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A STUDY ON KNOWLEDGE ATTITUDE AND PRACTICE OF WOMEN OF REPRODUCTIVE AGE (15-49) YEARS ON UTILISATION OF FAMILY PLANNING SERVICES AT KASANGATI HEALTH CENTER IV WAKISO DISTRICT. A CROSS-SECTIONAL STUDY.

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Abstract

Introduction:

This study assessed the Knowledge Attitude and Practice of Women in Reproductive Age (15-49) Years on Utilisation of Family Planning Services at Kasangati Health Center IV, Wakiso District.

Methodology:

A descriptive cross-sectional study involving 96 respondents who were women of reproductive age (15-49) years at Kasangati Health Center IV in Wakiso District selected by simple random sampling technique and the data was collected by the use of self-administered questionnaires after informed consent of the respondents. Data were analyzed using Statistical Package Social Science (SPSS) version and descriptive statistics such as frequency and percentages were used to present data on figures, charts, and tables.

Findings:

The majority of the respondents (58%) had knowledge about family planning and had obtained information from the health workers (70.8%), the majority (78%) knew some of the family planning methods mostly condoms (45%). Most of the respondents (70%) would not recommend their female friends to use family planning because they were not health workers (56.3%), males were responsible for making decisions concerning family planning in a family (82.3%),

Conclusion:

The respondents had good knowledge regarding family planning methods however their attitude towards utilization of family planning methods was poor leading to moderately low utilization of the available family planning methods and stopping the use of family planning.

Recommendation:

The Country's Ministry of Health, through its decentralized systems, should use health workers at the facility and at the community level to sensitize the public on family planning through various forums, including community outreach since the population is more likely to trust information from health workers.

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1. BACKGROUND OF THE STUDY.

Family planning is a basic human right for an individual and couples to exercise control over their fertility, make informed decisions on the number of children they want to have, plan pregnancies, and the space between pregnancies.

The different types of family planning methods include natural family planning methods and artificial family planning methods such as combined oral contraceptives (COCS), implants, injectables, hormonal patches, intrauterine devices (IUD), and male and female condoms. Natural family planning is a type of family planning that is centered on fertility awareness and its application in attaining the couple's goal of achieving their desired number of children. The natural family planning methods include symptom-hormonal methods such as body temperature and cervical mucus distinction, a symptom-thermal method which involves taking a woman's temperature daily in combination with cervical mucus, cervical position, and the woman's mood, basal body temperature calendar method, lactation amenorrhea method, standard days method, and Creighton or fertility care model.

Worldwide, 1.1 billion women of reproductive age need family planning services out of the total 1.9 billion. 842 million women are using contraceptive methods whereas 270 million women have an unmet need for contraception. The need for family planning satisfied by modern methods, Sustainable Development Goals (SDG) indicator 3.7.1, has stagnated globally at around 77% from 2015-2020 but has increased from 55% to 58% in the African region.

In a study carried out in 10 sub-Saharan African countries among 3161 health facilities offering HIV care and support services with family planning services at the same location, integrated family planning services were more available ranging between 10-60% than family planning guidelines and trained staff to offer the family planning services. The results also indicated that integrated family planning availability was higher in HIV care and support sites that were operated by the government than those that were private.

According to a study carried out in East Africa through secondary data analyzed from the recent Demographic and Health Surveys (DHS) which contained detailed family planning for all interviewed women of reproductive age from 2011 to 2018, the unmet need for family planning in East Africa among reproductive age women was 24.66%. The unmet need among those residing in rural areas was 25.26%, participants aged 40-49 had an unmet need of 37.63%, 25.63% among women with no media exposure, 25.57% among women in male-headed households, and the highest unmet need of 47.31% was among women who had more than 10 children, (Alie et al., 2022).

To reduce barriers to adolescents' uptake of family planning services in Uganda, a study was carried out among reproductive health clinics that included 56 control clinics and 60 intervention group clinics that received materials to create an adolescent-friendly environment and referral cards to give to friends. A subset of clinics received training in youth-friendly service provision. The results of the study indicated a 45% increase in adolescent visits and the mean adolescent proportion of total clients increased by 5.3% while clinics that received the training showed a higher increase of 62% in adolescent clients.

In a study conducted in Kira Municipality, Wakiso District, Uganda among 176 healthcare facilities that were surveyed, results indicated that only 42% of facilities offered contraceptives in informal settlements, 80% of the facilities offered more than three modern contraceptive methods, 30.7% of the facilities offered at least one long-lasting contraceptive whereas 25% of the facilities did not offer contraceptive services to unmarried adolescents and 95% of the facilities were privately owned, (Tetui et al., 2021).

1.1. General objective.

To assess the knowledge, attitude, and practices of women of reproductive age (15-49) years on utilization of family planning services at Kasangati Health Centre IV.

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2. METHODOLOGY.

2.1. Study Design.

The study was a descriptive cross-sectional study involving qualitative and quantitative approaches to assess the knowledge attitude and practice of women of reproductive age on the utilization of family planning services at Kasangati Health Centre IV. It was the most appropriate because it gathers necessary information within a very short period.

2.2. Study Area.

The study area was Kasangati Health Centre IV in Wakiso District. This Health Centre is located in Kasangati town in the Nangabo sub-county Wakiso District in the Central region of Uganda. The localities in the area are Kasangati town in Nangabo sub-county, Gayaza town, and Bulindo which is a neighborhood in Kira Municipality, Kyadondo County. Bulindo is situated 3.5km east of Kasangati Health Centre IV. Latitude is 0 26' 9" north, longitude is 32 36' 5" east, elevation is 3924 feet, open location code is 6GGJCJP2+9H, open street ID is node 8591837717 and GeoNames ID is 10858704. It offers Outpatient Department services, dental services, obstetrics, and gynecology services, laboratory services, immunization services, and many other services. Data was collected from December 2022 to February 2023 at Kasangati Health Centre IV.

2.3. Study Population.

The study population is composed of all women of reproductive age (15-49) seeking medical services at Kasangati Health Centre IV.

2.4. Sample Size Determination.

The sample size was calculated using the Kish Leslie (1965) formula

N=Z2PQ
d2

Where;

N = Sample size

Z = Standard deviation usually 1.96

P = Proportion of the problem under study (assumed to be 50%)

D = Acceptable error said to be 10%

Q = 1-P (proportion of individuals without the problem in the study population) which is 50%

N= (1.962 x 0.5 x 0.5)
0.12

N= 96.04

Therefore, the sample size was 96 respondents.

2.5. Sampling Technique.

A simple random technique was used for selecting participants in this study. This technique was used because it eliminates sampling bias.

2.6. Sampling Procedure.

Lottery method under simple random sampling where an equal number of small papers written on YES or NO were folded, shuffled in a bucket and mothers were required to pick one at random. The participants were those who picked papers with YES written on them.

2.7. Data Collection Method.

A questionnaire method was used to collect data that was required from the respondents. The questionnaire contained both open-ended and closed-ended questions. A self-administered questionnaire was used for the literate and the respondents who could not read and write while research assistants interpreted questions for those who could not read and write.

2.8. Data Collection Tools.

Pre-tested semi-structured questionnaires typed in English and comprising both closed and open-ended questions were used.

2.9. Data Collection Procedure.

A letter of introduction to the facility was obtained from Medicare Health Professionals College, permission was then sought from the District Health Officer, Wakiso District, and Medical Superintendent to carry out a study in their areas of jurisdiction. The researcher then fully explained the questions to the respondents before giving out the questionnaires. Self-administered

questionnaires were used to collect data and each of them was checked for completeness by the researcher.

2.10. Study Variables.

2.10.1. Dependent Variable.

Utilization of various family planning methods among women of reproductive age (15-49) years.

2.10.2. Independent Variable.

Knowledge, attitude, and practice among women of reproductive age (15-49) years.

2.11. Quality Control.

The questionnaires were pretested before data collection to rule out any errors that would result. The researcher ensured that the questionnaires were filled correctly and completely. Explanation was given to the respondents in a language that they understand best and adequate time was allocated during data control.

2.12. Inclusion Criteria.

Women in their reproductive age (15-49) years seeking medical services at Kasangati Health Centre IV.

2.13. Exclusion Criteria.

Women seeking medical services at Kasangati Health Centre IV but below 15 years of age and above 49 years of age.

2.14. Data Analysis and Presentation.

After data was collected, it was sorted, cleaned and analyzed, and entered using Statistical Package Social Science (SPSS) version. Descriptive statistics such as frequency and percentages were used to present data on figures, charts, and tables.

2.15. Ethical Consideration.

An introductory letter to the facility was obtained from Medicare Health Professionals College, permission was sought from the District Health Officer, Wakiso District, and Medical Superintendent to carry out a study in their areas of jurisdiction. The researcher gained consent from the respondents by giving them consent forms of which the respondents had a right to deny or withdraw from the participation in the study. The information collected from the respondents was confidential and codes instead of respondents' names were used during the study.

3. RESULTS.

3.1. Socio-demographic characteristics of the respondents.

Table 1 shows that the majority of the respondents 77 (80.2%) were between 15-34 years while those between 35-49 years were the minority representing 19 (19.8%) of the respondents. The majority 51 (53.1%) had attained at least secondary education while the least 06 (6.3%) had attained a tertiary level of education. Regarding occupation, most 47 (49.0%) were housewives while the least 10 (10.4%) were professionals with Catholics dominating 38 (40.0%) while Anglicans were the least 16 (16.7%). Regarding the tribe, the majority 66 (68.8%) were Baganda while a combination of other tribes was the least 02 (2.1%). Regarding the number of children, the majority 42 (43.8%) had 1-2 children while the minority 05 (8.3%) had 5 and above children.

3.2. The Knowledge on Family Planning Methods Among Women of Reproductive Age.

Figure 1 shows that majority of the respondents 56 (58%) knew what family planning was while the minority 40 (42%) did not know.

Table 2 shows that more than half of the respondents 68 (70.8%) who knew what family planning was knew it from the health workers while the minority 04 (4.2%) knew it from the media.

Table 3 shows that more than three quarters of the respondents 75 (78%) reported that they knew some of the family planning methods while less than half 21 (22%) reported that they did not know any family planning method. Most of the respondents 43 (45%) knew condom use while only 01 (1.0%) knew IUD and tubal ligation respectively.

Table 1: **Shows the respondents by their socio-demographic characteristics (n=96)**

Variable	Category	Frequency (n)	Percentage (%)
Age	15-34 years	77	80.2
	35-49 years	19	19.8
Marital status	Married	33	34.4
	Single	63	65.6
Level of education	Never attended school	09	9.4
	Primary level	30	31.3
	Secondary level	51	53.1
	Tertiary level	06	6.3
Occupation	Peasant	13	13.5
	House wife	47	49.0
	Professional	10	10.4
	Business	26	27.1
Religion	Catholic	38	40.0
	Anglican	16	16.7
	Born again	23	24.0
	Muslim	19	10.5
Tribe	Muganda	66	68.8
	Munyankole	20	20.8
	Musoga	08	8.3
	Others	02	2.1
Number of children	1-2	42	43.8
	3-5	12	12.5
	5 and above	08	8.3
	None	34	35.4

Source: Primary data (2023)

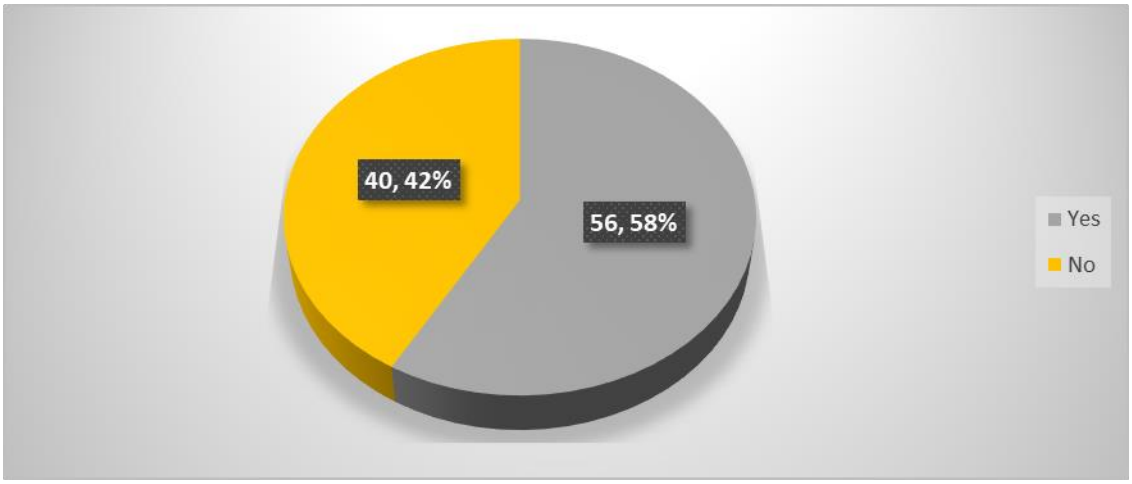

Figure 1: **Shows whether respondents knew what family planning was (n=96)**

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Table 2: **Shows respondents who knew what family planning was and where they knew it from**

Where	Frequency (n=96)	Percentage (%=100)
Friends	13	13.5%
Health workers	68	70.8%
Media	04	4.2%
Partner	11	11.5%

Source: Primary data (2023)

Table 3: **Shows whether the respondents knew any family planning methods (n=96)**

Variable	Category	Frequency (n)	Percentage (%)
Whether they knew some family planning methods	Yes	75	78%
	No	21	22%
Some family planning methods known by the respondents	IUD	01	1.3%
	Pills	32	33%
	Injectable	04	4.0%
	Condoms	43	45%
	Implants	06	6.0%
	Withdraw	09	9.0%
	Tubal ligation	01	1.0%

Source: Primary data (2023)

3.3. Attitude Towards Family Planning Methods Among Women of Reproductive Age.

Figure 2 shows that more than half of the respondents 67 (70%) reported that they would not recommend their female friends to use family planning while only 29 (30%) reported that they would recommend their female friends to use family planning.

Table 4 shows that more than half of the respondents 54 (56.3%) would not recommend their female friends to use family planning because they were not health workers to do so while only 07 (7.3%) said that such acts were against the bible.

Table 5 shows that the majority of the respondents 79 (82.3%) reported that males were responsible for making decisions concerning family planning in a family while the minority 02 (2.0%) reported that health workers were responsible. It also indicated that more than half of the respondents 50 (52.1%) reported that they had bad experiences when they used family planning while a few respondents 09 (9.4%) said that their experience using family planning was fair.

3.4. Practices in Utilization of Family Planning Methods Among Women of Reproductive Age.

Figure 3 shows that the majority of the respondents 58 (60%) reported that they had ever used some family planning methods while the minority 38 (40%) reported that they had never used any family planning method.

Table 6 shows that the pills were the most used method of family planning (30.2%) while tubal ligation was the least used method (1.0%).

Source: Primary data (2023)

Table 7 shows that half of the respondents 48 (50%) said that they got their family planning from a nearby clinic while the minority 09 (9.4%) said that they got it from Wakiso health center IV.

Table 7 shows that the majority of the respondents 64 (67%) reported that they had stopped using family planning while the minority 32 (33%)

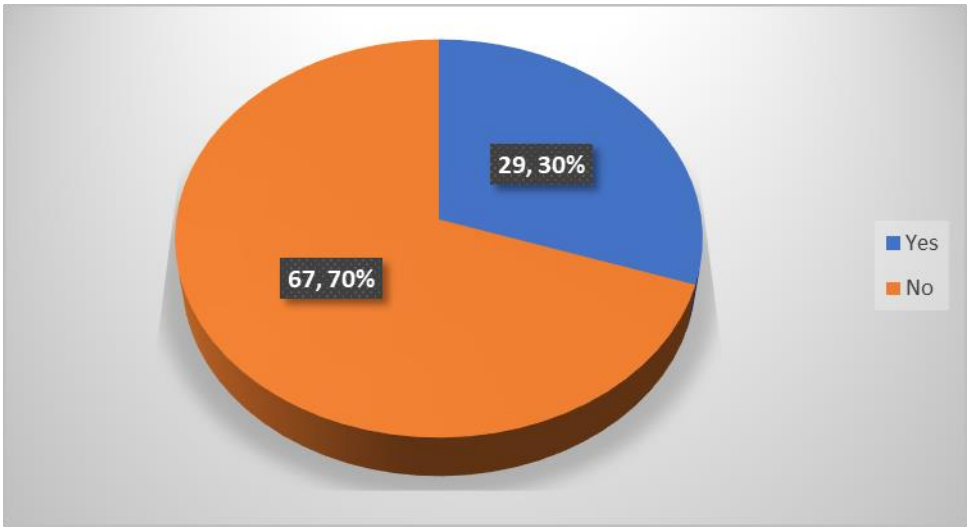

Figure 2: **Shows whether respondents would recommend their female friends to use family planning (n=96)**

Table 4: **Shows reasons given by the respondents for not recommending family planning to their female friends (n=96)**

Reasons	Frequency (n)	Percentage (%)
It is against the bible	07	7.3%
I am not a health worker	54	56.3%
I might cause family wrangles	34	35.4%
It is an individual's choice	01	1.0%

Source: Primary data (2023)

Table 5: **Shows who was responsible for making decisions concerning family planning use in a home and their experience when they used family planning (n=96)**

Variable	Category	Frequency (n)	Percentage (%)
Responsible person	Male	79	82.3%
	Female	06	6.3%
	Both female and male	09	9.4%
	Health workers	02	2.0%
Experience when using family planning	Very Good	21	21.9%
	Good	16	16.7%
	Fair	09	9.4%
	Bad	50	52.1%

Source: Primary data (2023)

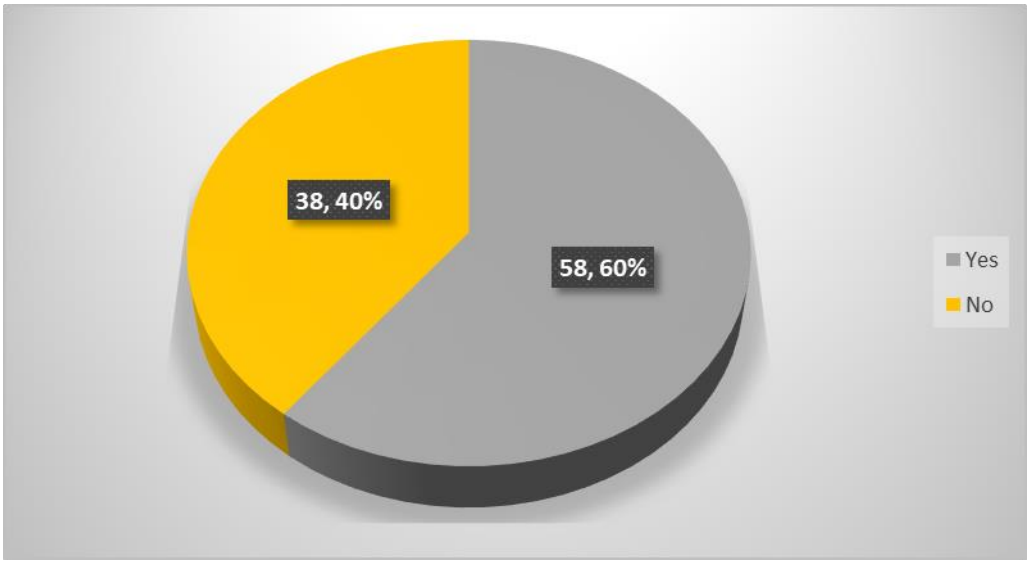

Figure 3: **Shows whether respondents had ever used any family planning method (n=96)**

Table 6: **Shows the family planning methods used by the respondents (n=96)**

Method used	Frequency (n)	Percentage (%)
IUD	02	2.1%
Pills	29	30.2%
Injectable	06	6.3%
Condoms	15	15.6%
Implants	03	3.1%
Withdraw	02	2.1%
Tubal ligation	01	1.0%
None	38	39.6%

Source: Primary data (2023)

Table 7: **Shows where the respondents got their family planning, whether they were still using family planning and the reason why they stopped using family planning (n=96).**

Variable	Category	Frequency (n)	Percentage (%)
Where family planning was got from	Kasangati H/C IV	23	24%
	Kawempe national hospital	16	16.7%
	Wakiso H/C IV	09	9.4%
	Nearby clinic	48	50%
Whether still using family planning	Yes	32	33%
	Stopped	64	67%
Reason why family planning use was stopped	Heavy bleeding	17	17.7%
	My partner demanded me to	19	19.8%
	I needed another pregnancy	48	50%
	It was no longer of use to me	12	12.5%

reported that they were still using family planning.

Table 7 shows that most of the respondents 48 (50%) who had stopped using family planning said that they did so because they needed another pregnancy while the few 12 (12.5%) reported heavy bleeding as what caused them to stop using family planning.

4. DISCUSSION.

4.1. Knowledge of Family Planning Methods Among Women of Reproductive Age.

The study revealed that the majority of the respondents 56 (58%) said that they knew what family planning was while the minority 40 (42%) said that they did not know. The findings of this study imply that family planning was popular among the respondents. This was probably because of the health education offered at the health facilities during times of antenatal and postnatal visits coupled with media talk shows regarding family planning which therefore provided sufficient information to the mothers thereby increasing their knowledge and awareness regarding family planning. This study's findings correlate with a study by Dhakal et al., (2020) which reported that 94.5% of the women knew about family planning.

More than half of the respondents 68 (70.8%) who knew what family planning was knew it from the health workers while less than half 04 (4.2%) knew it from the media. This study's findings indicate that health workers were the preferred source of information regarding family planning. This was probably because of the trust and belief most women have in health workers due to their professional training which makes them a reliable source of information regarding health-related issues including that of family planning. It could as well be due to health education sessions related to family planning that are usually conducted by health workers to the women and their partners at the health facilities. The findings of this study correlate with a study by Manandhar et al., (2020) which reported that the main sources of information regarding family planning were health workers (80.7%), mass media (79.3%), neighbors (63.3%), family members (60%) and relatives (60%).

More than three-quarters of the respondents 75 (78%) reported that they knew some of the family planning methods while less than half 21 (22%) reported that they did know any family planning method. The findings of this study imply that most respondents were aware of family planning methods and it indicates a likelihood of up taking these services. This was probably because of experience using these family planning methods, sufficient information regarding family planning, and ease of access to family planning services which therefore increases the knowledge regarding different family planning methods. The findings of this study agree with a study by Nanvubya et al., (2020) which reported that 94.5% of women they studied were aware of at least one family planning method.

Most of the respondents 43 (45%) who knew some family planning methods knew about condom use while the least of them 01 (1.0%) knew about IUD and tubal ligation respectively. This was probably because condoms are common, relatively cheap, easily accessible at little or no cost, have little allergic reactions, and are relatively easy to use; most especially male condoms which could have therefore fostered their desired use over other family planning methods by the respondents. This study's results contrast with a study by Dhakal et al., (2020) which found that 73.2% of the women reported to be knowing Depo-Provera as a family planning method which therefore indicated that Depo-Provera was more known than other family planning methods.

Regarding knowledge, the study established that respondents knew what family planning was, and from the health worker, they also knew some of the family planning methods mostly condom use which indicates good knowledge regarding family planning methods.

Based on the findings, the study recommends that the regulatory authorities and government should focus more on continuous education of the general public through different media outlets on

the importance of family planning to an individual, family, and the country at large.

4.2. *Attitude Towards Family Planning Methods Among Women of Reproductive Age.*

The study revealed that more than half of the respondents 67 (70%) reported that they would not recommend their female friends to use family planning while a few 29 (30%) reported that they would recommend it. The findings of this study imply that a few women in this study area shared family planning information with their female females. Refusal to recommend a friend to use family planning may be due to an individual bad experience using family planning, it could also be due to the perception that family planning information and recommendations should be the responsibility of the health worker since it is the health worker are the ones trained to offer such services. This study's findings disagree with Machiyama et al., (2018) study which showed that the contraceptive users had a positive attitude towards family planning and had positive beliefs about their method than those who had never used contraception and the past users were over 60% of these respondents said that they would be willing to recommend family planning to their peers and friends.

Furthermore, more than half of the respondents 54 (56.3%) would not recommend their female friends to use family planning because they were not health workers to do so while the minority 07 (7.3%) said that such acts were against the bible. This study's results imply that health workers are regarded as the only providers of family planning services. This was probably because of the training that health workers attained regarding offering such services which makes the individuals look up to them as the sole providers of such services as family planning. The findings of this study agree with Qazi et al., (2019) who indicated that 60% of their respondents reported that they would advise their friends to seek family planning information from health workers.

The majority of the respondents 79 (82.3%) reported that males were responsible for making decisions concerning family planning in a family while the minority 02 (2.0%) reported that health workers. This study's results indicate that most decision-making in a family was done by men. This was probably because a man is the head of the family and has control over financial resources while women are only advised by society to be submissive to their husbands hence any decision-making may always be proposed and passed by the man in the family. The findings of this study correspond with a study by Wambete et al., (2022) which reported an overall high use of contraceptives among women of reproductive age whereby 85% of males were reported to be the main family planning decision-makers, followed by 16% health workers and 9% females.

More than half of the respondents 50 (52.1%) reported that they had bad experiences when they used family planning while a few respondents 09 (9.4%) said that their experience using family planning was fair. This finding indicates a poor attitude towards family planning among the respondents and a likelihood of not utilizing it in the future. This was probably because of the adverse reactions of the contraceptives which could have caused serious side effects like overweight, loss of weight, or excessive bleeding which could have together contributed to the bad experience. The findings of this study agree with a study by Semachew Kasa et al., (2018) which reported that (58.8%) of their respondents had a bad experience using contraceptives which therefore led to poor attitudes towards family planning amongst them.

Regarding these findings, the study established that most respondents would not recommend their female friend to use family planning, most males were reported to be major family planning decision-makers in families and respondents reported a bad experience using family planning which indicated poor attitudes towards family planning methods and therefore the study hence recommends that the Country's Ministry of Health, through its decentralized systems, should use health workers at the facility and those at the community levels to sensitize the public on family planning through various fora, including community outreach since the population is more likely

to trust information from health workers and any other trusted source.

4.3. Practices in Utilization of Family Planning Methods Among Women of Reproductive Age.

The study revealed that the majority of the respondents 58 (60%) had ever used some family planning methods while the minority 38 (40%) had never used any method. This study's findings imply that the level of family planning utilization was high among the respondents. This was probably because of the desire for spacing children among the respondents coupled with high knowledge regarding the benefits of family planning. It could also be due to the perception that using contraception would reduce a woman's fertility and that it could help to effectively determine the desired family size. The findings of this study agree with a study by Devaru et al., (2020) which showed that (64.8%) of the women in their study had ever used contraception.

Results also showed that most of the respondents 29 (30.2%) had ever used pills as a family planning method while the least 01 (1.0%) had ever used tubal ligation. This study's results indicate that pills were popularly used by most of the respondents in this study. This may be due to the ease of access to the pills, it could also be due to the perceived effectivity and perceived reduced risks of utilizing pills as a family planning method. The findings of this study correlate with a study by Semachew Kasa et al., (2018) which reported that 75.3% of their respondents had ever used contraceptive methods such as pills (51.4%) and injectable (27.2%).

Half of the respondents 48 (50%) said that they got their family planning from a nearby clinic while the minority 09 (9.4%) said that they got it from Wakiso Health Center IV. The findings of this study imply that most respondents preferred clinics for family planning services. This was probably because of the friendliness of the health workers at the clinics, ease of access in both distance and cost of the services, and the level of care provided in clinics compared to government health facilities. These study findings match with Abdelsalam, (2017) study whose results indicated that 64.8% of their respondents were using family planning during the time of the study whereby 56.5% of them had accessed these family planning services from the nearby private clinics.

The majority of the respondents 64 (67%) reported that they had stopped using family planning while the minority 32 (33%) reported that they were still using family planning. This study's findings showed inconsistent use of family planning services. This was probably due to the desire of making babies again, socioeconomic factors that constrain the use of contraceptives, severe side effects that demanded the contraceptive use to be stopped, or a joint decision by the partners to stop using contraceptives. The findings of this study agree with a study by Nanvubya et al., (2020) which reported that 65.6% of the respondents in their study had stopped using their family planning methods due to varied reasons.

Most of the respondents 48 (50%) who had stopped using family planning said that they did so because they needed another pregnancy while the few 12 (12.5%) reported heavy bleeding as what caused them to stop using family planning. The findings of this study imply that these respondents used family planning for child spacing. This was probably because the family planning of choice could have been used to prevent unplanned pregnancies rather than other reasons. These study findings contradict a study by Devaru et al., (2020) which rather reported that 81.42% of the women stopped or did not use contraception because they found it uncomfortable.

5. CONCLUSION.

In conclusion, the practices associated with family planning were moderate since many respondents had ever used some family planning methods most especially pills which they got from a nearby clinic, however, many had stopped using family planning because they needed another pregnancy.

6. RECOMMENDATIONS.

Therefore, there is a need for the government and the partnering organizations to avail maternal and child health care services most especially family planning services in all levels of health facilities, and make these services readily available for uptake by the mothers as this will encourage continuous access, problem identification and ease of resolving such problems. Furthermore, health facilities should always encourage male involvement in family planning services as this will minimize secret usage of these services by women and hence increases access and chances of services being utilized since men are the main decision-makers in a family.

7. ACKNOWLEDGEMENT.

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8. ACRONYMS.

COC: Combined Oral Contraceptives
FP: Family Planning
HCIV: Health Centre IV
IUD: Intra Uterine Device
mCPR: modern Contraceptive Prevalence Rate
SDG: Sustainable Development Goals
SDP: Service Delivery Points
UCG: Uganda Clinical Guidelines
WHO: World Health Organization

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