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KNOWLEDGE, ATTITUDE, AND PRACTICES TOWARDS FAMILY PLANNING AMONG WOMEN AGED 18–45 YEARS ATTENDING MEDICAL CARE AT KASANGATI HEALTH CENTRE IV, WAKISO DISTRICT. A CROSS-SECTIONAL STUDY.

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Abstract.

Background.

Family planning is an educational comprehensive medical or social activity that enables individuals to determine freely the number and spacing of their children and select how this may be achieved. The purpose of the study was to assess the knowledge, attitude, and practices towards family planning among women aged (18 - 45) years attending medical care at Kasangati Health Centre IV, Wakiso District.

Methodology.

A descriptive cross-sectional study design was used involving a simple random method of data collection to select 80 respondents. Data was collected using structured questionnaires and results were analyzed using SPSS for presentation into tables, graphs and pie charts.

Results.

46(57%) of the respondents were from age group of 15 – 25 years, 33(41%) had attained primary education, (55%) had obtained information from media, (65%) knew that family planning is important in the prevention of unwanted pregnancy (43.8%) knew injectables and (61.3%) knew mentioned menstrual disturbances, (82.5%) disagreed that artificial family planning is necessary, (65%) disagreed that it is necessary to discuss artificial family planning with your partner, (56.3%) had myths that family planning would cause infertility, 56.8% were not using family planning because they had fear of side effects and 52.2% had experienced menstrual irregularities.

Conclusion.

The study established that women had adequate knowledge, negative attitudes, and poor practices towards family planning.

Recommendations.

Ministry of Health should advocate for male involvement in family planning so as to simplify the ability of women to discuss family planning with their partners.

Keywords: *Knowledge of family planning, women aged 15-45 years, Kasangati Health Center IV.*
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Background.

Family planning is an educational, comprehensive medical or social activity that enables individuals to determine freely the number and spacing of their children and select how this may be achieved (Ekpenyon & Nzute *et al*, 2017). There are two main types of family planning, i.e., artificial and natural family planning methods. Artificial Family Planning methods include: -Hormonal Family Planning methods like oral pills, e.g., COCSs and POPs; Injectable Contraceptives, e.g., Depo-Provera and Sayana, implants, e.g., Jadelle, Implanon, Norplant, voluntary surgical contraception like Bilateral Tubal Ligation (BTL) and vasectomy (male sterilization. Natural Family Planning methods include: the lactation amenorrhea (LAM) calendar method, basal body temperature, coitus interruptus (withdrawal method), moon bead method, cervical mucus method (Billing's ovulation), and abstinence (WHO, 2016). Family planning use is important in enabling individuals to have children they can manage to care for, thereby promoting the financial growth of families, preventing closely spaced pregnancies, and reducing pregnancy-related complications like uteroplacental bleeding disorders, uterine rupture, and prematurity. Despite these benefits, family planning methods are associated with various disadvantages, like side effects like menstrual changes, weight gain, reduced libido, and partner violence among others (WHO, 2016). Globally,

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270 million women of reproductive age have limited knowledge about family planning due to limited accessibility to family planning information and unsupportive cultural–religious beliefs. In some countries, like India has the lowest family planning coverage of 13% has led to a high population exceeding 1.2 billion people. The quality and accessibility, coupled with social attitudes towards family planning, affected the uptake of the services (UN, 2022).

In Africa, the utilization of family planning services is still low at 22%, and it varies from 3.5% in the Central African Republic to 49.7% in Namibia. Attitudes towards having many children in all African traditional beliefs and norms are the major hindrance to the acceptability of family planning services. Furthermore, in some countries like Mali, health education programs to increase women's knowledge about family planning services are still low due to inadequate funding of the health sector (Boadu, Bekele, Dev, *et al*, 2019).

In East African Countries, especially Tanzania, 81% of women are aware of family planning, but only 32% use the methods. Most mothers who do not desire to have more children suffer an unmet need for artificial contraceptives due to remoteness in rural areas, low education levels, and inadequate counseling by health workers of mothers on family planning (Abeid, Sumari, *et al*, 2023).

In Uganda, utilization of family planning services is estimated to be at 39% despite the countrywide health education programs about family planning services. Women are aware of family planning methods, but the limited attention paid to learn about their possible side effects creates fears towards the method, and low male involvement in family planning contributes to spouse objections hindering their utilization. Low uptake of family planning has affected the Ministry of Health's target to prevent 1,430,000 unintended pregnancies and 355,000 unsafe abortions (Ministry of Health, MOH, 2022). The purpose of the study was to assess the knowledge, attitudes, and practices towards family planning among women aged 18 - 45 years attending medical care at Kasangati Health Centre IV, Wakiso District.

Methodology.

Study design.

A descriptive cross-sectional design was used, using a quantitative approach.

Study area.

The study was carried out at Kasangati Health Centre IV, Kasangati town, Nangabo Sub–County, Kyadondo County, Wakiso District, Central Region, Uganda. It is located 13 kilometers northeast of Kampala along the Kampala – Gayaza Road. The health center offers inpatient services, antenatal care, maternity, postnatal care, laboratory, dental, and outpatient services like immunization, and medical health care services.

Study population.

The study population was women aged 15 – 45 years attending medical care at Kasangati Health Centre IV who were available during the data collection period.

Sample size determination.

A sample size of 80 respondents was used, which was calculated using Kish's Leslie formulae.

n =

Where n = Desired sample size(If the target population was greater than 10,000)

z = standard normal deviation at 95% confidence interval (i.e., 1.96)

p = Proportion of the target (which is 50% or 0.5)

q = 1 – p (1 -0.5 =0.5)

d = was the acceptable degree of error (in this case, 0.05)

n =

n =384

Since the target population under the study was less than 10,000, the required sample was smaller and was estimated as follows:

nf =

Where N is the estimated size of the population of women seeking family planning in 5 days to choose from, i.e., N = 100

nf =

nf = 80 participants

Sampling technique.

A simple random sampling method was used. This is because it offered all potential respondents an equal opportunity to participate.

Sampling procedure

160 pieces of equal-sized papers, of which 80 were written on Yes papers and 80 papers written on No papers, were cut. These were put in a box where they were mixed thoroughly. Each individual was allowed to choose a piece of paper with the words yes or no written on it from an enclosed box. Anyone who picked a paper with the word yes written on it was accepted to participate in the study.

Data collection method

Researcher – administered questionnaires method was used. The method involved the researcher asking respondents questions as she filled in the responses.

Data Collection Tool

A structure questionnaire comprising both open and closed ended questions were used. This was divided into four

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sections i.e. demographic characteristics, knowledge, attitude and practices towards family planning.

Data Collection Procedure

Upon approval of the study by the person in charge of Kasangati Health Centre IV, the researcher introduced herself to the respondent as well as provided explanations about the purpose and procedures involved in the study to enable participants' consent. Data collection was done using a face-to-face approach method. This involved the researcher asking the respondents questions as she filled in, and the responses given.

Dependent variable:

Family planning use among women aged 18 - 45 years attending medical care

Independent Variable:

Knowledge among women aged (18 - 45) years attending medical care, attitude among women aged (18 - 45) years attending medical care and practices among women aged (18 - 45) years attending medical care.

Quality Control

Pretesting of the research tool.

The data collection tool was pretested among 8 women at Kawaala Health Centre IV, and identified mistakes were corrected accordingly.

Inclusion criteria

The study involved only women aged 18 – 45 years seeking medical care services, mentally stable and willing to voluntarily consent.

Exclusion criteria

Very sick patients were involved in the study.

Safety measures

Standard operating procedures (SOPs) like use of face masks, gloves and avoiding body contacts was maintained throughout the study.

Data analysis and presentation.

Data was edited, coded and entered into Microsoft excel. These were exported to statistical package for social sciences (SPSS) for processing. Results of the analysis were presented using tables, graphs and pie charts having frequencies and percentages.

Ethical approval.

Following approval by the research supervisor, the researcher obtained an introductory letter from the research committee of training school. This was taken and presented to the in charge of Kasangati Health Centre IV seeking for permission to conduct the study.

Informed consent.

The purpose of the study was explained to the participants, and only those who consented were included in the study. Confidentiality, privacy, and anonymity were maintained throughout the study.

Results.

Demographic Characteristics of Respondents.

Table 1: Showing demographic characteristics of respondents, n = 80

Variable	Category	Frequency (f)	Percentage (%)
Age (years)	15 – 25	46	57
	26 – 35	23	29
	36 – 45	11	14
	Total	**80**	**100**
Education level	Never went to school	9	11
	Primary	33	41
	Secondary	28	35
	Tertiary	10	13
	Total	**80**	**100**
Religion	Islam	21	26
	Christian	54	68
	Traditional beliefs	5	6
	Total	**80**	**100**
Marital status	Single	38	48
	Married	33	41

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	Divorced	5	6
	Widow	4	5
	Total	**80**	**100**
Number of children owned	None	13	16
	1 – 5 children	60	75
	>5 children	7	9
	Total	**80**	**100**
Employment status	Unemployed	55	69
	Employed	25	31
	Total	**80**	**100**
Place of residence	Urban area	29	36
	Rural area	61	64
	Total	**80**	**100**

Table 1 shows that 46(57%) of the respondents were from the age group of 15 – 25 years, 23(29%) were from the age group of 26 – 35 years, and 11(14%) were from the age group of 36 – 45 years. 33(41%) had attained primary education, 28(35%) had secondary education, 10(13%) had tertiary education and 9(11%) had never gone to school. 54(68%) were Christians, 21(26%) belonged Islam and 5(6%) belonged to traditional beliefs. 38(48%) were single, 33(41%) were married, 5(6%) had divorced and 4(5%) were widows. 60(75%) of the respondents had 1 – 5 children, 13(16%) had no children and 7(9%) had more than 5 children. 55(69%) were unemployed,25(31%) were employed, 61(64%) were living in rural area and 29(36%) were living in urban area

Knowledge of family planning among women aged 18 - 45 years attending medical care at Kasangati Health Centre IV, Wakiso District.

Figure 1 shows the respondents' responses on their source of information about family planning, n = 80

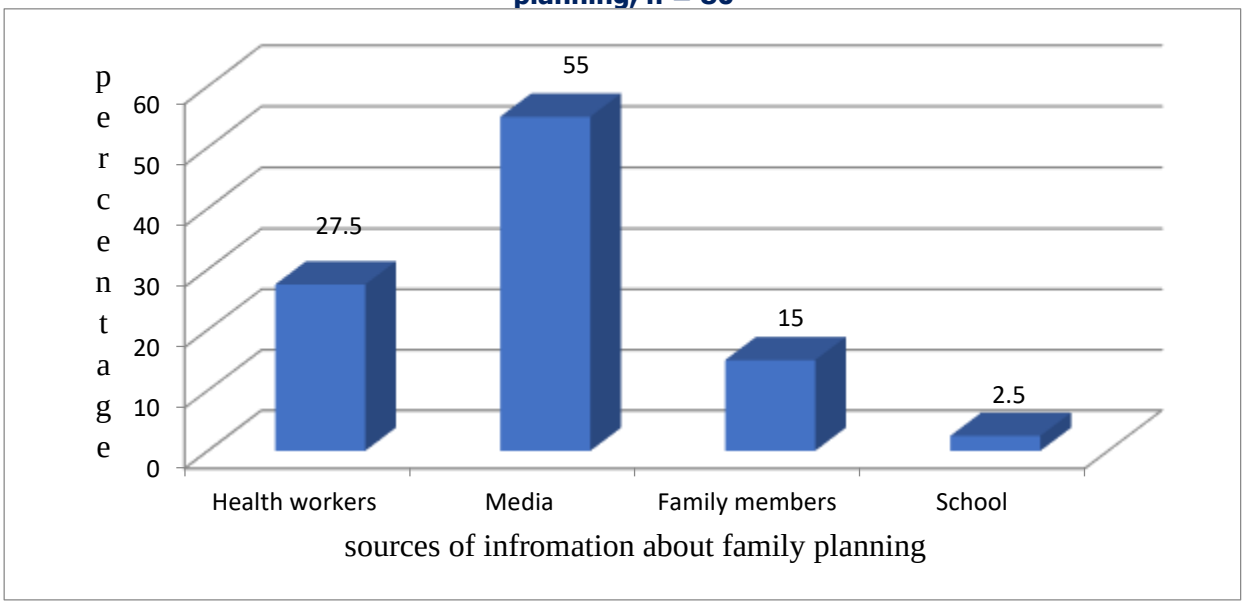

Figure 1 shows that, 44(55%) had obtained information from media, 22(27.5%) had received information from health workers, 12(15%) from family members and 2(2.5%) had obtained information from school.

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Table 2: Respondents' responses about the importance, examples, side effects, and dangers of using family planning (n = 80)

Variable	Responses	Frequency (f)	Percentage (%)
Importance of using family planning	Child spacing	11	14
	Prevention of unwanted pregnancy	52	65
	Ensure family happiness	17	21
	Total	**80**	**100**
Side effects of using family planning methods	Menstrual disturbances	49	61
	Breast tenderness	19	24
	Nausea and vomiting	7	9
	Headache	5	6
	Total	**80**	**100**
Dangers of not using family planning	Poor child spacing	18	23
	Abortions	11	14
	Large families	51	63
	Do not know	0	0
	Total	**80**	**100**

Table 2 indicates that, shows that 52(65%) knew that family planning is important in the prevention of unwanted pregnancy, 17(21%) mentioned that family planning ensures family happiness, and 11(14%) knew that family planning is important in child spacing. Side effects of using family planning known were; 49(61%) knew menstrual disturbances, 19(24%) mentioned breast tenderness, 7(9%) mentioned nausea and vomiting and 5(6%) mentioned headache. Regarding the dangers of not using family planning, 51(63%) knew large families, 18(23%) mentioned poor child spacing, and 11(14%) mentioned abortions.

Figure 2: Distribution of respondents by their knowledge of examples of family planning methods, n=80

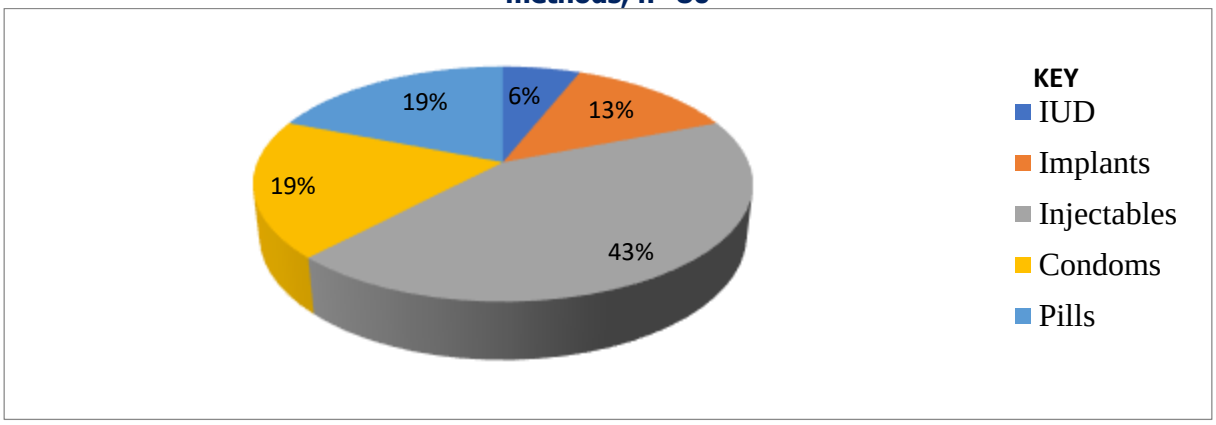

Figure 2 shows that, 15(19%) knew condoms, 15(19%) knew pills, 35(43%) knew injectables, 5(6%) knew IUD and 10(13%) knew implants

Attitude towards family planning among women aged 18 - 45 years attending medical care at Kasangati Health Centre IV, Wakiso District.

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Table 3: Respondents' responses on necessity, effectiveness, religious acceptance, safety, willingness to use and encourage family planning use, and myths about family planning n = 80.

Variable	Responses	Frequency (f)	Percentage (%)
Artificial family planning is necessary.	Agree	14	18
	Not sure	0	0
	Disagree	66	82
	Total	**80**	**100**
Artificial family planning is effective in preventing pregnancy	Agree	34	42
	Not sure	6	8
	Disagree	40	50
	Total	**80**	**100**
It is necessary to discuss artificial family planning with your partner	Agree	13	16
	Not sure	15	19
	Disagree	52	65
	Total	**80**	**100**
Religion accepts the use of artificial family planning	Agree	9	11
	Not sure	18	23
	Disagree	53	66
	Total	**80**	**100**
Willing to learn about artificial family planning	Agree	59	74
	Not sure	0	0
	Disagree	21	26
	Total	**80**	**100**
Artificial family planning is safe.	Agree	17	21
	Not sure	10	13
	Disagree	53	66
	Total	**80**	**100**
Would encourage others to use family planning	Agree	24	30
	Not sure	16	20
	Disagree	40	50
	Total	**80**	**100**

Table 3 shows that 66(82%) disagreed that artificial family planning is necessary and 14(18%) agreed that artificial family planning is necessary. 40(50%) disagreed that artificial family planning is effective in preventing pregnancy, 34(42%) agreed, and 6(8%) were not sure that artificial family planning is effective in preventing pregnancy. 52(65%) disagreed that it is necessary to discuss artificial family planning with your partner, 15(19%) were not sure, and 13(16%) agreed that it is necessary to discuss artificial family planning with your partner. 53(66%) disagreed that religion accepts the use of artificial family planning, 18(23%) were not sure, and 9(11%) agreed that religion accepts the use of artificial family planning. 59(74%) agreed that willing to learn about artificial family planning and 21(26%) disagreed that agreed that willing to learn about artificial family planning. 53(66%) disagreed that artificial family planning is safe, 17(21%) agreed and 10(13%) were not sure whether artificial family planning is safe. 40(50%) would not recommend others to use family planning, 24(30%) agreed, and 16(20%) were not sure whether they would recommend others to use family planning.

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Figure 3: Showing the respondent's responses on desired family methods, n=80

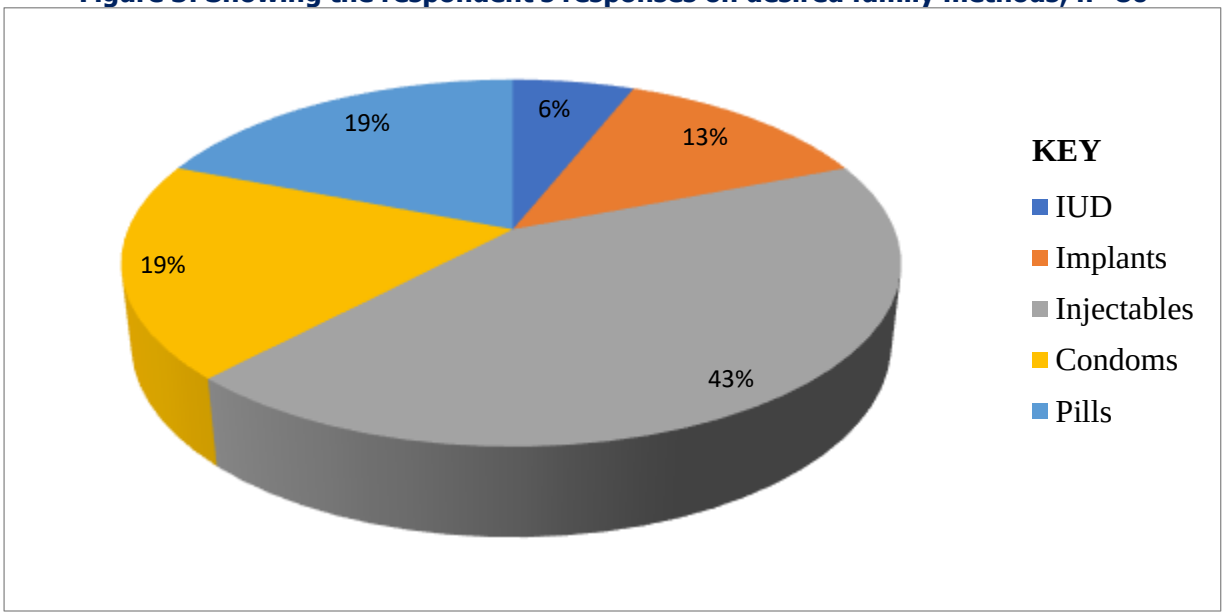

Figure 3, shows that 35(43%) desired to use injectables, 15(19%) desired to use condoms, 15(19%) desired to use pills, 10(13%) desired to use implants, and 5(6%) desired to use IUD.

Figure 4: Showing the respondents' responses on myths about family planning in the community, n=80

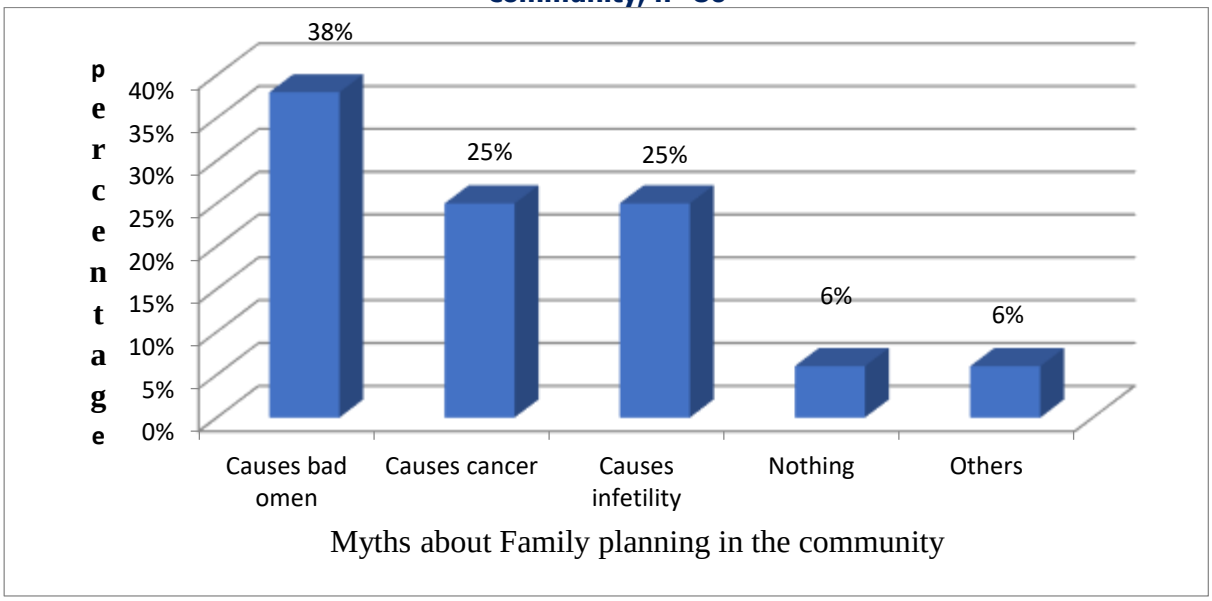

Figure 4 shows that 30(38%) had myths that family planning causes bad omen, 20(25%) had myths that family planning would cause cancer, 20(25%) had myths that family planning would cause infertility, 5(6%) believed nothing and 5(6%) had other myths about family planning in the community.

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Figure 5 shows respondents' responses on fears towards family planning, n = 80

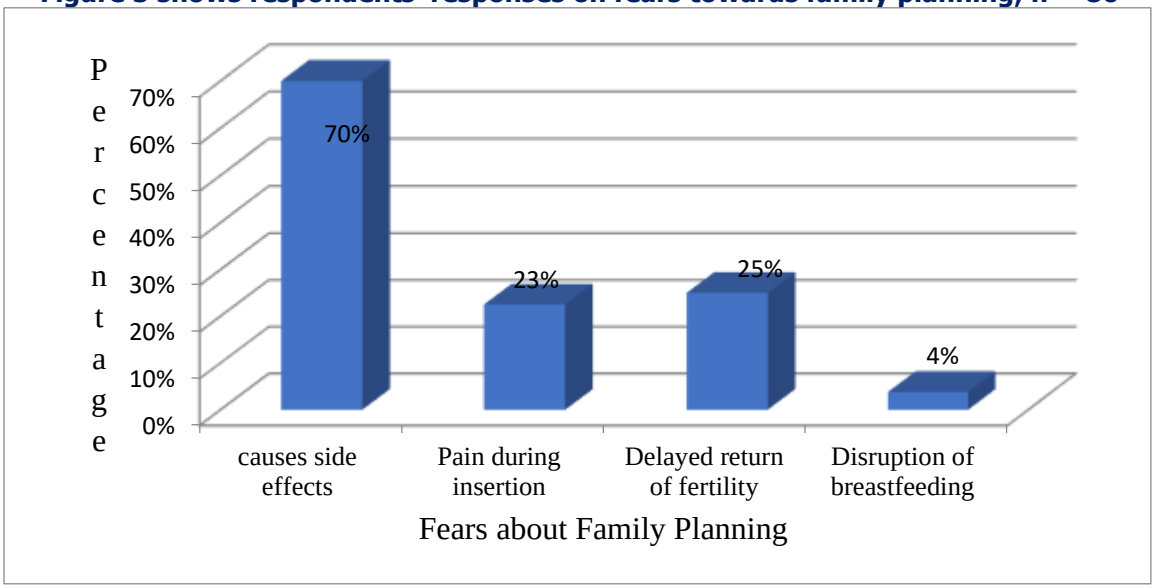

Figure 5 shows that 56(70%) had a fear of side effects that would prevent them from using family planning, while a minority, 3(3.8%), mentioned disruption of breastfeeding.

Family planning Practices among women aged 18 - 45 years attending medical care at Kasangati Health Centre IV

Figure 6: showing the percentage of respondents who are currently using family planning methods, n = 80

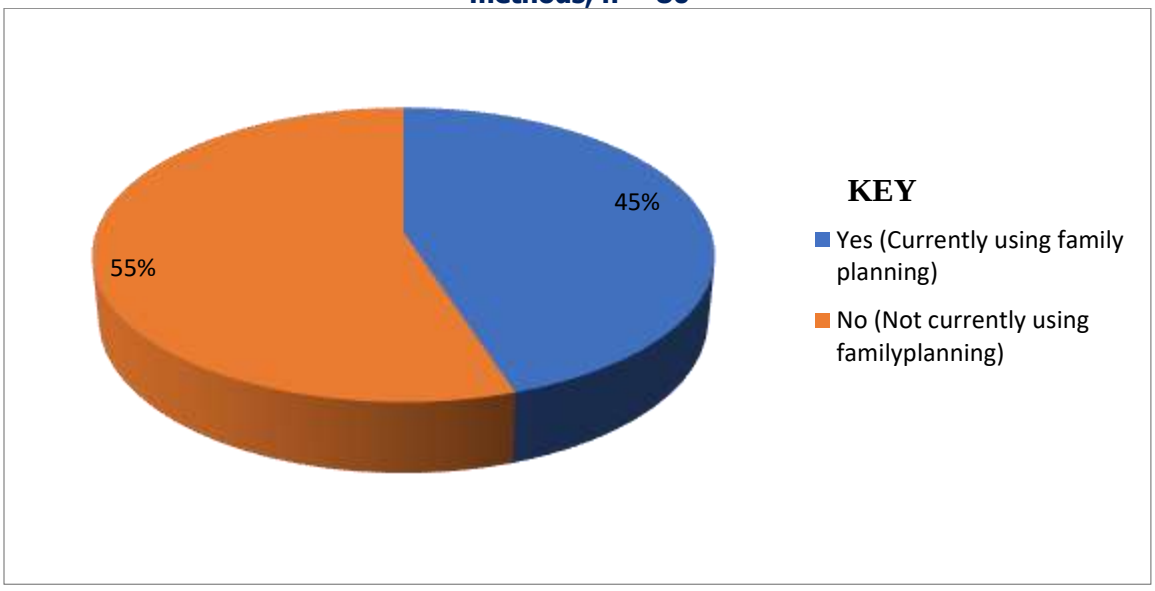

Figure 6 shows that 36(45%) were currently using family planning and 44(55%) were not currently using family planning.

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Figure 7: Showing respondents' reasons for non–use of family planning methods, n = 44

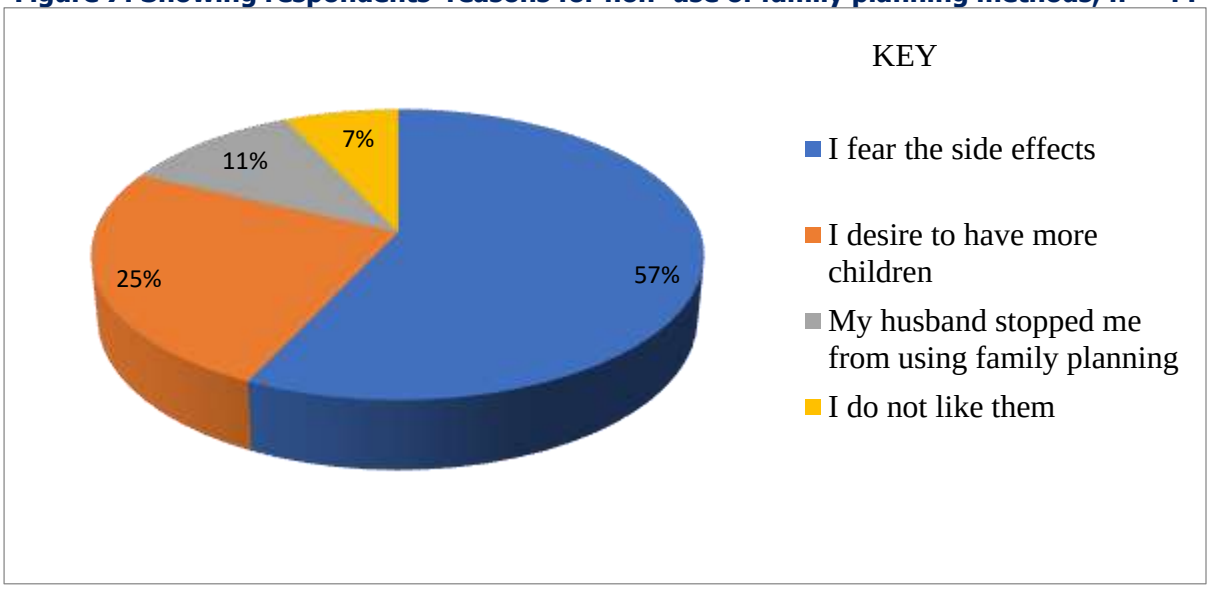

Figure 7 shows that, of 44 respondents, 25(57%) were not using family planning because they had fear of its side effects, 11(25%) desired to have more children, 5(11%) had been stopped by their husbands from using family planning methods and 3(7%) did not like family planning methods.

Table 4: Showing the types of methods used, duration, and side effects experienced while using family planning, n = 36

Variable	Responses	Frequency (f)	Percentage (%)
Type of method used	Artificial family planning methods	23	64
	Natural family planning methods	13	36
	Total	**36**	**100**
Artificial family planning method used (n = 23)	IUD	1	4
	Injectables	14	61
	Implants	4	17
	Condoms	2	9
	Oral pills	2	9
	Total	**23**	**100**

Table 4 shows that out of 36 respondents who were using family planning 23(64%) were using artificial family planning, and 13(36%) were using natural family planning methods. Out of 23 respondents who were using artificial family planning methods, 14(61%) were using injectables, 4(17%) of respondents were using implants, 2(9%) were using condoms, 2(9%) were using oral pills and 1(4%) were using IUD.

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Figure 8: showing respondents' responses on the duration of using family planning, n=23

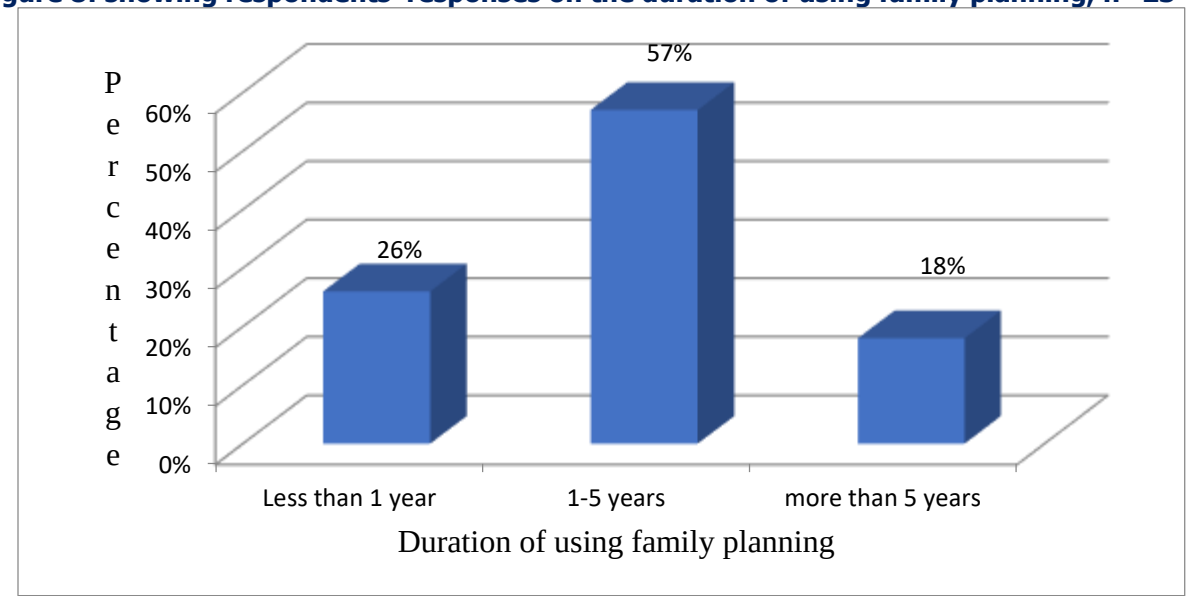

Figure 8: shows that, shows that 13(57%) of the respondents had used family planning for 1 – 5 years, 6(26%) had used family planning for less than 1 year, 4(18%) had used family planning for more than 5 years.

Figure 9: showing respondents' responses on side effects experienced with family planning methods, n=23

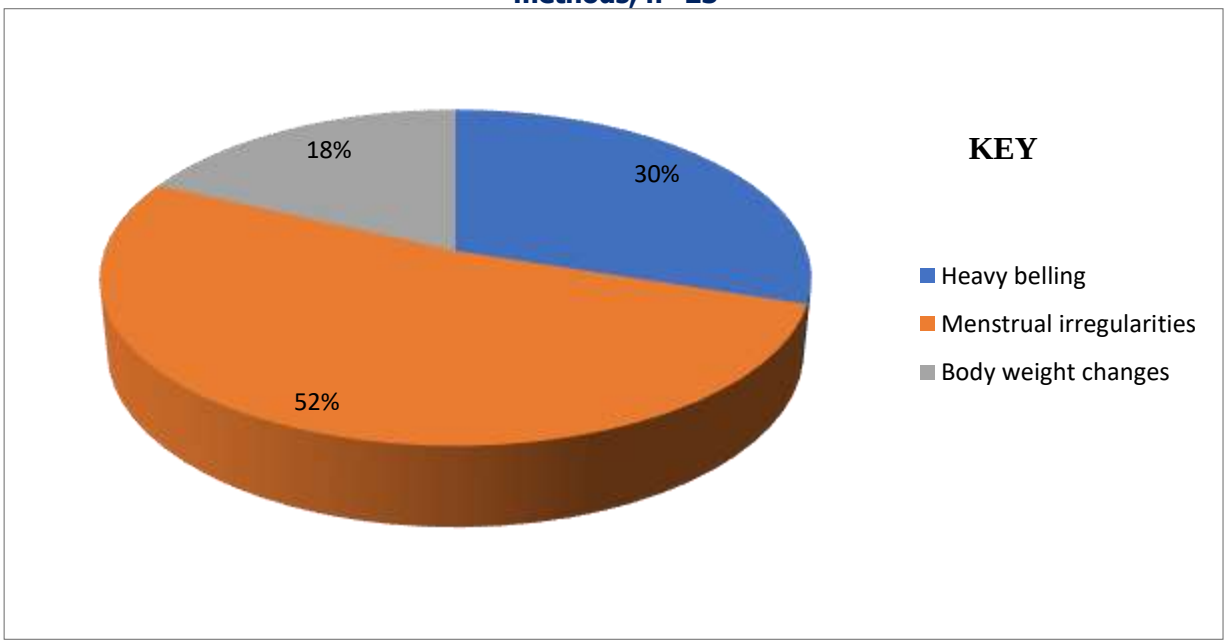

Figure 9, shows that 12(52%) had experienced menstrual irregularities, 7(30%) had experienced heavy bleeding and 4(18%) had body weight changes.

Discussion.

Knowledge of family planning among women aged 18 - 45 years attending medical care

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According to the study findings, all respondents 80 (100%) had heard about family planning and 44(55%) of the respondents had obtained information from the media. This could be due to extensive adverts on various media platforms that teach about family planning. This correlates with a study done in Thailand by Muangchang *et al* (2017), which revealed that 54.68% of respondents had obtained information about family planning from the media.

Furthermore, the study revealed that 52(65%) of the respondents knew that family planning is important in the prevention of unwanted pregnancy. This could be because the women are always advised that family planning methods can avoid conception, thereby preventing unwanted pregnancies. This study correlates with a study in Gondar City, Ethiopia, by Mekonnen *et al* (2021) revealed that 90.3% knew that family planning is important to prevent unwanted pregnancy.

The findings of this study revealed that 51(63%) of the respondents knew that failure to use family planning leads to large families. This could be because they knew that the absence of family planning provides room for conception accelerating increases in family size that are difficult to cater for. This agrees with a study in Kasangati Health Centre IV by Mutimba *et al*, (2023) done in Uganda which revealed that non–use would lead to large families that they could not manage.

Furthermore, the findings of this study revealed that respondents of the 15-25 age group 46(57%) had more knowledge about family planning practices, and most of them 33(41%) had attained a primary school education level.

Furthermore, the study revealed that 49(61%) of the respondents knew that menstrual disturbances are the major side effects of using family planning methods. This could be due to hormonal imbalances that are caused by the use of family planning methods like injectables, IUDs, and implants.

Attitude towards family planning among women aged 18 - 45 years attending medical care.

According to the study findings, 40(50%) of the respondents disagreed that artificial family planning is effective in preventing pregnancy. This could be because they had never heard about someone who conceived irrespective of using the various family planning methods. This disagrees with a study in Kiryandongo District Hospital by Osman *et al*, (2019) who found that women believed the family planning methods are effective.

The study results revealed that 52(65%) of the respondents disagreed with the necessity of discussing artificial family planning with their partners. This might be due to perceptions that family planning are female affair thus no need to involve men. This study correlates with a study in South-west Ethiopia by Wodaynew *et al*, (2021) found that 71.7% agreed that discussing family planning with a partner is important.

Study findings revealed that 53(66%) of the respondents disagreed that religion accepts the use of artificial family planning. This is because religious beliefs advocate for bearing many children, thus against any initiative limiting childbirth. This agrees with a study in Northern India by Asnani *et al* (2019) who found that mothers (69.68%) reported that artificial contraception is against their religious beliefs.

Findings revealed that 53 (66%) of the respondents disagreed that artificial family planning is safe. This is because they are associated with side effects thus considering them unsafe. The findings are in disagreement with a study in Kiryandongo district hospital by Osman *et al*, (2019) who found out that women believed that family planning methods are safe.

The current study showed that 30 (38%) of the respondents had myths that family planning would cause a bad omen. This could be beliefs that hormonal family planning methods destroy the ovaries, creating beliefs that family planning may permanently make a woman infertile, hence a bad omen. Similarly, a study in Malawi by Kapira *et al* (2021) revealed that mothers held the misconception that family planning causes infertility.

The study also revealed that 24(30%) of the respondents would encourage others to use family planning. This could be due to its effectiveness in preventing pregnancy. This correlates with a study in Indonesia by Santoso, Surya *et al* (2017), which revealed that 79.12% would encourage others to use contraceptive methods.

Practices towards family planning among women aged 18 - 45 years attending medical care

According to the study findings,44 (55%) of the respondents were currently not using family planning. This was because they had a fear of side effects and desired to have more children. This is contrary to a study in Kasangati Health Centre IV by Mutimba *et al*, (2023) revealed that 60% of women had ever used family planning methods, and a study in South Africa by Bongongo *et al*, (2019) which revealed that 73% of women had used family planning methods.

The study also revealed that 25(57%) of the respondents were not using family planning because they had a fear of its side effects. This correlates with a study in East Africa, which revealed that uptake of family planning was low. In Tanzania, it was found that 65.8% of women 15-45 years old were not approved to use family planning, and 20% had made an initiative to discuss family planning with their spouses. On the other hand, in Kenya, women did not use family planning services because they were not acceptable to their religion (Yusuf, Yagma, *et al*, 2021)

The study results revealed that 23(64%) of the respondents were using artificial family planning. This could be due to

trust in the efficiency of artificial family planning methods over natural family planning. On the contrary, a study in Nigeria by Kasso *et al* (2023) found that 44.2% of women were using natural family planning methods.

Study findings revealed that 14(61%) of the respondents were using injectables. This was because injectable family planning methods were the commonly known family planning methods among women. This agrees with a study by the UN (2022) that revealed that injectable hormonal contraceptives were the most commonly used methods.

The current study showed that 12(52%) of the respondents had experienced menstrual irregularities. This could be due to hormonal imbalances caused by hormonal family planning methods. Experiencing such side effects prevents future use of the methods. In line with A study in South Africa by Bongongo *et al* (2019) found that women stopped contraception because of adverse effects such as bleeding.

Conclusion

The study concluded that women were knowledgeable about family planning methods, having received information from the media, and knew that it was important in the prevention of unwanted pregnancies.

Negative attitudes towards family planning were identified, characterized by disbelief in the effectiveness and safety of family planning methods. Furthermore, women believed that they should not discuss family planning with their partner, had religious disapproval, and had myths that family planning causes infertility.

Practices were poor because of low uptake of family planning and experience of unmanaged side effects like menstrual irregularities.

Study Limitations.

Some women were conservative with information, which was overcome by explaining the purpose of the study to the respondents.

Faced financial problems, and this was overcome by coming up with a budget and following it strictly.

Recommendations.

Ministry of Health should advocate for male involvement in family planning so as to simplify the ability of women to discuss family planning with their partners.

Kasangati Health Centre IV should engage in community sensitization programs to teach and address the society myths about family planning which will enhance uptake of family planning methods.

Health workers should offer individualized counseling to women on how to hand side effects of family planning, reassure them about safety and effectiveness of family planning methods.

Women should seek medical assistance regarding the management of side effects of family planning thus enhancing uptake of the methods.

Researchers should conduct related studies on the topic to widen on scope of information about the topic.

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List of abbreviations.

IUCD : Intrauterine Contraceptive Device
IUD : Intrauterine Device
UAHEB : Uganda Allied and Health Professionals Examinations Board
UBOS : Uganda Bureau of Statistics
UN : *United Nations*
UNFPA : United Nations Population Fund
WHO : *World Health Organization*

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No conflict of interest was declared.

Availability of data.

Data used in this study are available upon request from the corresponding author.

Authors contribution.

MTN designed the study, conducted data collection, cleaned and analyzed data and draft the manuscript and CN supervised all stages of the study from conceptualization of the topic to manuscript writing.

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