the better educated women may delay to marry and freely discuss about family planning with their partners or spouses. Therefore, in a place with large number of women being illiterate or had attained little formal school education, informal channels such as mass media will play an important role in bringing about modernization and thereby influencing and motivating women about their reproductive rights and choice [16]-[20].

Proportion of women of reproductive age who had ever used family planning

In this study majority 75(62.5%) had ever used family planning and 45(37.5%) had never used family planning. This finding was higher than the family planning utilization rate in Rwanda at 52% by [16], the estimates of family planning utilizationin Africa at 24% [17], 30% family planning utilization rate in Uganda, 46% family planning utilization rate in Kenya, and 34% family planning utilization rate in Tanzania [16]. The reason for the high utilization of family in this study could be early marriages that expose women to frequent and unprotected sexual intercourse, which can lead to early and risky first birth [18], since in Uganda, the median age at first marriage is 17.9years, and women are expected to prove their fertility soon after marriage [19], [21]-[25]. In addition, these women have a limited chance to space their births, since contraceptive use within marriage is not expected [26]-[28].

CONCLUSION

In conclusion, the prevalence of women using FP in Hoima city, Hoima district is moderately high. Being uneducated significantly reduces the chances/odds of using family planning services while religion allowance to practice family planning significantly increased the chances/odds of using family planning services.

Recommendation

1. The government, and other family planning providers should ensure a method mix and to promote informed choice, all FP methods are meant to be available throughout the country so as to increasing the level of using FP.
2. Informal channels such as mass media will play an important role in bringing about modernization in uneducated women.
3. Women should always seek family planning information from health experts.
4. Academicians, researchers and organization should carry out more studies related to family planning usage.

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