

Determinants Impacting the Use of Family Planning Services in Fort Portal Regional Referral Hospital, Kabarole District, Western Uganda

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ABSTRACT

This study aimed to explore the factors influencing the utilization of family planning services among women of reproductive age at Fort Portal Regional Referral Hospital in Kabarole, Uganda. Employing a descriptive cross-sectional hospital-based design and a simple random sampling technique, 174 women in the reproductive age group were included in the study. Self-administered questionnaires were utilized for data collection, which was then coded, entered, and analyzed using IBM SPSS version 20. The results were presented in frequency and percentage charts and tables, accompanied by P-values, odds ratios, and their respective confidence intervals where relevant. The findings revealed that 44.91% of participants at Fort Portal Regional Referral Hospital in Western Uganda used contraceptives. Among them, 66.7% discussed contraceptives with their partners, while 51.1% opted for a specific contraceptive method during their last sexual encounter prior to the study. Interestingly, 35.1% considered condoms to be the most effective form of contraception, followed by implanon and oral pills at 14.9% and 14.4%, respectively. Safe days/withdrawal and injectable contraceptives were perceived as the least effective at 10.9% each. Accessibility and availability were cited as primary reasons for contraceptive choice by 21.8% of respondents, followed by safety with fewer side effects (16.1%), ease of use (6.3%), and affordability (5.2%). Household size, with the majority having 1-5 members (36.8%), and the number of children under five in the family (45.4% with 1-5 children) were notable demographic factors influencing family planning choices. However, the study highlighted a low level of family planning utilization (44.9%) among women at Fort Portal Regional Referral Hospital, predominantly favoring male condoms (40.7%). This utilization was significantly affected by socio-demographic factors such as marital status, place of residence, occupation, and income levels. Furthermore, the type, duration, frequency, availability, accessibility, affordability, and perceived side effects or effectiveness of contraceptives significantly influenced the likelihood of family planning utilization.

Keywords: associated factors, utilisation, family planning, women

INTRODUCTION

The planned use of contraceptives by couples or individuals is called Family planning, which involves making decision to have the required number of children at the appropriate time through utilization of contraceptive methods for the purpose of delaying, spacing or limiting child birth [1]. Contraceptives are birth control methods including medicines, devices and/or any method intended to prevent pregnancy [1]. They are classified as modern or traditional methods. Modern methods include; female condoms, oral contraceptive pills, emergency contraceptive pills, injectable contraceptives, implants

intrauterine device (IUD), female sterilization (Tubal ligation). On the other hand, traditional methods include; Safe Days Method, Lactational Amenorrhea Method (LAM), rhythm and withdrawal [2].

Globally, the choice of contraceptives has continually become mixed up with all methods being utilized for births control, where the success of mixture in choices was realized, unwanted pregnancies were reduced by 87.3% mainly in Europe and north Asian countries although challenges in the uniform choices remain in Africa, South America and south Asia [3, 4, 5].

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In Africa, studies have shown that a larger percentage (86%) of women are in favour of family planning although the choice of contraceptive method remains a major challenge [6]. However, methods that women use differ marginally with some methods having been embraced on large scale while others still being utilized by a handful.

In Sub Saharan Africa studies have shown variation in choices women use regarding contraceptive uses [7] and [8] carried out research study on planned pregnancies, factors that was attributed to missed opportunities due to limited choices in contraceptive methods used by communities while regarding other methods.

In East Africa, studies in Kenya and Tanzania have shown that contraceptive choices among women of reproductive age remain in favor of natural ,means like abstinence and lactational Amenorrhoea method 67%, short term contraceptives like pills and injectable at 32.5% of the women ,while long term family coastal tribes in Kenya , the study found that tribes of mothers ,cultural views and perception ,age of the mothers played a bigger role in

determining the choice of contraceptive method which was used [9].

In Uganda, non-uniform distribution of contraceptives exists greatly, while condoms, one month's cycle pills and emergency pills, injectable contraceptives are highly preferred by women from both government and private facilities [10]. Some methods were reported to have hit a deadlock in their acceptability and preference by most Ugandan women according to [11] that Intrauterine devices, tubal ligation, female condoms, male sterilization, diaphragms with spermicides among others are used by less than 10% of Ugandan women. The factors that influenced women's' choice was accessibility, easy to administer, better to hideout, less women empowerment to decide alone on long-acting contraceptive [12].

However, there exists no comprehensive documentation at the Study site on especially the Community factors affecting Family planning at FPRRH, Kabarole District. With these dynamics in utilization of Family planning services in Uganda, there is limited data on the factors influencing the choice of contraceptives by the women.

METHODOLOGY

Study design

The study was a descriptive study and applying both qualitative and quantitative methods [13].

Study area

The study was conducted at Fort Portal Regional Referral Hospital in Fort Portal City, Kabarole District.

Study population

The study included all women in reproductive age who accessed services at Fort Portal Regional Referral Hospital.

Sampling procedure

The participants were selected using simple random techniques using a designed questionnaire after explaining the purpose of study to them at Fort Portal Regional Referral Hospital.

Only women and men of child bearing age attending to services at the hospital were interviewed.

Sample size determination:

A study sample size was obtained using Fitcher's et al (1990) formula i.e.

$$n = Z^2pq / r^2$$

This formula is valid for a population ≥ 10000 .

Where;

n = desired sample size

Z = standard normal deviation taken as 1.96 at confidence interval of 95%.

p = proportion of the target population estimated to have similar characteristics; according to Fort Portal Regional Referral Hospital, the preference= 13%.

Thus,

$$p = 0.13.$$

q = proportion of target population without a desired characteristic ($q = 1 - p = 0.87$).

r = degree of accuracy (0.05).

$$n = (1.96^2 \times 0.13 \times 0.87) / (0.05^2) = 174 \text{ respondents}$$

Therefore,

$n = 174$ respondents were sampled.

Data collection tools

Data was collected using interviewer's schedule. This was preferred because of dealing with all literate and illiterate respondents. This method was used

Emmanuel because it facilitates respondent's encouragement and ensured maximum confidentiality.

Data collection

Qualitative data was collected from January, 20th to March, 2021 from men and women of child bearing age (15-45) years attending to services at Fort Portal Regional Referral Hospital. The researcher requested assistance from other health workers after training them to help in collecting data. Interviewer's scheduled administered questionnaires was used.

Data presentation analysis

After coding, the collected data was represented in form of tables, graphs and pie charts to aid easy analysis.

Ethical consideration

Permission was sought from the school administration KIU-WC who that was provided to me with an introductory letter on submission and approval of this research report.

The introductory letter was presented to the medical superintendent of Fort Portal Regional Referral Hospital who introduced me to the staff working in family planning and postnatal units. The researcher will also seek consent from respondents after a brief introduction. Respondents was aware of their right to participate or withdraw from exercise anytime [14].

RESULTS

Table 1: Socio-demographic Characteristics of the study participants

Variables	Frequency (N)	Percentage (%)
Age		
14-19	34	19.5
20-30	133	76.4
31-45	7	4
Tribe		
Mutoro	49	28.2
Muganda	36	20.7
Mukiga	17	9.8
Munyankore	19	10.9
Others	50	28.7
Religion of the respondent.		
Advents	14	8.0
Saved	39	22.4
Catholic	54	31.0
Protestant	48	27.6
Others	19	10.9
Marital Status		
Single	97	55.7
Married/ cohabiting/ in relationship	68	39.1
Separated/ divorced	6	3.4
Education level of the respondent		
Primary	13	7.5
Secondary	12	6.9
Tertiary	146	83.9
Occupation		
House wife	7	4.0
Peasant farmer	9	5.2
Business	13	7.5
Student	108	62.1
Employed	14	8.0
Level of Income (per day) of the family		
Less Than 4,000 ug. shs (1 USD)	58	33.3
Between 4,000 - 20,000 ug. shs (1 to 5 USD)	38	21.8
More Than 20,000 ug. shs (5 USD)	35	20.1
Place of Residence		
Urban	84	48.3
Rural	76	43.7

According to the results of this study; majority 122(70.1%) were aged 20-30 years, 31(17.8%) between 14-19 years, 31-45 years were 6(3.4%). these were majorly Batooro [49(28.9%)], Baganda

[36(20.7%)], Banyankore and Bakiga were 10.0% and 9.8% respectively among other tribe that contributed 50(28.7%) of the study participants. By religion; majority 54 (31%) were Catholics

Emmanuel followed by 48(27.6%) Protestants, 39(22.4%) born again Christians, 14(8%) Adventists among others 10.9% religions.

Socioeconomically, 84(48.3%) reside in urban areas whereas the 76(43.7%) were rural dwellers; earning majorly 58(33.3%) Less Than 4,000 ug. shs (1 USD); 38(21.8%) Between 4,000 - 20,000 ug. shs (1 to 5 USD) and 35(20.1%) earn More Than 20,000 ug. shs (5 USD).

Majority of the participants were 97(55.7%) single, 68(39.1%) Married/cohabiting/ in relationship and 6 (3.4%) Separated/ divorced at an education level of majority 146(83.9%). Tertiary, 12 (6.9%) secondary and 13 (7.5%) primary level and occupied mainly with 108(62.1%) studies, 14(8%) employed, 13(7.5%) business, 9(5.2%) peasant farmers, and lastly 7(4%) house wives.

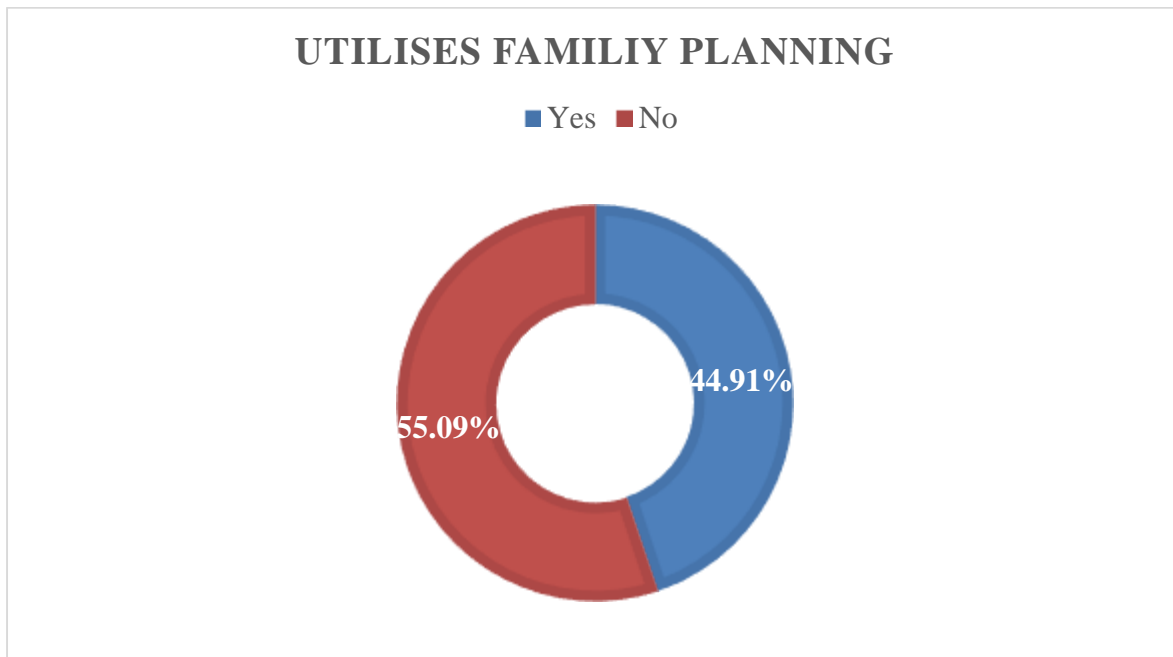


Figure 1: Level of utilization of family Planning Services at Fort Portal Regional Referral Hospital in Western Uganda

According to these study findings, the proportion of people who use contraceptives is 44.91% of the

participants at Fort Portal Regional Referral Hospital in Western Uganda.

The client related factors affecting Utilization of family planning Services at Fort Portal Regional Referral Hospital in Western Uganda.

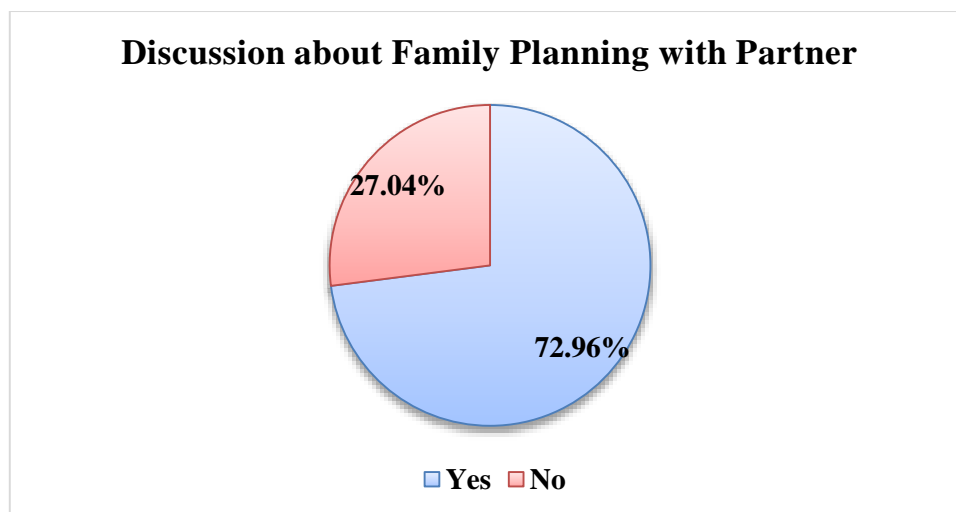


Figure 2: Discussion about the Contraceptives with the partners

According to these study findings, majority of those participants who have partners 116 (66. 7%) discuss about

contraceptives with their partners. And the minority (27. 3%) do not.

Table 2 client related factors affecting Utilization of family planning Services at Fort Portal Regional Referral Hospital in Western Uganda

Variables	Frequenc y (N)	Percentag e (%)	P- Value	Odds Ratios	95% C. I
Used a contraceptive method during the last sexual contact					
Yes	89	51.1	<0. 001*	19.783	6.917-56.577
No	43	24.7	Ref	1	1
What contraceptive method did you use in the last sexual contact?					
Condom	49	28.2	0.806	0.833	0.194-3.579
Oral pills	24	13.8	0.024*	10.724	1.360-84.558
Injectables	15	8.6	0.212	4.667	0.416-52.340
Implanon	8	4.6	0.001*	2.83.7E+7	2.83.7E+7-2.83.7E+7
Safe days/withdrawal	29	16.7	Ref	1	1
Does your sexual partner influence your choice of contraceptive?					
Yes	83	47.7	0. 029*	2. 168	1. 075-4. 372
No	57	32. 8	Ref	1	1
If YES (above), what is their opinion your choice of contraceptive?					
Encouraging	98	56.3	0. 015*	7. 249	1. 476-35. 615
Discouraging	46	26.4	Ref	1	1

Regarding choice of the contraceptives, the study findings show that; majority 89((51.1%) [Pvalue <0.001, OR 19. 783] opted to a given contraceptive method during their last sexual contact prior to this study. When explored, majority had opted for a condom (28.2%) and a significant choice was oral pills [(13.8%), Pvalue 0.024), OR 10. 724] and implanon (4.6%), whereas others opted for safe

days/withdrawal (16.7%) and injectable contraceptive method (8.6%). The partner’s influence on the choice of contraceptive methods was significant in this study and 83[(47.7%), pvale0.029, OR 2.168] were influence. Since, the partner’s opinions were majorly and significantly encouraging 98[(47.7%), pvale0.015, OR 7.249].

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Majority of the Participants reported 61(35.1%) condom to be the to be the most effective condom they know. These were followed by those who know implanon and oral pills to be the most effective with 14.9% and 14.4%

respectively. Lastly safe days/withdrawal and injectable contraceptives were reported to be the least effective known to this study participant with 19(10.9%) each.

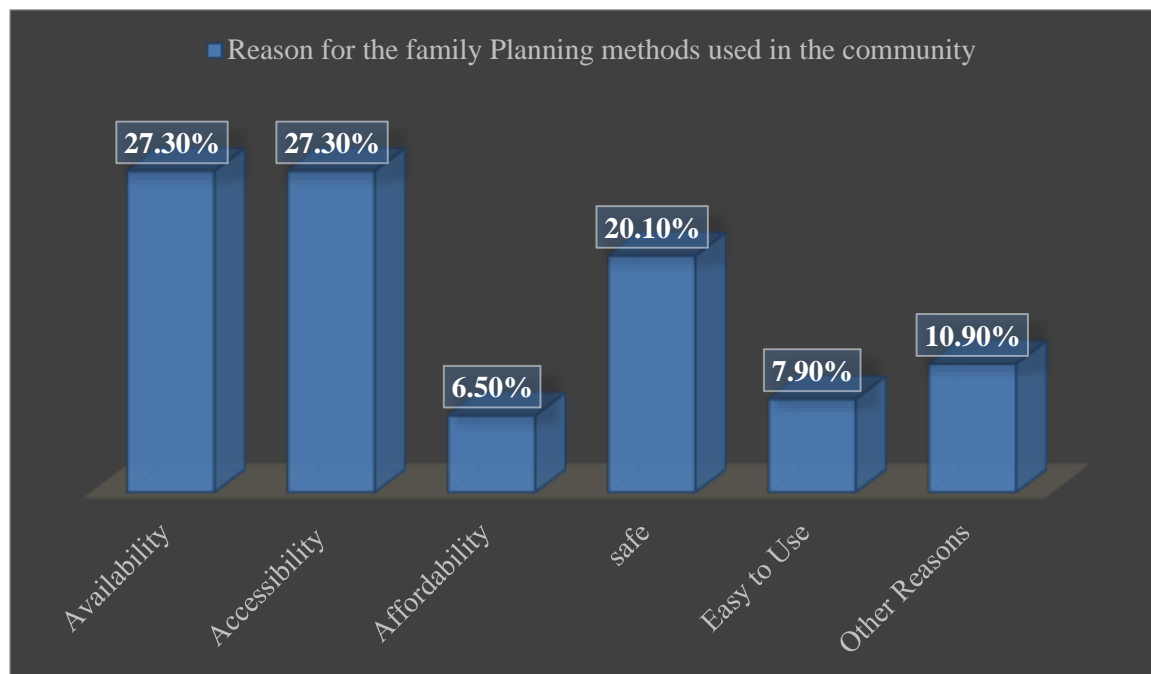


Figure 2: Reasons for Preferences of specific Family Planning Services use in Community

According to this study findings, participants made choice of their preferred contraceptive method of choice owing to the majority report that they are available and accessible

38(21.8%) for each of these reasons; followed by being Safe with less side effects 16.1%; easy to use (6.3%) as well as being affordable (5.2%) among other reasons.

Table 3: community factors associated with use of Utilization of family planning Services at Fort Portal Regional Referral Hospital in Western Uganda

Variables	Frequency (N)	Percentage (%)	P-Value	Odds Ratios	95% C. I
There are some side effect with the contraceptive used					
Yes	67	38.5	0.601	1.206	0.599-2.43
No	62	35.6	Ref	1	1
Religion encourage use to Contraceptives					
Yes	80	46.0	0.323	1.369	0.734-2.55
No	86	49.4	Ref	1	1
Household Population (Number of people in the family)					
1-5	64	36.8	0.082	5.117	0.811-32.28
6-10	37	21.3	0.723	1.401	0.217-9.06
11-15	8	4.6	0.181	5.036	0.470-53.92
16-20	7	4.0	Ref	1	1
Number of children under five years in the family.					
1-5	79	45.4	0.950	0.958	0.252-3.638
6-10	20	11.5	Ref	1	1

The participants reported these methods of contraceptives to be

associated with some unrevealed side effects but this claim was found

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insignificantly associated with their choice of their proffered method of contraception.

Other probable independent factors that could affect the choice of contraceptives such as household population or number of people in a family (Majority

According to these study findings, the proportion of people who use contraceptives is 75(44. 9%). This is in congruence with the intervention for family planning reveals a contraceptive prevalence of 43. 1% which was below the national target of 50% by 2020 [15]; but disagrees with [16] who reported prevalence of contraceptives use in Uganda to be 30% and a general global increase in the recent past from 54% in 1990 to 57% in 2012. Thus, it still possibly leaves 4 in 10 sexually active Ugandan women not using any form of contraception, including 3 in 10 who express a desire to delay childbearing [2].

Unlike [17] a study in Gauteng-South Africa in which the most preferred methods as oral contraceptives (38%), and male condoms (25%), in this study, choice of contraceptives stands at; 40. 7%, 17. 3%, 16. 7%, and 12. 7% for condoms, implanon, oral pills and injectable and safe days respectively. And this further agrees with a study in Ethiopia by [18] in which the most popular contraceptive method in use was condoms (44. 4%), followed by emergency contraceptive pill (27. 4%) and regular oral contraceptive pills (21%)

Unlike [19] a study in the Worawora township of the Volta Region of Ghana in which age group 35-40 yrs was slightly over four times more likely to use modern contraceptives compared to the younger aged women thus choice was connected to experience and taste for various contraceptive methods, in this majority 122(76. 7%) were aged 20-30 years, and 31-45 years were the minority 6(3. 8%). However, it could agree with [20] where age was reported to play an important role in determining the use of modern contraceptives.

By religion; majority 54 (31%) were Catholics followed by 48(27. 6%) Protestants, 39(22. 4%) saved/born

36.8% between 1-5 people) and number of children under the age five in the family (45.4% 1-5 children); were both found statistically insignificantly associated with choice of contraceptives among our study participants.

DISCUSSION

again Christians, 14(8%) Adventists among others 10. 9% religions.

Socioeconomically, 84(48. 3%) reside in urban areas whereas the 76(43. 7%) were rural dwellers; earning majorly 58(33. 3%) Less Than 4,000 ug. shs (1 USD); 38(21. 8%) Between 4,000 - 20,000 ug. shs (1 to 5 USD) and 35(20. 1%) earn More Than 20,000 ug. shs (5 USD).

Majority of the participants were 97(55. 7%) single, 68(39. 1%) Married/cohabiting/ in relationship and 6 (3. 4%) Separated/ divorced at an education level of majority 146(85. 4%) Tertiary, 12 (7%) secondary and 13 (7. 6%) primary level and occupied mainly with 108(71. 5%) studies, 14(9. 3%) employed, 13(8. 6%) business, 9(6%) peasant farmers, and lastly 7(4. 6%) house wives. According to these study findings, majority of those participants who have partners 116 (73%) discuss about contraceptives with their partners. And the minority (27% do not

Just like in a study in Sub-Saharan Africa, indicated that accessibility to contraceptive use was positively correlating with use and choice of contraceptives [12]. Majority 89((51. 1%) [Pvalue <0. 001, OR 19. 783] opted to a given contraceptive method during their last sexual contact prior to this study. Nonetheless in this study, majority made such choices based on availability and accessibility 38(21. 3%) for each of these reasons; followed by being Safe with less side effects (20. 1%); easy to use (7. 9%) as well as being affordable (6.5%) among other reasons (10. 8%).

More so, majority had opted for a condom (28. 2%) and a significant choice was oral pills [(13. 8%), Pvalue 0. 024], OR 10. 724] and implanon (4. 6%), whereas others opted for safe days/withdrawal (16. 7%) and injectable contraceptive method (8. 6%) in their last sexual intercourse. This could be possibly due to the fact that condoms and other emergency contraceptive choices are always available, easily

Emmanuel accessed and affordable as [21]; indicated that of-out-of-pocket-payments made the private health sector inaccessible to a large part of the population due to insufficient supply and deficient quality. However, condoms being the best choice contradict the findings of [22]; that stipulated women's contraceptive choices were influenced by non-daily administration & convenience. In addition to the above, majority 61(35. 1%) reported condom to be the most effective they know compared to safe days/withdrawal and injectables which were reported to be the least effective known to this study participant with 19(10. 9%) each. This could explain the observed choices reported. And these findings complement [23] a descriptive analytical survey in Ile Ife, Osun State, Nigeria, that identified militating factors against the utilization of certain contraceptive methods as non-effectiveness of family planning services (54. 3%). Nevertheless, participants reported these methods of contraceptives to be associated with some unrevealed side effects but this claim was found insignificantly associated with their

The prevalence of contraceptives uses among women of reproductive age attending FPRRH remains low with male condoms being the preferred choice. This is socio-demographically affected by marital status, area of residence, occupation and income levels affecting

CONCLUSION

choice of their proffered method of contraception. This was in agreement with [24]; a study in Kericho District, Western Kenya, in which perceptions about side effects play important roles in contraceptive decisions. This could be possibly de due to associated anxiety as reported by [23] that in Nigeria majorly (80. 2%) of the women fear side effects.

All the same, other probable independent factors that could affect the choice of contraceptives such as household population or number of people in a family (Majority 36. 8% between 1-5 people) and number of children under the age five in the family (45. 4% 1-5 children); were both found statistically insignificantly associated with choice of contraceptives among our study participants.

The partner's influence on the choice of contraceptive methods was significant in this study and 83(47. 7%), p-value 0. 029, OR 2. 168] were influence. Since, the partner's opinions were majorly and significantly encouraging 98(47. 7%), pvale0. 015, OR 7. 249]., this could be one of the reasons for high preference of male condoms as a contraceptive of choice to many.

one's choice of a given option. Similarly, type and contraceptive's durations, frequency, availability, accessibility and affordability as well as association of side effects and / or it effectiveness significantly affect the possibility it being a woman's choice.

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