Straight TALK FOUNDATION

SEGAL Family Foundation

ASSESSING BARRIERS TOWARDS FAMILY PLANNING IN ADJUMANI DISTRICT

STRAIGHT TALK FOUNDATION March 2016 |

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Executive Summary

Between March 2015 and March 2016, Straight Talk Foundation (STF) implemented a project in partnership with Segal Family Foundation in the districts of Adjumani and Koboko. The project aimed at bridging the unmet need of family planning for women of reproductive age (15-49 years) in 5 sub counties of Adjumani.

Methods: The assessment was a cross sectional design employing both quantitative and qualitative methods. It was a community based assessment relying on households to provide the necessary respondents and involved one to one interviews, focused group discussions and key informants. 312 women of reproductive age (15-49) were systematically selected to participate in this assessment.

Results: Women of reproductive age (15-49) are aware of the various modern contraceptive methods that are being provided at various health facilities thus; male condoms (95%), injectables (94%), pills (94%), implants (93%), female condoms (82%) and 20% knew of moon beads. 88% of the respondents knew where to obtain family planning methods from. About 59% of the women reported that their husbands would approve of Family Planning; 72% of the women reported to still desire more children; and 59% reported that their husbands desire to have more children. In absolute numbers, 167 women had ever used some contraceptive method and only 89 women are currently using contraceptives.

This assessment revealed that; Fear of side effects and health concerns was the most commonly cited reasons for not using modern contraceptives. Second, opposition to use modern contraceptives either by the husband or partner or owing to perceived religious prohibition was another reason. Thirdly, women cited postpartum reasons for not using; although many women are not sure how long they are safe from getting pregnant after giving birth. Lack of contraceptive supplies and logistic problems in getting the contraceptives to the provider continue to be a challenge; and a few women stated that lack of access (distance or costs) was the reason for not using.

As a recommendation; focus should be on reducing the top barriers to family planning uptake through improving counseling services to reduce health concerns and fear of side effects,

educating women about their bodies and when they are most at risk of getting pregnant, and breaking down cultural and social barriers to contraceptive use.

1.0 Introduction

Overview of the project

Between March 2015 and March 2016, Straight Talk Foundation (STF) implemented a project in partnership with Segal Family Foundation in the districts of Adjumani and Koboko. The project incorporated radio programming for the Adolescents in Koboko; demand creation dialogues, peer to peer talks, live radio talk shows with resourceful persons, outreaches by health workers in government health facilities were used to reach out to both Adults and Adolescents as direct beneficiaries in Adjumani.

The programming in Adjumani district was geared towards creating demand for family planning commodities within STF youth centre and other government health facilities in 5 sub counties. All activities were implemented to create that demand for family planning thus reducing the unmet need for family planning in and around the five sub counties in Adjumani district.

STF aimed at achieving the following milestones:

- Provide 1000 family planning services (pills, injections and implants) at the STF Adjumani Center between March 2015 and April 2016 (.Pills: 600: injections: 300: implants 100)
- Equip Adjumani Youth Center to provide pills, injections and implants family planning methods 5 days per week by quarter 2 of 2015.
- Conduct 60 integrated educational demand creation discourses on family planning reaching 10,000 persons
- Conduct 12 live demand creation radio shows in Madi on Family Planning
- 15,000 condoms distributed
- 1200 people reached with HIV Counseling and Testing services
- Conduct 1 peer education training for 40 peer educators
- Conduct peer to peer discussions through 40 trained peer educators on family planning and ASRH reaching 10000 persons
- 2000 clients referred for various services
- 52 Kakwa language pre-recorded programs produced on Family Planning
- 104 radio broadcasts made reaching 1100 listeners with family Planning/SRH messages

2.0 Background and context

Today, more than 220 million women in developing countries have an unmet need for family planning (Population Reference Bureau; 2014). In reality, the number of women experiencing unmet need is likely much higher. Contraceptive needs can fluctuate due to shifts in fertility desires that occur in response to changing life circumstances such as entering a serious relationship or changes in household finances. Accordingly, women may pass in and out of unmet need, rather than experiencing it as a one-time event. The more we understand life's reproductive transitions, the characteristics of women with need, and their reasons for not using family planning, the more we can improve family planning services and better meet the needs of women and men globally.

In Uganda to date and according to the national survey, about one in three married women of reproductive age reported having an unmet need for family planning at the time of the survey, which translates into approximately 1.6 million women (Sennot and Yeatman; 2012). Of these women, about 60 percent wanted to space their next birth, and the other 40 percent did not want to have any more children.

The magnitude of unmet need may also be greater than that captured at the time of the survey. A new study revealed that among married women, about 50 percent an estimated 2.4 million women experienced an episode of unmet need at some point during the previous five years. Among those women, about 650,000 experienced two or more episodes of need in the same time period (Toshiko Kaneda and Population Reference Bureau; 2014).

Women who want to avoid pregnancy, but are not using an effective method of contraception, account for a large majority of unplanned pregnancies. In Uganda, 44 percent of pregnancies are unplanned. There is not much variation in levels of unmet need for family planning across women's age groups. One-third of adolescents (15-19) and women ages 40-44 have an unmet need, compared to about 36 percent of women between the ages of 20 and 39. Women ages 45-49 have the lowest level of unmet need (24 percent). During our literature search, we could not find any information related to Adjumani district in regards to un met need for family planning.

3.0 Methodology

3.1 Research design

The evaluation was a cross sectional and descriptive in design employing both quantitative and qualitative methods. It was a community based assessment relying on households to provide the necessary respondents and involved one to one interviews, focused group discussions and key informants. 312 women of reproductive age (15-49) were purposively selected to participate in this assessment.

3.2 Sampling methods

Systematic random sampling was used to select respondents for the assessment. The research assistants moved to the centre of the village where they determined the sample start and every 5th homestead there after qualified to participate in the study. At the homestead, there must have been a woman of reproductive age (15-49) for the homestead to be engaged in the assessment else that homestead would be replaced.

3.3 Selection of study area

The study area Adjumani district was purposively selected because of it being where implementation was ongoing in regards to family planning. Three sub counties were selected using simple random sampling out of the five sub counties where interventions were being implemented.

3.4 Data collection methods

Data was collected using various methods which included; one to one interviews, key informants and focus group discussions. Interviews will be conducted among women and girls of reproductive age; while key informants were conducted with maternity in-charges of various health facilities that were engaged in the project implementation process. For quantitative tools, semi-structured questionnaires were designed and used to interview respondents. These were closed ended in nature as the responses were pre-coded to ensure that there is uniformity which makes entry and analysis easier. For qualitative tools, the assessment employed focus group discussion guides to direct each discussion. Responses were recorded through a radio recorder

and later transcribed to MS word and prepared for analysis. The same process was used for key informants. The questionnaires and discussion guides were pre-tested to ensure validity, reliability and contextual issues in relation to the assessment.

3.5 Data analysis

Data was edited before and after leaving the respondents. We checked for uniformity, accuracy, consistency, legibility, and comprehensibility. The data was coded and tabulated using Epidata and later exported to Stata 12.0 for analysis. Descriptive statistics, tabulations and graphs were used for all variables that were considered in this assessment.

3.6 Ethical considerations

The assessment sought approval of the district, and local community leaders before commencement of the exercise. Each respondent was provided with written consent prior to the interviews. The assessment avoided getting names of the respondents to avoid any possibility of linking information to particular individuals.

4.0 Results

4.1 Background Characteristics

Table 4.1 Background characteristics

Background Characteristics		
Sub county of residence	**Frequency (n)**	**Percentage (%)**
Djaipa	116	38.41
Pakele	81	26.82
Adumani T/C	105	34.77
Area of residence		
Urban	112	37.09
Rural	190	62.91
Age group		
17 - 30	178	58.94
31 - 40	91	30.13
41 - 50	33	10.93
Marital Status		
Single	5	1.67
Married	264	88.29
Divorced/Separated	21	7.02
Widow	9	3.01
Highest Education level		
No education	27	8.97
Primary	216	71.76
Secondary	47	15.61
Tertiary/University	11	3.65
Religion		
Catholic	246	82.72
Anglican	6	1.99
Moslem	25	8.31
SDA	5	1.66
Pentecostal	16	5.32
Occupation		
Peasant	214	70.86
Civil servant	15	4.97
Self employed	73	24.17
Households Monthly income		
<100,000	184	61.54
100,001 - 300,000	76	25.42
>300,001	39	13.04

In table 4.1 above, shows that about 63% of the respondents reported to be living in a rural setting, 59% reported to be between 17-30 years with an overall average age of 30 years ranging from 17 to 48 years. The average age at marriage was reported to be 18 years ranging from 13 to 32 years. This is an indication that girls in rural districts marry early. 88% of the respondents were married, and 7% were divorced/separated. 72% of the respondents reported primary as their highest level of education while 82% of the respondents were noted to be catholic followers. 71% of the respondents reported to be peasants while 61% of the respondents were noted to be earning <100,000/= per month.

4.2 Knowledge on Family Planning Methods

Table 4.2: Distribution of Knowledge levels

Method		Frequency (n)	Percentage (%)
Female Sterilization	Yes	165	55
	No	135	45
Male Sterilization	Yes	133	44.78
	No	164	55.22
IUD	Yes	198	65.56
	No	104	34.44
Injectable	Yes	283	94.04
	No	18	5.96
Implants	Yes	287	93.07
	No	15	4.97
Pills	Yes	281	93.67
	No	19	6.33
Male condom	Yes	284	95.3
	No	14	4.7
Female Condom	Yes	246	82.27
	No	53	17.73
Lactational Amenorrhea method (LAM)	Yes	215	72.15
	No	83	27.85
Rhythm Method/Moon beads	Yes	62	20.95
	No	234	79.05
Emergency contraception	Yes	102	34.46
	No	194	65.54
Knows a place to obtain family Planning methods	Yes	264	88.89

	No	33	11.11
Most important source of information in regards to FP	VHT/Peer Educator	18	6.23
	Health Worker	226	78.2
	Radio Program	33	11.42
	TV Program	1	0.35
	Fellow Women	11	3.81

Table 4.2 above shows the awareness of respondents towards the various family planning methods. 94%, 55%, 45%, 65%, and 93% of the respondents reported being aware of Injectables, female sterilization, male sterilization, IUDs, and implants respectively. About 94% of the respondents were aware of pills, 95% reported being aware of male condoms; 82% reported being aware of female condoms and 20% of the respondents reported being aware of moon beads. However, 88% of the respondents knew where to obtain family planning methods from. The most important source of information in regards to Family planning was reported to be a health worker. Focus group discussions were carried out and participants were asked the type of family planning method that they are aware of and here below are responses:

A female aged 32 said ***"I know two types, injectable and another is implanon which is inserted for either 3-5 years in the arm."***

Another Female aged 22 said ***"I know for moon beads which you can count"***

A male aged 34 ***said "condom use is the one I know better"***

During the focus group discussions, the participants had these to say when asked about source of imformation in regards to family planning: A female aged 31 said: "***For me I heard from health centre and during the community outreaches. Mostly they could organise outreaches at the health centre and mobilize people to go to attend their talks".***

Another female aged 36 had this to say***: "I attended the health talk about family planning from Ciforo health centre III".***

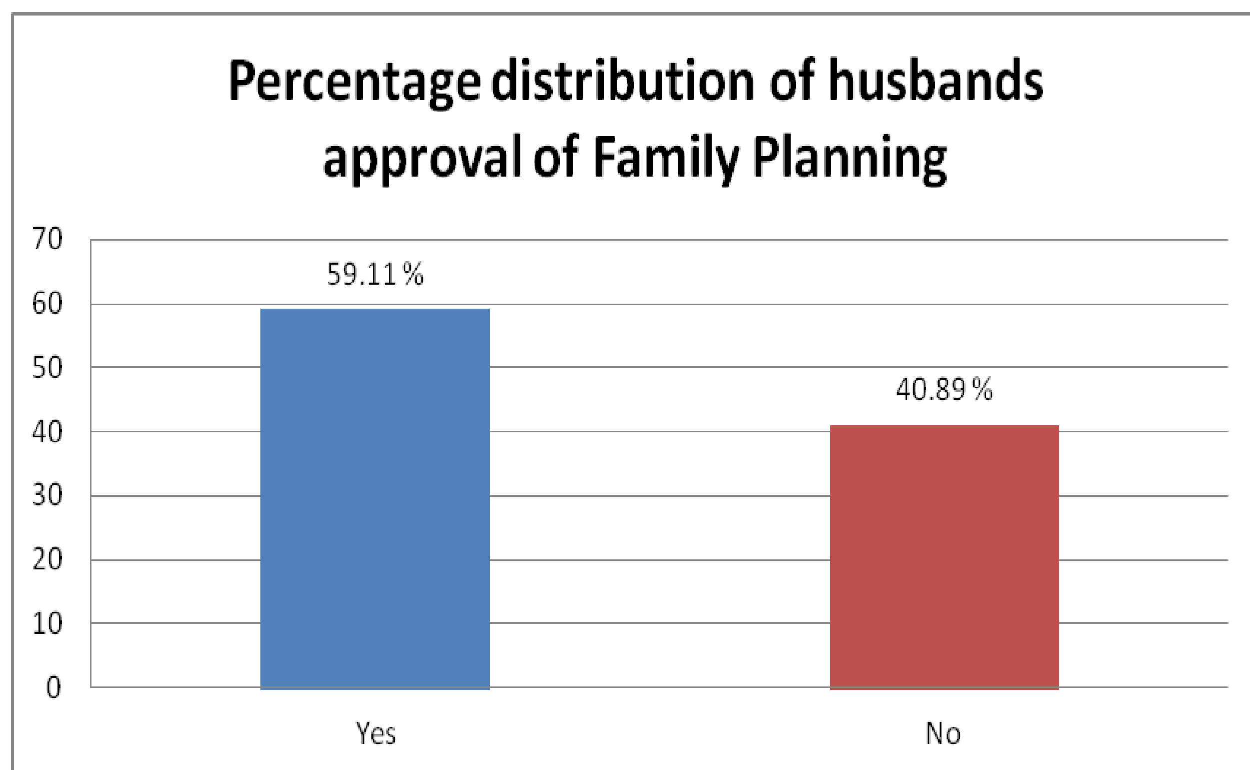
A male aged 28 said " ***I heard from a health centre when I went for ANC with my wife"***

Another male aged 37 reported that" ***for me I heard from medical teams when I went for treatment".***

Another female aged 37 had this to say ***"I heard from Straight Talk Foundation during an outreach in this community and from Baylor Uganda when they came for circumcision in our community."***

Literature around family planning barriers in Uganda has pointed out that, spouse approval on family planning facilitates women to access the right family planning method and here below we asked women if their spouses approve of their desire to access a modern contraceptive.

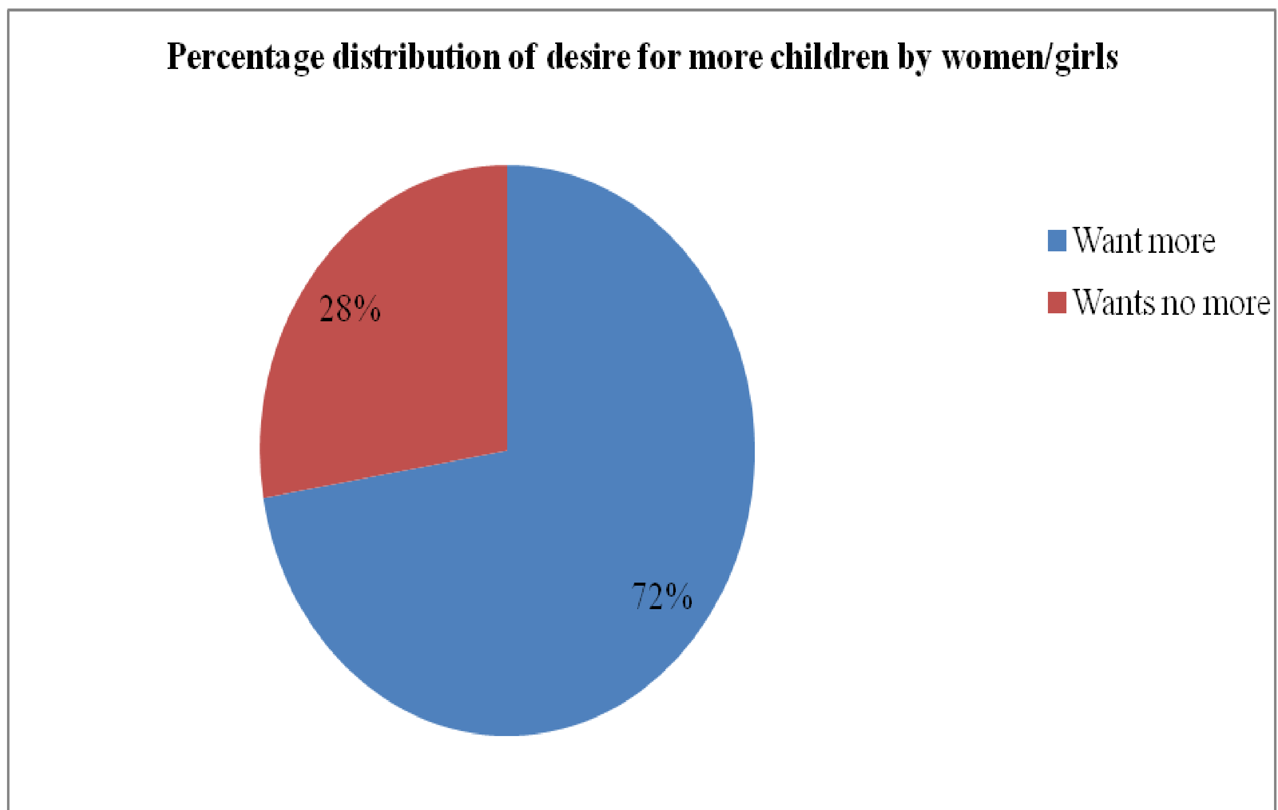
Figure 4.1: Distribution of husband's approval of Family Planning



Women and girls of reproductive age who participated in the assessment were asked if their husbands would approve of their going for family planning and 59% of the women reported that their husbands would approve of Family Planning. This shows that there is a positive attitude towards family planning by men as observed and reported by their wives/spouses. This perception though could change if men were asked to respond by themselves.

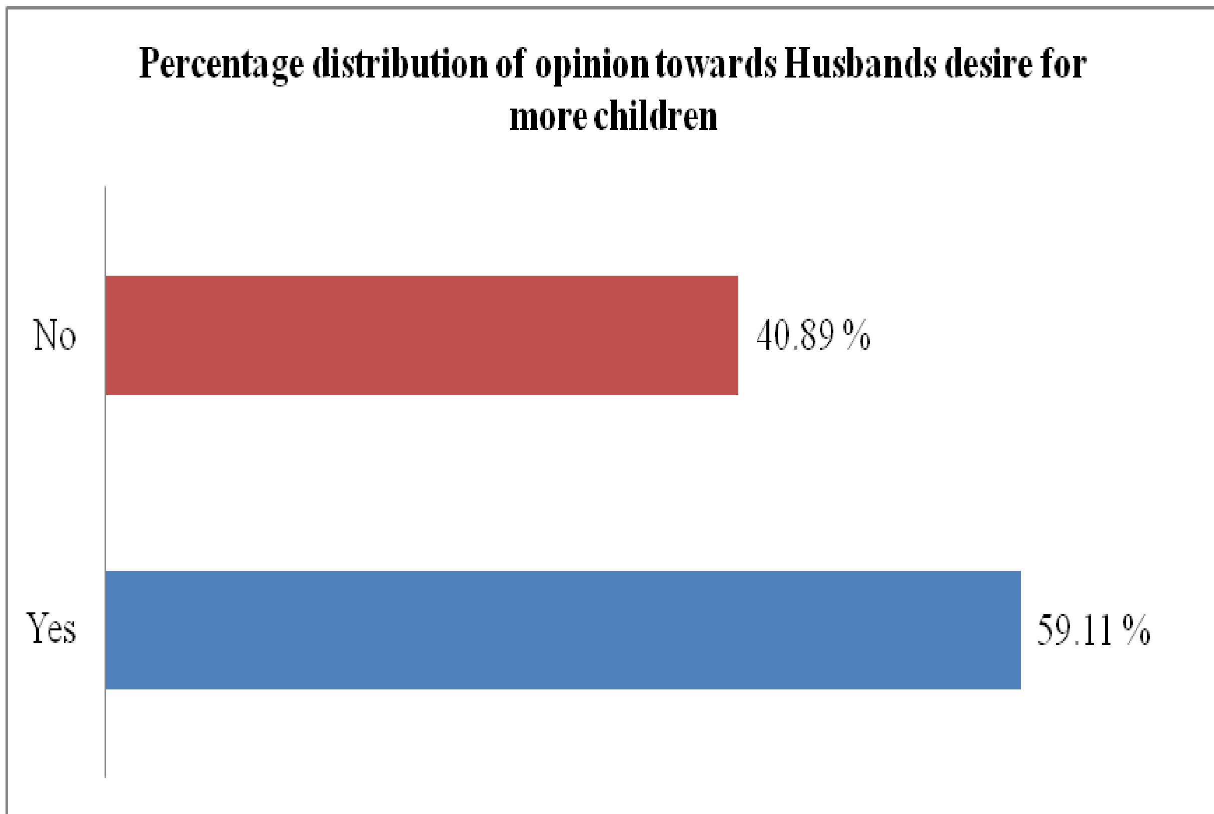
We also went ahead to assesss if these women had a desire to have more children or not and here below shows the responses;

Figure 4.2: Distribution of desire for more children by women



Women were asked on whether they still desired to have more children and about 72% of the respondents reported to still desire more children. Desire to have more children could affect access and utilization of Family Planning. When asked that how many children would you or your spouse want to have in life; 5 was the average number of children reported.

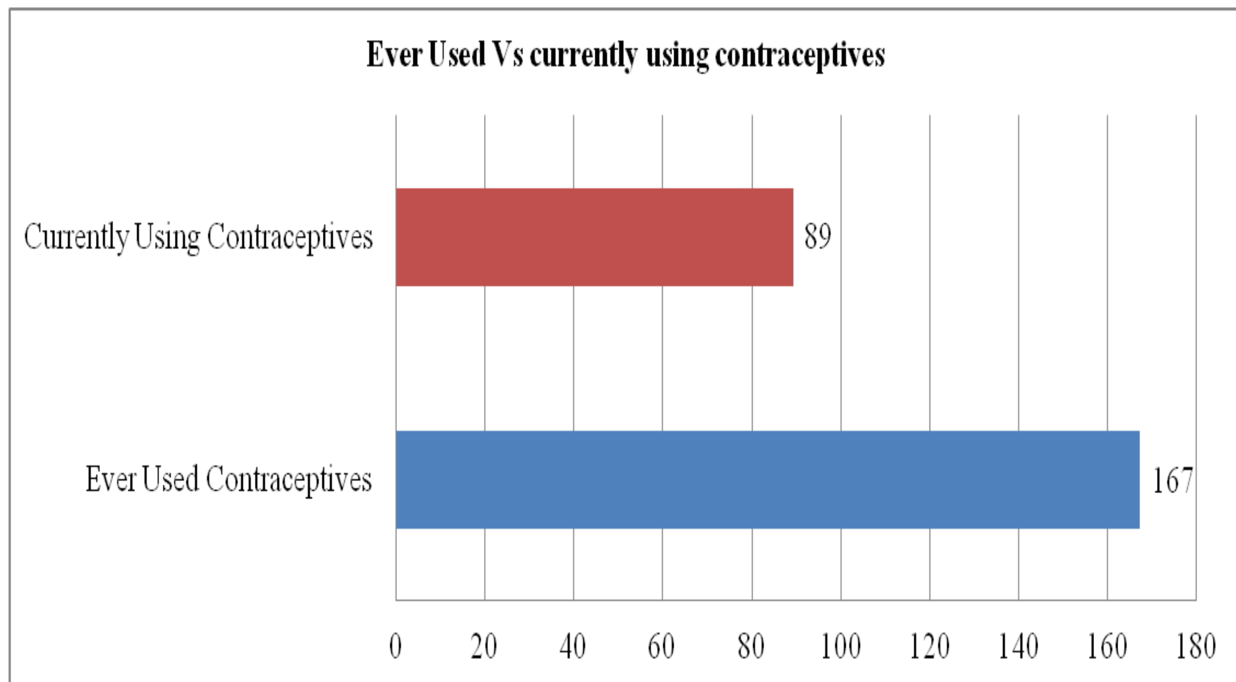
Figure 4.3: Distribution of opinions towards Spouse's desire for more children



Women who participated in the study were asked if their spouses still desired to have more children and 59% reported that their husbands desire to have more children. The strong desire by both partners to have more children would affect access to and utilization of family planning commodities.

Respondents were asked whether they had ever used and or they are currently using a modern contraceptive method of family planning and here below shows the variation between ever used and currently using a modern contraceptive method.

Figure 4.4: Number Ever used vs currently using contraceptives



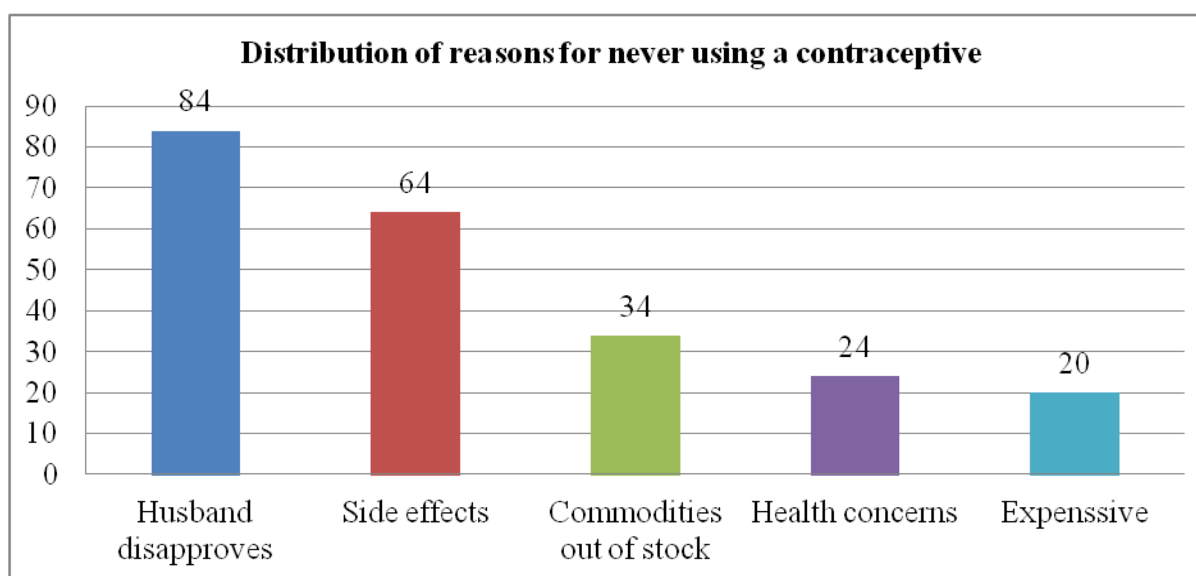
The figure 4.4 above shows a comparison between women who had ever used a contraceptive method and those who are currently using the method. The figure shows that 167 women had ever used some contraceptive method and only 89 women are currently using contraceptives. For those who had never used a contraceptive, the following are the reasons why they never used as displayed in the figure 4.5 below; husband/partner doesn't approve (82), side effects (64), and commodities out of stock (34), health concerns (24), and expensive (20).

4.3 Barriers to Family Planning

Planning the number of and timing of one's children is today largely taken for granted by the millions of people who have the means and power to do so. Yet a large proportion of the world's people do not enjoy the right to choose when and how many children to have because they have no access to family planning information and services, or because the quality of services available to them is so poor that they go without and are vulnerable to unintended pregnancy. We sought to find out what barriers are women resident in the 3 sub-counties of Adjumani facing in accessing and utilizing modern family planning methods.

First and foremost; we assessed quantitatively, what could be the reasons for not using a modern contraceptive method and the figure 4.5 below shows the results;

Figure 4.5: Reasons for not using a contraceptive



The figure 4.5 above shows that 84 of the women who had never used a modern contraceptive reported that their spouses disapprove of their access and utilization of contraceptives; 64 women reported side effects; and 34 women reported commodities being out of stock.

However, participants of key informants, focus group discussion who had never used a family planning method had this to say as reasons for not using":

An in charge in a health facility Ciforo HCII reported that: *"postpartum is a reasons for not using; although many women are not sure how long they are safe from getting pregnant after giving birth. Secondly, Lack of contraceptive supplies and logistic problems in getting the contraceptives continue to be a challenge."*

A female aged 35 years had this to say: ***"I saw some women who use family planning method which was inserted for 5 years but after the five years they both produced abnormal babies so I got scared to use it"***

*A female aged 28 "**You see some people could get interested to go for the services but are like seeking some information from fellow women, by mistake you can cross the one who have ever***

used it, she can discourage by telling you how she was bleeding after using family planning method which can eventually discourage you completely"

Another Female aged 31 reported that"***Discourage from fellow women after using family planning method and chronic womb pain and abdominal pain"***

Ability to access a family planning method looks to be predicted by experience of previous users because most of the women who are not using say they are not able because of the bad experiences faced by their colleagues who have tried to use them.

During the focus group discussions held within communities in Adjumani, the participants had this to say when they were asked about reasons why they were not using a family planning method:

A female aged 31 reported *"for me I have ever used one for cutting the arm and put inside which disturbed me, I was over bleeding during menstruation. So I feared to continue and I removed it after two years."*

A male aged 40 years said "*my wife is complaining that rough condoms create wounds in the vagina so I can't use it."*

A female aged 28 said ***"****Most of them (women) heard the problems their friends went through while using family planning methods so they got discouraged to use them."* Similarly another female aged 29 had this to say "*You see some people could get interested to go for the services but are like seeking some information from fellow women, by mistake you can cross the one who has ever used it, she can discourage by telling you how she was bleeding after using family planning method which can eventually discourage you completely."*

A female aged 35 said *"I saw some women who use family planning method which was inserted for 5 years but after; they both produced abnormal babies so I got scared to use it."*

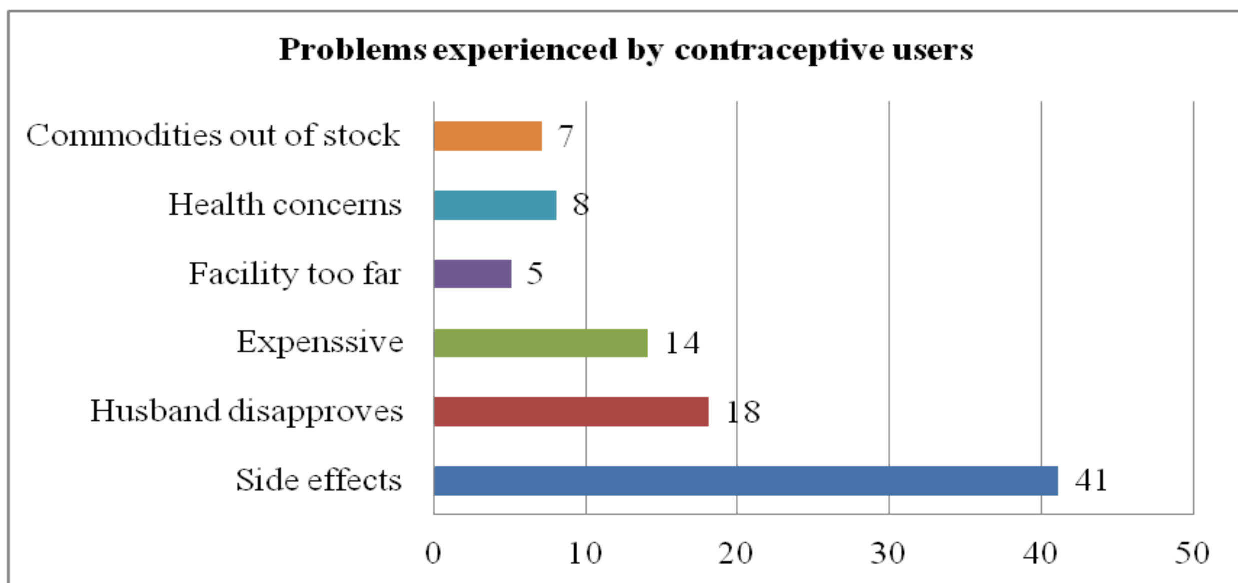
Another female aged 37 had this to say *"Partners involvement in family planning is poor especially the men don't want their wives to access family planning method." Similarly a female aged 32 said "some women fear to involve their men in family planning because most (men) don't want their wives to use family planning."*

A female aged 29 said "the reason why am not using family planning method is not because of its disadvantages but when I give birth I don't usually menstruate when am breast feeding and I don't stay with my husband."

It's very clear that men's/spouse approval, side effects and past experiences of women who have used modern contraceptives are the reasons why most women in Adjumani are not accessing family planning methods. The other reasons as seen in the figure 4.5 are: the commodities are expensive; the commodities are out of stock and other health concerns.

However, for those using the contraceptives, they were asked what major problems were they facing and the figure below shows the distribution of the various problems they faced as they used the various contraceptives:

Figure 4.6: Problems experienced by contraceptive users



The figure above shows that most (41) women who were using a family planning method reported side effects as major a problem they face; 18 of them reported that their husbands did not approve either as a result of desire for more children or other reasons.14 women reported that the commodities were expensive to acquire and this could be as a result of stock out.

5.0 Conclusions and Recommendations

5.1 Conclusions

Women of reproductive age (15-49) are aware of the various modern contraceptive methods that are being provided at various health facilities thus; male condoms (95%), injectables (94%), pills (94%), implants (93%), female condoms (82%) and 20% knew of moon beads. 88% of the respondents knew where to obtain family planning methods from. The most important source of information in regards to Family planning was reported to be a health worker.

About 59% of the women reported that their husbands would approve of Family Planning; 72% of the women reported to still desire more children; and 59% reported that their husbands desire to have more children.

In absolute numbers, 167 women had ever used some contraceptive method and only 89 women are currently using contraceptives.

This assessment has revealed the following reasons as reasons why women have failed to access and utilize modern family planning methods in Adjumani;

Fear of side effects and health concerns was the most commonly cited reasons for not using. Second, opposition to use either by the husband or partner or owing to perceived religious prohibition. Thirdly, women cited postpartum reasons for not using; although many women are not sure how long they are safe from getting pregnant after giving birth. Lack of contraceptive supplies and logistic problems in getting the contraceptives to the provider continue to be a challenge in the health facilities/district, a few women stated that lack of access (distance or costs) was the reason for not using.

5.2 Recommendations

- Focus on reducing the top barriers to family planning uptake through improving counseling services to reduce health concerns and fear of side effects, educating women about their bodies and when they are most at risk of getting pregnant, and breaking down cultural and social barriers to contraceptive use.
- Ensure that women and men have access to a full range of contraceptive methods (short-term, long term, and permanent) to satisfy their reproductive needs at different life stages.
- Take advantage of all opportunities! With so many women experiencing unplanned pregnancies, providers need to integrate family planning counseling, services, and follow-up into postpartum programs as well as other services that offer an opportunity to reach women-post abortion care, child survival programs, community health programs, and HIV services among others.
- Recognizing reproductive transitions is an important step toward satisfying the family planning needs of the nation. Ultimately, this goal calls for renewed efforts to address women's and men's needs at different stages of their reproductive lives, and to tailor family planning services to better meet life's changing circumstances.
- Reach out to women and their partners at multiple stages in their reproductive lives to better satisfy changing needs from adolescents and young women and men, to middle-aged and older couples.