

**FACTORS CONTRIBUTING TO LOW UTILIZATION OF FAMILY PLANNING AMONG WOMEN  
AGED 18-45 YEARS IN BUKOOVA HEALTH CENTER III, LUUKA DISTRICT.  
A CROSS SECTIONAL STUDY.**

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## **Abstract**

### **Background**

More women are using effective methods of contraception with the number of women with a need for family planning rose from 0.7 billion in 1990 to 1.1 billion in 2021. The study aims to assess the factors contributing to the low utilization of family planning among women aged 18-45 years in Bukoova Health Center III, Luuka District.

### **Methodology**

A cross-sectional study was conducted in Bukoova Health Center III, Luuka district. A systematic sampling procedure was used. Semi-structured questionnaires with closed and open-ended questions written in English. Data was analyzed and counted by tallying using a pen and sheets of paper.

### **Results**

Most of the respondents (40%) were married whereas the least (18%) were divorced. (58%) had intentions of using family planning methods in the future whereas (42%) did not. (46%) were decided by their husband. (54%) had never had enough counseling services from health workers. (54%) were unemployed whereas the least (22%) were self-employed. (50%) their husbands had attained a primary level of education (52%) were prevented by culture/religion Planning. (54%) had never had enough counseling services (62%) reported >5km as the distance from their homes to the

### **Conclusion**

Major factors contributing to low utilization of family planning among women aged 18-45 years were: discomfort with the particular family planning method, unemployment levels, husbands' decisions, cultural/religious beliefs, inadequate counseling services, a long distance from homes to the health facility, and long-awaited time.

### **Recommendation**

The Ministry of Health should enforce in-service training of health workers to improve and sustain provider knowledge and competence in providing a range of family planning methods.

*Keywords: Abortions, family planning services, Infertility, Injectable contraceptives.*

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### **Background of the study**

More women are using effective methods of contraception. Specifically, the number of women with a need for family planning rose from 0.7 billion in 1990 to 1.1 billion in 2021, an increase of 62%. This need is increasingly satisfied by the use of modern contraceptive methods (UN, 2020).

In a systematic review, analysis of demographic and health surveys showed that the overall prevalence of the use of modern contraceptives was found to be 22.0%. This ranged from 3.5% in the Central African Republic to 49.7% in Namibia. The most common type of modern contraceptives used were injections (39.4%), condoms (17.5%), and implants (26.5%) (Boadu, 2022).

A report from the Mini Demographic and Health Survey showed the percent distribution of currently married

women aged 15-49, by contraceptive method they currently use, according to background characteristics. Overall, 41% of currently married women are using modern methods of family planning, and 1% are using traditional methods. The contraceptive prevalence rate (CPR) among married women increases from 37% among women aged 15-19 to 52% among women aged 20-24 and then declines steadily to 18% among women aged 45-49. (Rockville, 2019).

### **Methodology Study design**

A cross-sectional study design was used in this study. The reason why the researcher preferred to use this design was because it facilitated the smooth sailing of various research operations, thereby making research as efficient

as possible yielding maximal information with minimal expenditure of effort, time, and money.

### **Study setting**

The study was conducted in Bukoova Health Center III, Luuka district. It is a government health facility with several departments which include; the outpatient department, family planning antenatal care, and maternity department. The reason why the researcher selected this health Centre is because it has a large number of women attending its services and also the place was easily accessible for the study.

### **Study population**

The study population was composed of women aged 18-45 years attending Bukoova Health Center III, who consented and presented to the research questions.

### **Sample size determination**

The sample size was determined using Button's formula below;

$$S = 2(QR) / O$$

Whereby; S= sample size needed

Q= Number of days that were spent while collecting data (n=5) R= Maximum time the interviewer used.

O= Time which the interviewer used in a single day (1 hour)

$$S = 2 * 5 * 5 * 1$$

Therefore, the sample size the researcher used was 50 respondents.

### **Inclusion criteria**

This comprised of women aged 18-45 years who were seeking medical services in Bukoova Health Center III present and ready to consent.

### **Exclusion criteria**

Women who were not willing to participate in the study were excluded.

### **Sampling technique**

A systematic sampling procedure was used in this study. The technique was preferred because it minimized bias among the participants.

### **Dependent variable**

Family planning was the dependent variable

### **Independent variable**

Individual, community-related, and health facility-related factors contributing to low utilization of family planning among women aged 18-45 years were the independent variables.

### **Data collection tool**

Semi-structured questionnaires with closed and open-ended questions written in English language and later

translated into the local language (Lusoga) were used as the data collection tool. The researcher preferred to use questionnaires because they save time, are favorable for both literates and illiterates and are more effective compared to other tools.

### **Pre-testing the data collection tool**

The questionnaire was pretested in Kampala School of Health Science, among women students aged 18-45 years but pretested results were not included in the final study. This helped in obtaining accurate results and minimizing errors in the study.

### **Data collection procedure**

A letter supposed to introduce the researcher to Bukoova Health Center III was obtained from the Kampala School of Health Sciences and taken to the hospital seeking permission to conduct the study when permission was granted, the health workers on duty introduced the researcher to respondents. The data collection process commenced with the respondents obtaining consent first. To ensure confidentiality, a private room within the hospital was identified where all those who met the inclusion criteria were interviewed and the same procedure was followed until the required sample size of 50 respondents was attained.

### **Quality control**

The researcher recruited two research assistants in the study who translated the information into the local language (Lusoga) and filled it directly on the questionnaires in English since they were knowledgeable enough. The data collected was checked for correctness and accuracy. Correct data was safely secured under a key and lock to ensure confidentiality.

### **Data analysis and presentation**

Data was analyzed and counted by tallying using a pen and sheets of paper. The results were entered into a computer and presented using a computer program, Microsoft Excel to generate tables and figures.

### **Ethical considerations**

A letter meant to introduce the researcher to Bukoova Health Center III was obtained from the Kampala School of Health Sciences and taken by the researcher to the hospital seeking permission to carry out the study. Once permission was granted, the researcher attained consent from the participants by signing or thumb printing against a consent form. Each participant who consented was interviewed separately from a private place within the facility and any information collected was treated with sufficient confidentiality.

### **Results**

**Table 1: Shows the respondents in their respective demographics N=50**

Variable	Frequency(F)	Percentage (%)
<b>Age</b>		
18-25	9	18
26-34	16	32
35-45	25	50
<b>TOTAL</b>	<b>50</b>	<b>100</b>
<b>Tribe</b>		
Basoga	32	64
Bateson	9	18
Baganda	6	12
Banyankole	3	6
Others	0	0
<b>TOTAL</b>	<b>50</b>	<b>100</b>
<b>Religion</b>		
Catholic	23	46
Protestant	21	42
Muslim	2	4
Others	4	8
<b>TOTAL</b>	<b>50</b>	<b>100</b>
<b>Education level</b>		
Primary	20	40
Secondary	18	36
Tertiary/University	5	10
Never went	7	14
<b>TOTAL</b>	<b>50</b>	<b>100</b>
<b>Marital status</b>		
Married	20	40
Divorced	9	18
Single	11	22
Widowed	10	20
<b>TOTAL</b>	<b>50</b>	<b>100</b>

Table 1, half of the respondents (50%) were within the age bracket of 35-45 years whereas the least (18%) were within the age bracket of 18-25 years.

However, the majority of respondents (64%) were Basoga by tribe whereas the minority (6%) were Banyankole by tribe.

Interestingly, most of the respondents (46%) were Catholics by religion whereas the least (4%) were Moslems.

Furthermore, most of the respondents (40%) had attained a primary level of education whereas the least respondents (10%) had attained a tertiary/university level of education. Finally, most of the respondents (40%) were married whereas the least (18%) were divorced.

**INDIVIDUAL FACTORS CONTRIBUTING TO LOW UTILIZATION OF FAMILY PLANNING AMONG WOMEN AGED 18-45 YEARS**

**Figure 1: Shows the distribution of respondents according to whether they had ever heard about family planning. N=50**

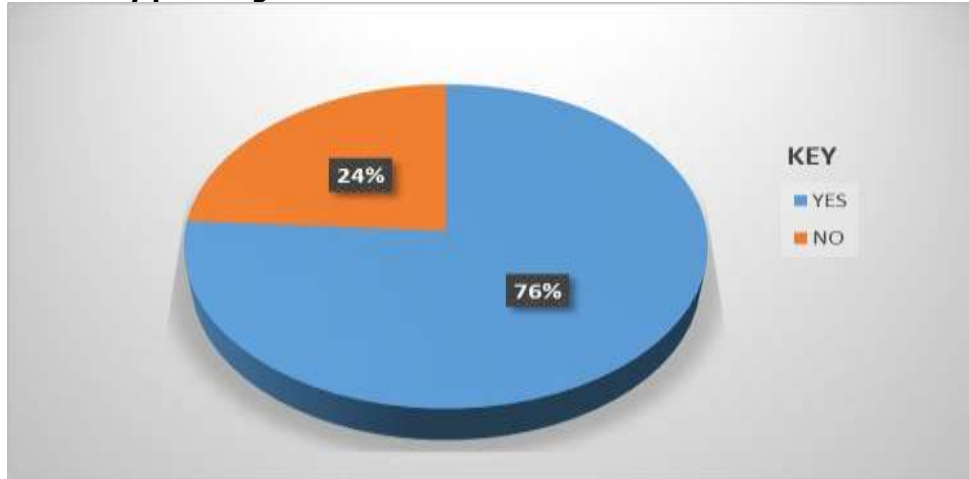


Figure 1, the majority of the respondents (76%) had never heard about family planning methods whereas the minority (24%) had never heard about family planning methods.

**Table 2: Shows the distribution of respondents according to where they obtained information about family planning (N=38)**

Response	Frequency(f)	Percentage (%)
Clinic	4	10.5
Health Centre	3	7.8
Hospital	11	28.9
Others	20	52.6
<b>TOTAL</b>	<b>38</b>	<b>100</b>

Table 2, most of the respondents (52.6%) obtained information about family planning from other sources such as friends, relatives, and media whereas the least (7.8%) obtained information about family planning from health centers.

**Table 3: Shows the distribution of respondents according to when they last used family planning methods (N=50)**

Response	Frequency(f)	Percentage (%)
1-2years back	28	56
Currently using	16	32
I have never used	6	12
<b>TOTAL</b>	<b>50</b>	<b>100</b>

Table 3, more than half (56%) of the respondents last used the family planning method in the past 1-2 years whereas the least (12%) had never used family planning methods.

**Figure 2: Shows the distribution of respondents who had ever used FP according to whether they were effective. (N=44)**

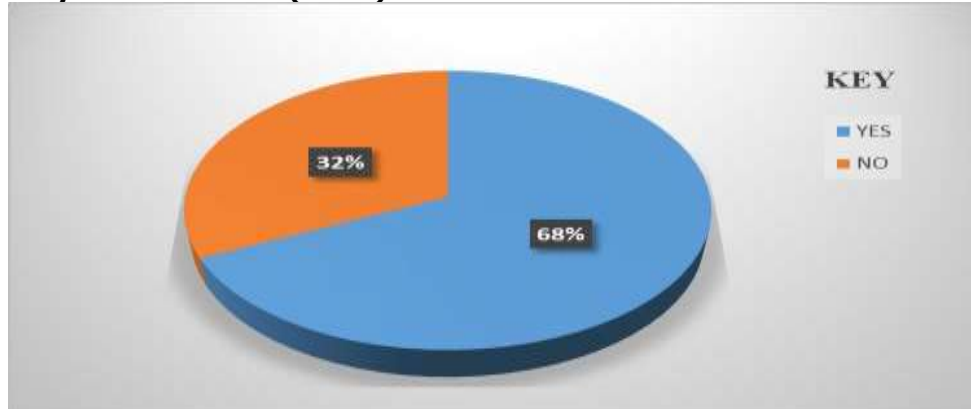


Figure 2, most of the respondents (68%) effective family planning methods whereas the least (32%) used ineffective family planning methods.

**Figure 3: Shows the distribution of respondents according to whether they have intentions of using family planning methods in the future (N=50)**

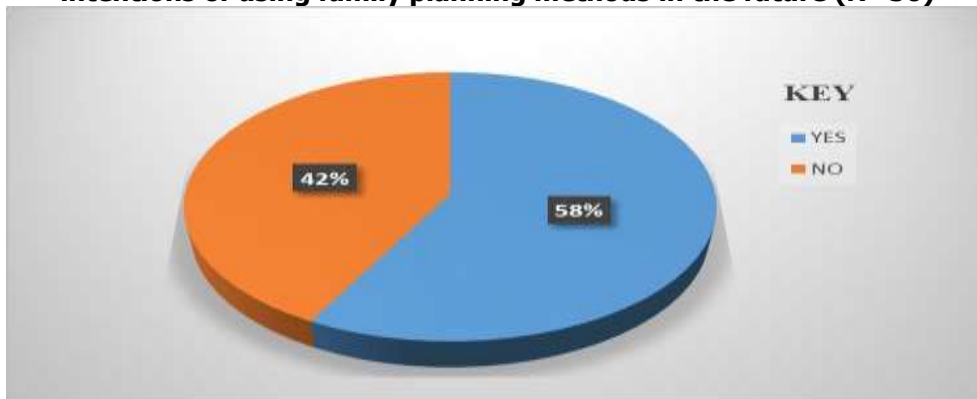


Figure 3, the majority of the respondents (58%) had intentions of using family planning methods in the future whereas the minority (42%) never had intentions of using family planning in the future.

**Table 4: Shows the distribution of the respondents according to the type of family planning method they had ever used. (N=44)**

Response	Frequency(f)	Percentage (%)
Injectable	7	15.9
IUD	2	9
Implants	19	43.1
Pills	5	11.3
Condoms	9	20.4
I don't recall	3	6.8
<b>TOTAL</b>	<b>44</b>	<b>100</b>

Table 4, most of the respondents (40%) had ever used implants whereas the least (4%) had ever used an IUD

**COMMUNITY-RELATED FACTORS CONTRIBUTING TO LOW UTILIZATION OF FAMILY PLANNING AMONG WOMEN AGED 18-45 YEARS**

**Figure 4: Shows the distribution of respondents according to occupation N=50**

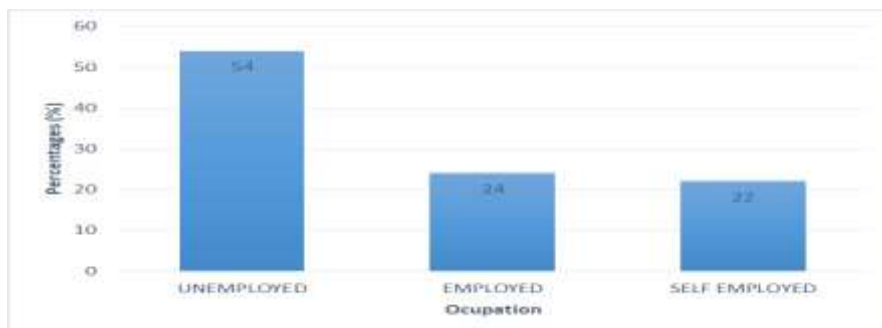


Figure 4, more than half of the respondents (54%) were unemployed whereas the least (22%) were self-employed.

**Table 4: Shows the distribution of respondents according to the location of their homes (N=50)**

Response	Frequency(f)	Percentage (%)
Village	36	72
Town	14	28
<b>TOTAL</b>	<b>50</b>	<b>100</b>

Table 4, the majority of the respondents (72%) lived in the villages whereas a minority (28%) lived in town.

**Figure 5: Shows the distribution of respondents according to the level of education of their husbands (N=50)**

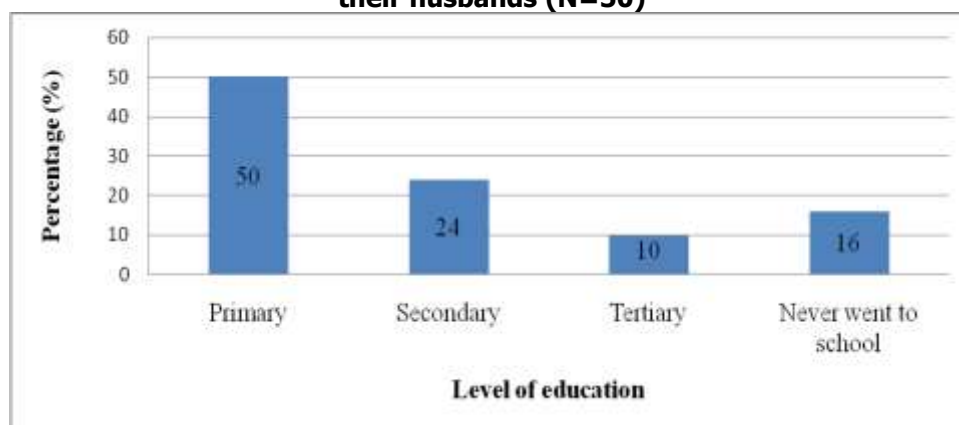


Figure 5, half of the respondents (50%) their husbands had attained a primary level of education whereas the least (10%) of their husbands had attained a tertiary level of education.

**Table 5: Shows the distribution of respondents according to who decides on the type of family planning method to use (N=50)**

Response	Frequency(f)	Percentage (%)
Only me	18	36
Husband	23	46
Jointly	9	18
<b>TOTAL</b>	<b>50</b>	<b>100</b>

Table 5, most of the respondents (46%) were decided by their husbands on the type of family planning method to use whereas the least of the respondents (18%) were decided by their own on the type of family planning method to use.

**Table 6: Shows the distribution of respondents according to whether culture/religion prevents them from using family planning (N=50)**

Response	Frequency(f)	Percentage (%)
Yes	28	52
No	22	48
<b>TOTAL</b>	<b>50</b>	<b>100</b>

Table 6, most of the respondents (52%) were prevented by culture/religion from using family planning whereas the least (48%) were not prevented by culture/religion from using family planning.

**HEALTH FACILITY-RELATED FACTORS CONTRIBUTING TO LOW UTILIZATION OF FAMILY PLANNING AMONG WOMEN AGED 18-45 YEARS**

**Figure 6: Shows the distribution of respondents according to whether they had ever had enough counseling services from health workers regarding the use of family planning (N=50)**

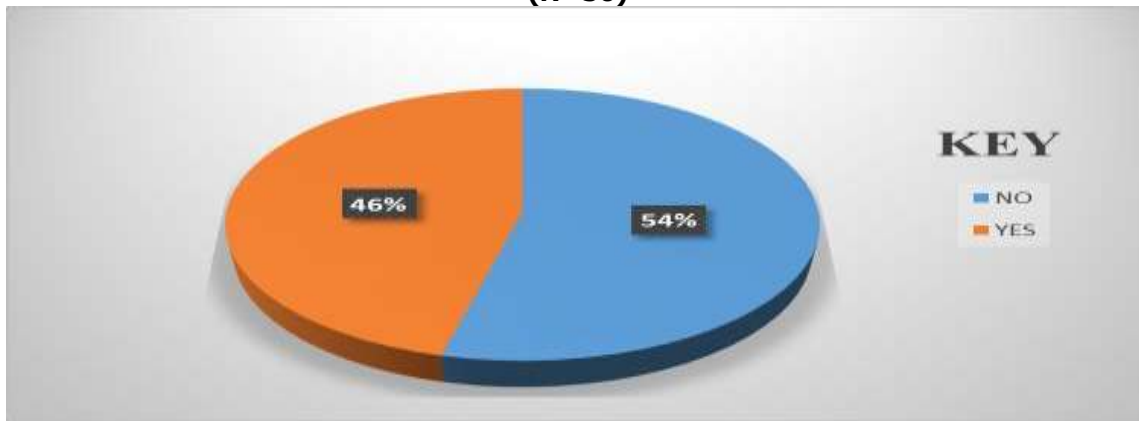


Figure 6, more than half of the respondents (54%) had never had enough counseling services from health workers regarding the use of family planning whereas less than half (46%) had ever had enough counseling services from health workers regarding the use of family planning.

**Table 7: Shows the distribution of respondents according to the distance from their homes to the health facility (N=50)**

Distance	Frequency (f)	Percentage (%)
<1km	8	16
1-5km	11	22
>5km	31	62
<b>TOTAL</b>	<b>50</b>	<b>100</b>

Table 7, most of the respondents (62%) reported >5km as the distance from their homes to the health facility whereas the least (16%) reported <1km as the distance from their homes to a health facility.

**Table 8: Shows the distribution of respondents according to how long they take to access family planning services at Bukoova Health Center III (N=50)**

Distance	Frequency (f)	Percentage (%)
>1 hour	33	66
<1 hour	17	34
<b>TOTAL</b>	<b>50</b>	<b>100</b>



Table 8, the majority of the respondents (66%) took >1 hour to access family planning services whereas the minority (34%) took <1 hour to access family planning services at Bukoova Health Center III.

**Figure 7: Shows distribution of respondents to whether they use the recommended WHO medicine of family planning (N=50)**

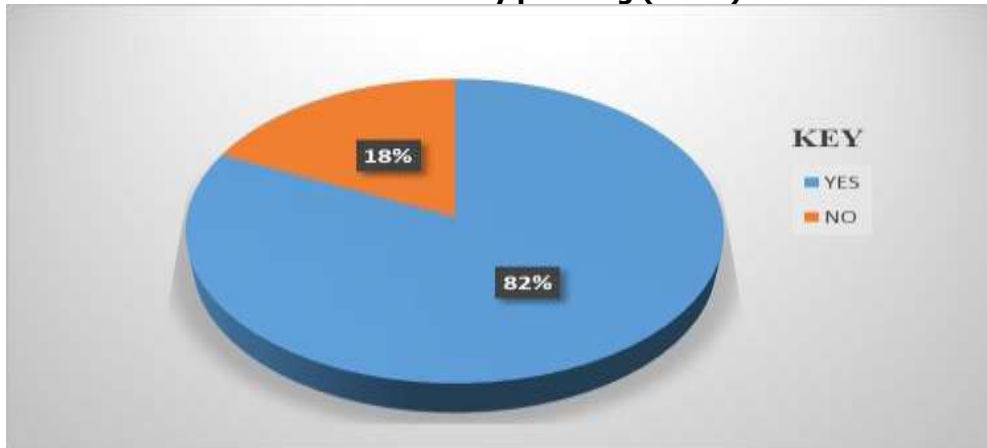


Figure 7, most of the respondents (82%) used the recommended WHO medicine of family planning whereas the least (18%) never used the recommended WHO medicine of family planning.

**Table 9: Shows the distribution of respondents according to how they rated the attitudes of health workers at the family planning clinic (N=50)**

Response	Frequency(f)	Percentage (%)
Poor	7	14
Fair	22	44
Good	12	24
Very Good	9	18
<b>TOTAL</b>	<b>50</b>	<b>100</b>

Table 9, most of the respondents (44%) rated the attitudes of health workers at the FP clinic as fair whereas the least (14%) rated the attitudes of health workers at the family planning clinic as poor.

effects they encountered while using the family planning methods. However, this is in line with a study by Unnop (2021), where findings showed that most women (185/222) discontinued their contraceptives because of side effects.

## Discussion

### Individual factors contributing to low utilization of family planning among women aged 18-45 years

According to the study findings the study, the majority (76%) of the respondents had never heard about FP and this means that most of them were aware of FP services this is in line with a study carried out by Paschal et al (2015) revealed that 89% of the respondents were aware of family planning.

According to the study findings the study, the majority (56%) of the respondents had ever used family planning. This could be attributed to some extent of awareness about family planning among women.

Furthermore, more than half of the respondents (60%) were not comfortable with the family planning method that they have ever used. This could be a result of the side

### Community-related factors contributing to low utilization of family planning among women aged 18-45 years

From a study of 50 respondents, more than half of the respondents (54%) were unemployed. This could be attributed to the low socio-economic class of women attending services at Bukoova Health Center III where a few could get money for transport up to the health facility. In addition, most of the respondents (46%) decided by their husband on the type of family planning to use. This can affect the use of FP among women because husbands can either refuse or accept a certain FP method to be used by the wife. The findings were in line with a study conducted by Ekpenyong et al (2018), where results showed that (84.4%) of respondents reported that



utilization of family planning services depends on the husband's acceptance of the family planning method.

According to the study findings, more than half of the respondents (52%) were prevented by culture/religion from using family planning. This indicates that most respondents had strong misconceptions related to culture and religion and they were not properly sensitized about it hence leading to low utilization of FP.

### **Health facility-related factors contributing to low utilization of family planning among women aged 18-45 years**

From the study, more than half of the respondents (54%) had never had enough counseling services from health workers about the use of family planning. This could be due to counseling not usually done by health workers at the health facility.

According to the study findings, most of the respondents (62%) reported that the distance from their homes to health facilities was >5km. This implies that study participants had to travel long distances to access FP services hence hindering the uptake.

The majority of respondents (66%) took > 1 hour to access family planning services at Bukoova Health Center III.

### **Conclusion**

Major factors contributing to low utilization of family planning among women aged 18-45 years were: discomfort with the particular family planning method, unemployment levels, husbands' decisions, cultural/religious beliefs, inadequate counseling services, a long distance from homes to the health facility, and long-awaited time.

### **Recommendation**

The Ministry of Health should enforce in-service training of health workers to improve and sustain provider knowledge and competence in providing a range of family planning methods.

The researcher recommends that the administration of Bukoova Health Center III should set and implement strategies that will monitor and evaluate the underlying reasons for the absence of health workers during working hours, late reporting, and poor communication skills among some health workers to increase the uptake of family planning.

The researcher also recommended that health workers in Bukoova health center III should organize and conduct community outreaches about counseling women and their husbands on family planning to reduce barriers of long distances, husband's disapproval, and misconceptions.

### **Acknowledgment**

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### **List of Abbreviations**

CPR:	Contraceptive prevalence rate
FP:	Family planning
IUD :	Intrauterine Device
UNFPA:	United Nations Population Fund
USAID:	United States Agency for International Development
WHO:	World Health Organization

### **Source of funding**

The study was not funded

### **Conflict of interest**

The author did not declare any conflict of interest

### **Author Biography**

Zephania Tigawalana is a student at the Kampala School of Health Sciences.


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