Student's Journal of Health Research Africa
Vol. 4 No. 9 (2023): September 2023 Issue
https://doi.org/10.51168/sjhrafrica.v4i9.457
Original article

KNOWLEDGE, ATTITUDE AND PRACTICES AMONG WOMEN BETWEEN 15-49 YEARS TOWARDS UTILISATION OF FAMILY PLANNING SERVICES AT ITOJO HOSPITAL, NTUNGAMO DISTRICT. A DESCRIPTIVE CROSS-SECTIONAL STUDY.

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Abstract

Background:

Family planning refers to a conscious effort by a couple to limit or space the number of children they have through the use of contraceptive methods.

Study Objective: The broad objective was to determine the factors affecting the utilization of family planning services among women of reproductive age 15-49 years at Itojo Hospital.

Study Method:

This was a descriptive cross-sectional study conducted in the Ntungamo district at Itojo Hospital. Simple random sampling was used to recruit 81 respondents aged 15-49 years and data was analyzed using Excel.

Results:

The study revealed that all the respondents 100% were knowledgeable about family planning methods, the most important source of information was health personnel 63.0%, 53.1% reported that their husbands had a bad attitude and the mostly used family planning method was implanted at 38.2%.

Conclusion:

Most of the respondents were highly knowledgeable about family planning methods. The majority of them had a bad attitude towards family planning as they cited that it causes infertility and contradicts religion. All the respondents had used family planning and the mostly used family planning method was implants.

Recommendation:

In conclusion, there is a need for the government to extend the family planning services up to the village level to increase accessibility by the community, for example through awareness campaigns with help from Community Owned Resource People and VHTs.

Future researchers to look at the factors influencing the choice of family planning methods among women of reproductive age to increase utilization.

The health facility carries out outreach services on family planning services to areas that are far away from the facility to reduce the long distances most respondents have to travel to the health facility.

Keywords: Family planning, utilization of family planning, Itojo hospital., Submitted: 2023-04-13
Accepted: 2023-07-29

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1. Background.

Family planning refers to a conscious effort by a couple to limit or space the number of children they have through the use of contraceptive methods (Wani *et al*, 2019). Contraceptive methods are classified as modern or traditional methods(Martin et al., 2019). Modern methods include female sterilization, male sterilization, the pill, the intrauterine contraceptive device (IUD), implants, injectables, male condoms, female condoms, emergency contraception, standard day's method (SDM), and lactation amenorrhea method (LAM). Methods such as rhythm, withdrawal, and folk methods are grouped as traditional(*Eastern Visayas' 2017 National Demographic and Health Survey Key Indicators | Philippine Statistics Authority - Eastern Visayas*, 2018). In Uganda, the annual population growth rate is 3.2% and the country has one of the highest total fertility rates (5.4 children per woman) in the world. Reports show that there is an unmet need for family planning services among currently married women at 28%. That is, nearly seven in ten currently married women (67%) have a demand for family planning and among sexually active unmarried women, 32% have an unmet need for family planning.

Globally, improved utilization of family planning contributes to achieving the 5th Universal Sustainable Development Goal (USDG), which focuses on achieving gender equality and empowering all women and girls by 2030. However, an estimated 222 million women worldwide have an unmet need for contraception.

The knowledge of women of childbearing in the Biyem-Assi Health District in Cameroon was relatively high but still unsatisfactory (Ajong et al, 2016). The proportion of contraceptive non-users who have no desire of adopting any contraceptive method in the future is still unacceptably high (Ajong, 2016). Policymakers should improve their strategies while empowering the health personnel and working in collaboration with the education ministries (Ajong, 2016).

A study which was done in Pakistan stated that men and women across the regions were familiar with different family planning methods, especially modern contraception except for vasectomy (Mustafa *et al*., 2015). Among traditional methods, the majority of participants had little knowledge and were indifferent toward breastfeeding as a natural way to avoid pregnancy (Ghulam M *et al*. 2018).

A study carried out in Rwanda revealed that the education level of the woman, wealth quintile of the household, woman's age at first cohabitation, the current age of the respondent, woman's working status, number of living children, husband's desire for more children compared to the wife or partner, religious affiliation, health facilities, exposure to contraceptive information in media and by family planning workers, and current age of husband or partner were significant determinants of contraceptive use among ever-married women of reproductive age (Faustin H *et al*. 2018).

Generally, contraceptive use is commonly influenced by factors such as women's age, education, number of living children, area of residence, wealth index, knowledge, and visits to health facilities were still considered significant issues in determining contraceptive use among reproductive-age women in Bangka Belitung Province, Indonesia (Antarini (2021)

A study carried out in Masaka Uganda stated that the health facility factors affecting the utilization of modern family planning methods among sexually active adolescents included confidentiality and privacy situations at the health facility; nearness of a health facility to the adolescent's residence, welcoming and friendly health workers' conditions, attitude of a health worker among others. The researcher recommends the government that there is need for sensitization of adolescents about family planning methods and their applicability; Healthcare workers should develop a positive attitude towards adolescents, and the MoH should organize awareness seminars in which female adolescents are advised to first

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https://doi.org/10.51168/sjhrafrica.v4i9.457
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seek medical advice from the hospitals and the government should also subsidize all family planning methods. Still, there is a need for hospitals to set up private sectors for youths (Mbalire *et al.* (2015)

1.1. Study Objectives.

1.1.1. Broad Objective.

To determine the Knowledge Attitude and Practices of women in the reproductive age towards utilization of family planning services to prevent unwanted pregnancies, and abortions, and reduce mortality rates.

1.1.2. Specific Objectives.

- To assess knowledge of women about the utilization of family planning services among women aged 15-49 years at ltojo hospital, Ntungamo District.
- To determine the attitude among women aged 15-49 years towards utilization of family planning services at ltojo hospital, Ntungamo.
- To assess the practice among women aged 15-49 years towards utilization of family planning services at ltojo hospital Ntungamo district.

2. METHODOLOGY.

2.1. Study Area.

This research was conducted in January 2023 at Itojo Hospital which is a government health facility. It is situated in the Itojo sub-county, Ntungamo district. It has both outpatient and inpatient departments.

2.2. Study Design.

A descriptive cross-sectional study design was used during the study. The researcher was able to meet the respondents once and gathered all the information in one encounter since neither follow-up nor any inquiry into the past was necessary.

2.3. Study Population.

The target population was women between 15-49 years of age seeking healthcare services at Itogo hospital.

2.4. Sample Size Determination.

The sample size was determined using Keish and Leslie formula of sample size determination which implies that $\mathbf{n=Z^2P\ (Q)/d\ ^2}$where;

n = the required sample size,

Z = confidence level at 95% with a standard value of 1.96,

P = proposed percentage of family planning is (70%),

Q = 1-**P,** and it is equal to 1-0.7=0.3,

d = sampling error i.e. the degree of the research that will be able to accept 10% (precision value).

Therefore, $\mathbf{n=Z^2P\ (Q)/d\ ^2}$

$$n = \frac{1.96^2 \times 0.7(0.3)}{0.01} = 80.6736$$

Approximately 81

The sample size used was 81 respondents.

2.5. Selection criteria.

2.5.1. Inclusion criteria.

All women that were of the age between 15-49 years old who were seeking medical care at ltojo hospital and consented to be included in the study.

2.5.2. Exclusion Criteria.

All men and women outside the reproductive age (15-49) years, those who did not consent to participate, and women who wanted to be paid were all exempted from the study.

2.6. Sampling procedure.

The researcher used a simple random sampling method; 10 days of the month were selected. The sample size of 81 was divided equally among the ten selected days resulting in 8 respondents for 9 days and the one day 9 respondents. Each of the selected days had eight papers labeled YES and 8 others blank, from which a lottery selection was made. The one day that was chosen to get

nine respondents, which had nine papers with a yes and 9 others blank. Each respondent who picked YES and consented was included in the study. The same procedure was adopted in the 10 days until the end of the data collection.

2.7. Data collection method.

The collection of data was done by the researcher from Monday to Friday for 10 days. 8 women were administered questionnaires each day for 9 days and one day 9 women were considered until all the 81 respondents were completed.

2.8. Data collection tools.

Research-administered questionnaires were used. These contained both open and closed-ended questions. The questionnaires were administered by the researcher because most of the women seeking medical care at Ltojo Hospital were not functionally literate to understand all the questions.

2.9. Data Collection Procedure.

During data collection, a self-administered questionnaire was used for the literature and all the respondents who are unable to read and write were interpreted and all the closed and open-ended questions in the questionnaire were exhaustively explained to them such that the data collected is accurate. Only correctly filled questionnaires for the case were gathered, counted, and analyzed for interpretation.

2.10. Data Quality Control.

The questionnaire was pretested among 10 women in Ruhaama Health Centre III. This enabled the researcher to know the time to be taken by the interviewer, correct errors in the questionnaire, identify the possible problems to be met during data collection and see whether the respondents easily understood and answered the questions as described to make corrections before the actual time of data collection. The researcher trained the research assistant on how to collect data to minimize errors, pilot the study and give ample time for data collection.

Five (5) females of reproductive age were selected from Ruhaama Centre III to participate in the pilot study using a simple random technique. This helped to remove the sub-standard questions and improve the validity and liability.

2.11. Data analysis and interpretation.

This was done immediately after data collection. Data collected was analyzed using Excel, presented in frequency tables, pie charts, and bar graphs expressed in percentages, and then reported as study findings.

2.12. Ethical Consideration.

The proposal was approved by the research committee of Medicare Health Professionals College. The researcher was given an introductory letter addressed to the District Health Officer who signed and forwarded it to the medical superintendent of Itojo Hospital who further permitted me.

3. PRESENTATION OF FINDINGS.

3.1. Demographic data of respondents.

In table 1, the most of the respondents 31(38.3%) were between 31 and 35 years while minority 2(2.5%) were 40 years and above. By tribe 42(51.9%) were Banyankole and a smaller number were others 3(3.7%). By religion, 42(51.9%) were protestants and Muslim 3(3.7%), 59(72.8%) were house wives and 4(4.9%) were students.

3.2. Knowledge of women about Family Planning Methods.

In table 2, all the respondents 81(100%) had heard about family planning methods.

In table 3, the majority of the respondents gave their source of information as health personnel 51(63.0%) and 4(4.9%) were the least used sources of information

In table 4, most of the respondents knew pills 35(43.2%) and condoms while 5(6.2%) knew IUCD.

Table 1: Shows characteristics of respondent by demographic data (n=81)

Respondents' characteristics	Variables	Frequency	Percentages (%)
Age	15-20	6	7.4
	21-25	17	21.0
	26-30	21	25.9
	31-35	31	38.3
	36-39	4	4.9
	40+	2	2.5
Tribe	Muganda	5	6.2
	Munyankole	42	51.9
	Mukiga	31	38.2
	Others	3	3.7
Religion	Catholics	21	25.9
	Anglican	42	51.9
	Moslem	3	3.7
	Adventist	9	11.1
	Others	6	7.4
Occupation	Student	4	4.9
	House wife	59	72.8
	Civil servant	11	13.7
	Business woman	7	8.6

Table 2: Distribution of respondents by whether they had ever heard about family planning (n=81)

Heard about family planning	Frequency	Percentages (%)
Yes	81	100
No	0	0
Total	**81**	**100**

Table 3: Shows the source of information about family planning methods (n=81)

source of information about family planning methods	Frequency	Percentages (%)
Health personnel	51	63
Friends	21	25.9
Media	5	6.2
Family	4	4.9
Total	**81**	**100**

Table 4: Distribution of respondents by methods known (n=81)

Method known	Frequency	Percentages (%)
Condoms	21	25.9
Pills	35	43.2
Implants	12	14.8
Injection	8	9.9
IUCD	5	6.2
Total	**81**	**100**

Table 5: Distribution of respondents according to what they think about family planning (n=81).

Response	Frequency	Percentage (%)
Good	33	40.7
Bad	28	34.6
Not sure	20	24.7
Total	**81**	**100**

3.3. Attitude of women towards Utilization of Family Planning Services.

In table 5, the majority of the respondents 33(40.7%) reported a negative attitude towards family planning and the least 20(24.7%) were not sure.

In table 6, most of the respondents 18(64.3%) said that it causes infertility, while 4(14.3%) said it contradicts with religion.

In figure 1, the majority of the respondents 43(53.1%) reported that their husbands had a bad attitude while 38(46.9%) reported that their husbands had a good attitude.

3.4. Practice of women towards Utilization of Family Planning.

All the respondents 81(100%) had ever used family planning.

Most of the respondents had used implants 31(38.2%), and the least 3(3.7%) used condoms (Table 8).

Majority of the respondents 28(34.6%) used family planning once and least 13(16.0%) used it thrice (table 9)

4. Discussions.

4.1. Knowledge of women about the utilization of family planning services.

The study revealed that all the respondents 100% reported hearing about family planning methods that are used by women in the reproductive age bracket. This finding implies higher levels of knowledge among the respondents about family planning. This agrees with a study carried out in Kira Municipality, Uganda by Catherine et al.,2021 that showed that nearly all (99.7%) women in the survey reported ever hearing about at least one (any) FP or modern contraceptive method.

According to the study, it was found that the most important source of information was health personnel 63.0% and 4.9% family/relation were the least used sources of information. The last source might be because of the different perceptions that people have about family planning services.

The study showed that most of the respondents knew pills 43.2% while 6.2% knew IUCD. They gave their reason that the pills were readily available in the community. The findings of the study are contrary to a study conducted by Nansseu et al. (2015) that showed that 96 % of women knew

Table 6: Distribution of respondents according to why they had a bad attitude about family planning (n=28).

Response	Frequency	Percentage (%)
Cause infertility	18	64.3
Contradicts with religion	4	14.3
Others	6	21.4
Total	**28**	**100**

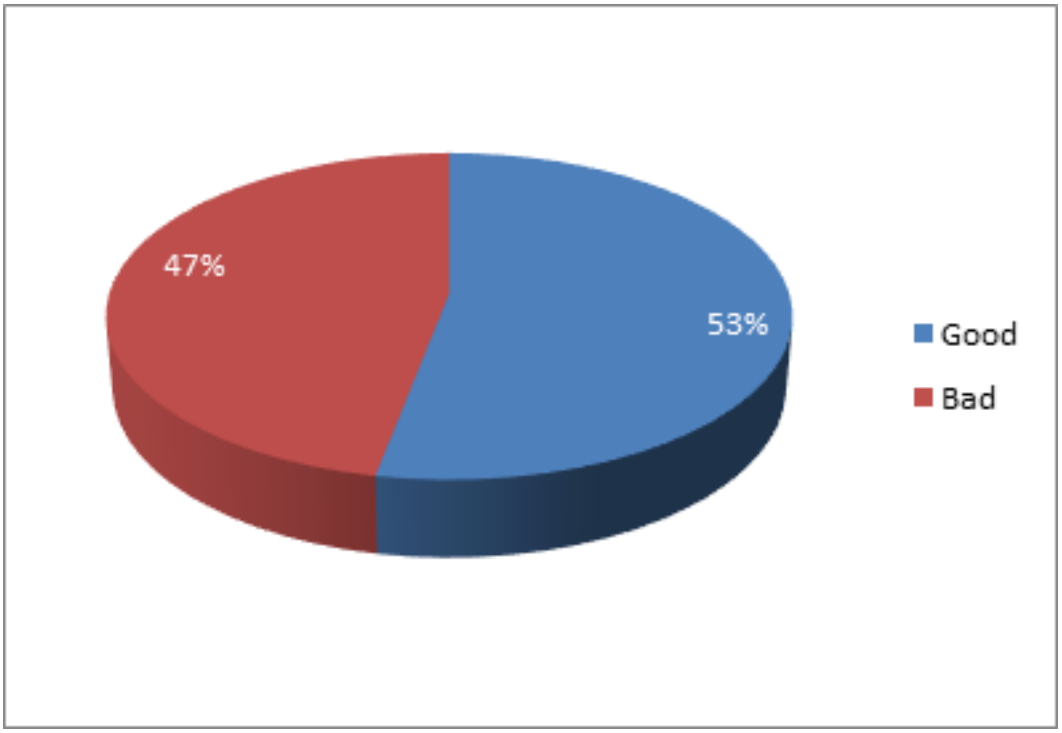

Figure 1: Distribution of respondents according to the husband's attitude towards family planning (n=81).

Table 7: Distribution of respondents according whether they had ever used family planning (n=81).

Response	Frequency	Percentage (%)
Yes	81	100
No	0	0.0
Total	**81**	**100**

Table 8: Distribution of respondents according to the family planning method used (n=81).

Method used	Frequency	Percentages (%)
Injectaplan	15	18.5
Pills	11	13.6
Implants	31	38.2
IUCD	21	25.9
Condoms	3	3.7
Total	**81**	**100**

Table 9: Distribution of respondents according to the number of times they used family planning method (n=81).

Number of times	Frequency (%)	Percentage (%)
Once	28	34.6
Twice	22	27.2
Thrice	13	16.0
More than 3 times	18	22.2
Total	81	100

about the condom.

4.2. The attitude of women about the utilization of family planning services.

The study showed that most of the respondents 40.7% had a good attitude towards family planning. They cited that family planning helps in proper child spacing and prevents unwanted pregnancies. This agrees with a study conducted in Northwest Ethiopia by Semachew et al. (2018) that showed that 58.8% of the participants had a favorable attitude.

The study also showed that .3% of the respondents reported family planning as causing infertility. They gave their reason as that it causes vaginal bleeding with abdominal pain.

According to the study, most of the respondents 51.3% reported support from their husbands. It revealed that the level of utilization increased as the level of support increased because of the cultural aspects which make men responsible for the needs of their wives. This agrees with a study conducted by Wani et al, (2019) that showed that 45.7% had discussed it with their husbands.

4.3. The practice of women towards utilization of Family Planning.

The study showed that all the respondents 100% had used family planning. They reported that it helped them in child spacing and planning for the family as a whole. This is a slightly higher finding compared to a study conducted in Saudi Arabia by Alenezi and Haridi (2021) that showed that the majority 85.3% had ever used contraceptive method/s.

The findings of the study showed that 38.2% used implants. They gave their reason that it gives long-term protection against pregnancy. This disagrees with a study conducted by Semachew et al, (2018) that revealed that injectable (77.2%) was the commonly used family planning method.

Majority of the respondents 34.6% used family planning once. The most common reason was a desire to have children.

5. Conclusion.

The respondents were knowledgeable about family planning methods with pills as the most known at 43.2% and IUCD as the lowest at 6.2%.

The majority of them had a bad attitude towards family planning as they cited that it causes infertility and contradicts religion.

All the respondents had used family planning and the mostly used family planning method was implants. The majority of them reported using family planning once.

6. Recommendation.

The study recommends the hospital administration extend the family planning services up to the village level to increase their accessibility to the community for example through awareness campaigns with help from Community owned Resource Person and VHTs, and should also enhance the integration of lessons about family planning services into schools.

The study recommends the hospital administration allocate supervisors to oversee how the family planning services are being offered to the community to avoid wastage and mishandling of government property.

7. Acknowledgment.

I wish to extend my heartfelt gratitude to those whose efforts have made the success of my research report, in many thanks go to my supervisor Mr. Otieno Joash Odiwuor for dedicating his precious time and giving me constructive ideas that enabled me to produce this research report.

Special thanks to my parents Mrs. Mutungirehi Joy Tushabe for the support, guidance, and encouragement.

I also acknowledge the support of my classmates for example Habasa Hudson and Tugume Innocent Kugonza more greatly indebted to those who helped in proofreading my work before submission.

Publisher: Student's Journal of Health Research (SJHR)
(ISSN 2709-9997) Online
Category: Non-Governmental & Non-profit Organization
Email: studentsjournal2020@gmail.com
WhatsApp: +256775434261
Location: Wisdom Centre, P.O.BOX. 148, Uganda, East Africa.

8. List of Abbreviations.

ANC : Antenatal Care
DHO : District Health Officer
FP : Family Planning
FPM : Family Planning Method
FP/C : Family planning and Counselling services
HCP : Health Care Practitioner
HIV : Human Immune Virus
HIV/STIs : Human Immune Virus and Sexually Transmitted Infections
HMIS : Health Management Information System
IUCD : Intra Uterine Contraceptive Device
IUD : Intra Uterine Device
LAM : Lactation Amenorrhea Method
LARCs : Long Acting Reversible Contraceptives
MoH : Ministry of Health
STIs : Sexually Transmitted Infections
UBOS : Uganda Bureau of Statistics
UDHS : Uganda Demographic Health Survey
SDM : Standard day's method
USDG : Universal Sustainable Development Goal

9. Publisher details:

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