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Research Article

Uptake of Modern Family Planning Among Postpartum Women Attending Postnatal Clinic in Busolwe Hospital, Butaleja District, Eastern Uganda

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Abstract:

Background: Family planning (FP) is key to preventing the social, economic and health consequences resulting from unintended pregnancies. Failure to control family size and child spacing has pressing negative effects on the health of women, their children, the community and the nation at large. Despite various family planning interventions such as Uganda Family Planning Costed Implementation Plan (UFPCIP) and Postpartum Family Planning Action Plan (PFAP), the unmet FP need still stagnates as high as 28%. Therefore, this study determined the prevalence and assessed the factors associated with modern family planning uptake among postpartum women attending Postnatal Care (PNC) in Busolwe Hospital, Butaleja district, Uganda. *Methods:* A cross-sectional study was conducted among 361 postpartum mothers attending PNC. Quantitative approach was applied and data collected using pre-tested semi-structured questionnaire. Participants recruited by consecutive sampling. Ethical considerations and approval was sought from Lira University institutional research board (IRB) and data was analyzed using SPSS version 23. *Results:* A total of 361 participants were recruited for the study. Majority of the participants 167(46.3%) aged between 17-24 years with mean age 26.01 (SD±5.877). Over all 122(34%) was the prevalence of modern FP uptake. Factors independently associated with modern family planning at multivariate analysis were; Education level (P=0.007, OR 0.048, 95% CI 0.005-0.435); occupation (P= 0.039, OR 0.432, 95% CI 0.195-0.958), Income (P=0.000, OR 0.209, 95% CI 0.088-0.494), Side effects (P=0.014, OR 3.062, 95% CI 1.249-7.508), and Perception about many children (P=0.000, OR 0.128, 95% CI 0.049-0.339). *Conclusion:* The prevalence of modern family planning was low in Butaleja district. This was due to inadequate education among women, unemployment, low-income status, desire for many children and the side effects associated with family planning use.

Keywords: modern family planning, contraceptives use, family planning, associated factors.

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1. Background

Family planning (FP) is an essential aspect of Sustainable Development Goal 3 and is specifically mentioned in SDG 3.7. By the year 2030, we must have achieved the aim

of providing all people with access to sexual and reproductive health services such as contraception, family planning, information, and education, and the integration of reproductive health into national plans and activities (Salisbury et al., 2016).

It remains concerning that only a fraction of people globally adopt modern techniques of family planning. This is especially true in developing countries like Uganda. Globally, 63% of married or cohabiting women of reproductive age use contraception. Both cutting-edge and time-honored methods qualify. Comparatively, between 58 to 75 percent of women in the rest of the globe utilise contraceptives, whereas just 36 percent of women in Africa do so. (WHO, 2017).

About 35% of married women in Uganda use a modern technique of family planning, whereas 4% use a traditional method (UDHS, 2016). It is unclear how common family planning is in the Butaleja district, but the rate of multigravidity is staggering (Local ground observations). The negative social, economic, and health outcomes that might emerge from unintended pregnancies can be greatly reduced with the help of family planning (Salisbury et al., 2016).

When population growth and child spacing are not managed, there are serious consequences for maternal, infant, and child health at the individual, community, and national levels. Large families have a higher propensity to live in poverty, and rapid population growth is widely recognised as one of the most significant obstacles to national progress (Nansseu, Nchinda, Katte, Nchagnouot, &Nguetsa, 2015).

Despite Uganda's various initiatives, such as the Uganda Family Planning Costed Implementation Plan and the Postpartum Family Planning Action Plan and the massive counselling and health education campaign, the country's unmet need for family planning remains high at 28 percent (UDHS, 2016). This study set out to answer the question, "What factors are associated with the use of modern family planning methods among postpartum women seeking care at the PNC at Buslowe Hospital in the Butaleja district?" among those who were receiving care at the PNC there.

2. Problem Statement

Despite only having a 35% adoption rate for modern family planning, Uganda has a high unmet need of 28%. As a society, we all suffer when families have too many children and don't spread them out appropriately. The low rate of adoption of modern family planning in Uganda has been attributed to a number of factors, including the cultural prestige of having a large number of children, access to healthcare, education, affluence, population age, and religious taboos (Asiimwe, Ndugga, Mushomi, &ManyenyeNtozi, 2014a).

The government of Uganda has implemented family planning interventions like distribution of sayana press, male involvement, massive mass media family planning counseling and education that aim at popularizing the availability, benefits and the necessity of family planning. Nevertheless, the uptake of family planning still remains low with unmet need of 28 percent.

In Butaleja district, the uptake of modern family planning is not clear. However, the level of multigravidity is high. This has greatly contributed to the under development

of this district. Significantly few children access quality education up to a recognizable level to compete in the job market, most of the homesteads rarely attains at least two meals a day. Most of the adolescents who are brought up in these homesteads fail to progress successfully in life, they are always idle and involve in several criminal activities which are unproductive such as robbery, theft, abusive language and other criminal activities (local ground observations).

Less is known about the factors associated with family planning uptake in this district. This study is therefore aimed at assessing the factors associated with modern family planning uptake among the postpartum women attending PNC in Busolwe Hospital, Butaleja district.

3. Methodology

3.1. Study Design

A descriptive cross-sectional survey among mothers attending PNC in Buslowe hospital was conducted because exposure and outcome will be measured concurrently.

3.2. Study Setting

In order to complete this research, Busolwe General Hospital played host. It may be found in the heart of Busolwe, 47 kilometres to the southwest of Mbale Regional Referral Hospital. It is a government facilitated hospital with a bed capacity of 100beds. Carried out amongst the postpartum women in the Young Children's Clinic (YCC).

3.3. Study Population

This study examined the experiences of postpartum women receiving PNC care at Busolwe Hospital in the Butaleja district.

3.4. Study Procedure

Interviewer-administered questionnaires adapted from previous studies and adjusted to suit the objectives of this study was used to collect data from the respondents. A letter of introduction from lira research committee used to obtain permission from the ward in charge and hospital administration. Participants were chosen at random and informed consent sought before data collection.

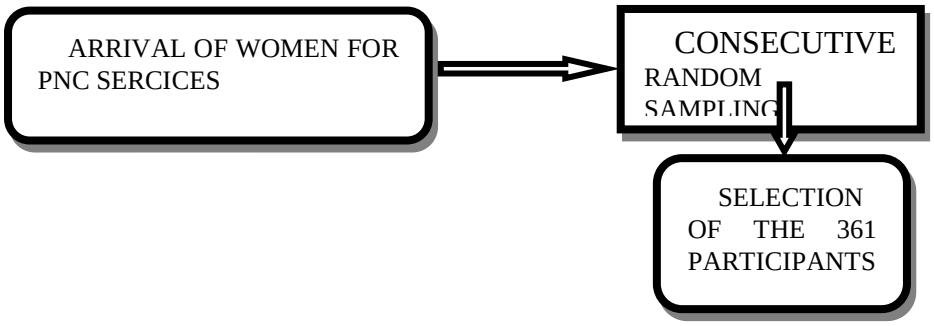
4. Sample Size Determination

The sample size was determined by employing Kish and Leslie formula of 1965 and a total of 361 participants were reached.

4.1. Recruitment Technique

Consecutive random sampling was used to obtain participants whereby every participant who met the criteria was selected until 361 participants were obtained.

Figure 1. Diagramatic Representation Of The Sampling Technique



4.2. Eligibility Criteria (Inclusion and Exclusion)

Inclusion Criteria

All postpartum mothers who attended PNC services in YCC during the period of data collection were included in this study.

Exclusion Criteria

Women who were be too busy to participate, those who were too sick to answer questions were also excluded.

4.3. Data Entry and Cleaning.

Questionnaires bore unique codes; data collected was stored in a lock. It was then manually checked for completeness, spellings and correctness. Data was then entered into the computer protected with a password. The researcher used Epi data and SPSS software to enter, code and clean the data collected from the participants.

4.4. Analysis of Data

Data was cross checked to correct miss spellings and ensure completeness of the data collected after which it was analyzed using Statistical Package for Social Sciences (SPSS) version 23. Univariate was conducted on categorical variables; marital status, religion, and parity. These were then summarized using percentages and frequencies. Meanwhile, continuous variables like were summarized using mean, median, maximum and minimum. Bivariate was performed to determine relationship between the dependent and independent variables so as to establish the association between the independent variables and family planning uptake. Statistical associations were determined by use of 95% confidence intervals (CI) at $p<0.05$.

4.5. Quality Control (Validity and Reliability)

The questionnaire was prepared in English in order to improve data quality. The questionnaires which were administered was adapted from previous studies, modified to suit the objectives of this study, and checked thoroughly before use by the researcher and then the supervisor to ensure the relevancy of the questions and the grammar used. It was pretested at Ober Health Center IV.

4.6. Ethical Considerations

Approval was sought from Lira University research committee. Administrative permission to conduct the study at the hospital was obtained from Busolwe hospital. Every woman was interviewed separately using the free clinical room to ensure privacy and the data coded to ensure information obtained was un-identifiable instead of names, initials were used and limited access to the information was employed to ensure confidentiality after research. All participants signed informed consent to participate in the study.

4.7. Study limitations

The study was concentrated on women in YCC. The findings therefore may not be generalized to other women in other units in the same hospital.

5. Results

5.1. Socio-demographic characteristics of study participants

Table 1 Majority of the participants 167(46.3%) were between the ages of 17-24, with mean age of 26.01 (SD±5.877), Majority 295(81.7%) were married, about half 191(52.9%), attained primary level of education, about half 187(51.8%) were peasant farmers, and less than half 148(41.0%) of the respondents were Muslims.

Table 1. Socio-demographic characteristics of study participants

Variable	Frequency	Percentage
Age of participants		
17-24	167	46.3
25-34	159	44.0
35 plus	35	9.7
marital status		
Married	295	81.7
Divorced	16	4.4
Single	46	12.7
Widow	4	1.1
education level		
no formal education	42	11.6
Primary	191	52.9
Secondary	76	21.1
Tertiary	52	14.4
Occupation		
formal job	32	8.9
house wife	53	14.7

business woman	53	14.7
Farmer	187	51.8
Other	36	10.0
income range		
0-100000	184	51.0
100000-200000	80	22.2
200000-400000	37	10.2
400000-500000	29	8.0
> 500000	31	8.6
Religion		
Moslem	148	41.0
Catholic	77	21.3
born again	46	12.7
Anglican	84	23.3
seventh day	6	1.7

5.2. Uptake of modern family planning.

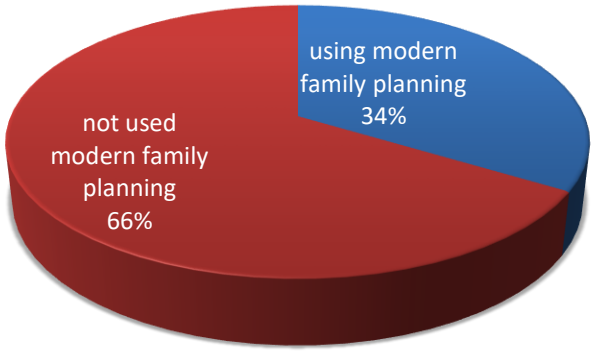


Figure 2. Showing uptake of modern family planning among postpartum mothers.

Only 34% of the postnatal mothers are using modern family planning.

5.3. Factors associated with modern family planning uptake

Obstetric factors

Table 2 below shows that the majority of the participants with frequency of 84(23.3%) had given birth to 1child, had 1child alive 88(24.4%), had experienced side effects 203(56.2), and had never used 139(28.5%).

Table 2. Showing Obstetric factors affecting uptake of family planning

Variable	Frequency	Percentage
children given birth to		
1	84	23.3
2	83	23.0
3	78	21.6
4	37	10.2
5	33	9.1
>5	46	12.7
Children alive		
1	88	24.4
2	84	23.3
3	81	22.4
4	36	10.0
5	26	7.2
>5	46	12.7
Ever experienced side effects		
Yes	203	56.2
No	19	5.3
i have never used FP	139	38.5
Felt like discontinuing FP due to side effects		
Yes	56	15.5
No	73	20.2
i actually discontinued	93	25.8
i have never used FP	139	38.5

Psychosocial factors

According to the Table below, the majority of the participants 314(87.0%) had knowledge on the benefits of modern FP, more than half 232(64.3%) were forbidden from practicing FP by their religions, and less than half faced a challenge of long distance 153(42.4%)

Table 3. showing Univariate analysis of accessibility factors

Variables	Frequency	Percentage
Knowledge of benefits of FP		
Yes	314	87.0

No	47	13.0
religion support FP		
Yes	129	35.7
No	232	64.3
Home decision maker		
Me	84	23.3
Husband	162	44.9
both of us	115	31.9
challenges in accessing facility		
long distance	153	42.4
shortage of FP methods	83	23.0
limited options of FP methods	71	19.7
lack of transport	54	15.0
Given FP options		
Yes	45	12.5
No	182	50.4
i have never used FP	134	37.1
Reaching facility		
by foot	204	56.5
by personal means	89	24.7
by public means	68	18.8

Social factors

More than half 213(59.0%) of the participants according to the tTable below heard that FP was bad due to side effects, 222(61.5%) consider having many children as an additional cost on the family, and very few 168(21.3%) study participants knew that FP was for both men and women.

Table 4. showing the other factors

Variable	Frequency	Percentage
Hearsays about FP		
its good	68	18.8
it’s bad with side effects	213	59.0
i have not heard any	36	10.0
am not interested in hearing	44	12.2
Peer influenced		
Yes	5.3	5.3
No	94.7	94.7

Perception about having many children		
it's good	139	38.5
it's bad	222	61.5
Perception about FP		
It's for only women	116	32.1
It's for both men and women	168	46.5
I don't know	77	21.3

5.4. Factors associated with uptake of family planning at bivariate analysis level

Odds ratio were generated to determine the association between the socio-demographics, obstetric and other factors. 95% confidence interval was applied and a P-value of <0.005 considered to be statistically significant as shown in table 5 below.

Age of the participant (P=**0.000**, OR 2.592[1.637-4.106]), Children given birth to (P= **0.000** OR 3.199[1.685-6.074), Number of Children alive (P=**0.002**, OR 2.748[1.441-5.243]), peer influenced (P=**0.044**, OR4.595 [1.044-20.222]) and other factors were significantly associated with uptake of modern family planning.

Participants who reported that it is good to have many children were 20times unlikely to use modern family planning than those who said the contrary; the participants who experienced side effects due to family planning were 8times unlikely to use family planning than those who had not experienced. Details of the bivariate analysis are in the Table 5 below.

Table 5. showing the association between modern family planning and socio-demographic, medical-obstetric and other factors

Variable	Uptake of family planning		P-value
	Yes (%)	No (%)	Crude OR (95% CI)
Age of participant			
17-24	38(22.8%)	129(77.2%)	0.000 2.592(1.637-4.106)
25plus	84(43.3%)	110(56.7%)	1.00
Education level			
Some education	121(37.9%)	198(62.1%)	0.002 0.040 (0.005-0.294)
No education	1(2.4%)	41(97.6%)	1.00
Occupation			
Employed	75(62.0%)	46(38.0%)	0.000 0.149(0.092-0.243)
Unemployed	47(19.6%)	193(80.4%)	1.00

Income			
>200000	74(76.3%)	23(23.7%)	0.000 0.069(0.039-0.121)
<200000	48(18.2%)	216(81.8%)	1.00
Religion			
Christian	87(40.8%)	126(59.2%)	0.001 0.449 (0.281-0.716)
Non Christian	35(23.6%)	113(76.4%)	1.00
Religion support FP			
Yes	64(49.6%)	65(50.4%)	0.000 0.339(0.215-0.534)
No	58(25.0%)	174(75.0%)	1.00
Children given birth to			
Above 5	13(16.5%)	66(83.5%)	0.000 3.199 (1.685-6.074)
1-4	109(38.7%)	173(61.3%)	1.00
Children alive			
Above 5	13(18.1%)	59(81.9%)	0.002 2.748 (1.441-5.243)
1-4	109(37.7%)	180(62.3%)	1.00
Challenges in accessing facility			
Medical challenges	82(53.2%)	72(46.8%)	0.000 0.210 (0.132-0.336)
Non-medical challenges	40(19.3%)	167(80.7%)	1.00
Hearsays about FP			
It's Good	42(61.8%)	26 (38.2%)	0.000 0.233(0.134-0.404)
It's bad	80(27.3%)	213(72.7%)	1.00
Peer influenced			
Yes	2(10.5%)	17(89.5%)	0.044 4.595(1.044-20.222)
No	120(35.1%)	222(64.9%)	1.00
Perception about many children			
It's good	7(5.0%)	132(95.0%)	0.000 20.267(9.066-45.308)
It's bad	115(51.8%)	107(48.2%)	1.00

Whether given FP options			
Yes	23(51.1%)	22(48.9%)	0.010 0.436(0.232-0.820)
No	99(31.3%)	217(68.7%)	1.00
Whether experienced side effects			
No	18(11.4%)	140(88.6%)	0.000 8.171(4.655-14.342)
Yes	104(51.2%)	99(48.8%)	1.00

5.5. Factors associated with uptake of family planning at multivariate analysis level

Multivariate analysis has pinpointed a number of factors independently linked to the popularity of modern techniques of family planning. Adoption of modern family planning was utilised as the dependent variable, in Table 6 and all bivariate analysis factors with a p-value 0.05 were included as independent variables in the subsequent logistic regression analysis.

Level of education (P=0.007, OR 0.048[0.005-0.435]), occupation (P=0.039, OR 0.432[0.195-0.958]), income (P=0.000, OR 0.209[0.088-0.494]), perceived number of children (P=0.014, OR 3.062[1.249-7.508]), and side effects (P=0.014, OR 3.062[1.249-7.508]) were found to have a statistically significant effect on the.

Table 6. Showing factors associated with modern family planning uptake at multivariate

Variable	cOR(95%CI)	P value	aOR(95%CI)	P value
Education level				
Some education	0.040 (.005-.294)	0.002	0.048(0.005-0.435)	0.007
No education	1.00		1.00	
Occupation				
Employed	0.149(0.092-0.243)	0.000	0.432(0.195-0.958)	0.039
Unemployed	1.00		1.00	
Income				
>200000	0.069(0.039-0.121)	0.000	0.209(0.088-0.494)	0.000
<200000	1.00		1.00	
Side effects				
No	8.171(4.655-14.342)	0.000	3.062(1.249-7.508)	0.014
Yes	1.00		1.00	
Perception about many children				
It's good	20.267(9.066-45.308)	0.000	0.128(.049-0.339)	0.000
It's bad	1.00		1.00	

6. Discussion

6.1. Prevalence of modern family planning

The prevalence of modern family planning varies considerably among different studies conducted in the population of post-partum women across different settings. Both high and low prevalence of modern family planning have been reported, this could be due to a variation in the methods used across populations, socioeconomic status of different populations and the socio-cultural and gender norms across different societies.

Among the participants in this survey, 34% reported using some form of modern family planning. This indicates that there is a low rate of postpartum women using modern methods of family planning in the Butaleja district. Reasons for this include, but are not limited to, a lack of education, a low women's income index, and the potential negative impacts of using family planning methods.

This finding is consistent with the study done by UDHS (2016), which reported the national prevalence of modern family planning use as 35%. Another cross sectional study conducted by Justine Geno Obwoya (2015) in Juba city of South Sudan between April and May, 2015 among 380women aged between 15-49years reported 36% prevalence of modern family planning use (Justine Geno Obwoya, Joseph K.Wulifan, Albino Kalolo, 2015). In another study conducted among 1410 women of reproductive age by Nanvubya (etal.,2020) in the fishing communities of Lake Victoria in Uganda reported 35.6% prevalence of family planning use.

The similarity could be related to the similar socio-economic status among these populations.

The prevalence of modern family planning uptake in this study was lower compared to findings reported by a number of studies. A cross sectional study conducted by Durawade (etal…,2017), among 503 women aged 15-49 in a semi-urban community of Ekiti State, Southwest Nigeria, reported 50.5%. (Durawade (etal…,2017). A study conducted among 424 rural women in Atiak Health Center IV, Amuru district in Nothern Uganda reported 54.2% prevalence of family planning use. (Ouma etal…, 2017. A community based cross-sectional study conducted in Humera town in northern Ethopia among 321women of reproductive age (15-49) reported 72.9% prevalence of modern family planning use. (Zemene, et al,2018). A similar study conducted in Bale Eco-Region Southeast of Ethopia on determinants of family planning use among 567women of reproductive age reported a prevalence of 41.5%. (Gonie A, Wudneh A, Nigatu D. et al, 2018). A descriptive study conducted by Precious Afriyie et al (2019) among married women of age 18-49 reported a contraceptive prevalence use of 64.4%. The variation could be due to the differences in the socio-economic status across populations, different methodology and biased reporting (Precious Afriyie et al, 2019).

This study found a higher prevalence compared to the 14.3% prevalence of family planning uptake reported by Kaniki FR (2017) in a study conducted in Minembwe Democratic Republic of Congo among 370 rural women of child bearing age. A case-control study conducted by Eliason (Et al, 2014) among women of reproductive age in Nkwanta District in Ghana reported a prevalence of 6.2%. A study conducted in

Nigeria with data on 9126 women aged 15-49 extracted from Linked household and Service Delivery Point datasets from a 2018 survey reported that only 19.2% of the women used modern family planning (Alo O.D, Daini B.O, Omisile O.K. Et al, 2020).

6.2. Factors associated with modern family planning uptake among post-partum women

The following factors were found to be statistically significant for family planning uptake, education level, occupation, income index, side effects and the perception about many children.

In this study, all mothers who attained higher secondary and tertiary education were educated while those who attained lower secondary, primary and no education at all were not educated. The level of education was found to be significantly associated with family planning use. Mothers who were educated more likely to use modern family planning as compared to their counterparts who were not educated; This implies that the education level of the mother independently influences her family planning use or disuse with or without other factors being present. The finding may be due to fact that through education, mothers gain political and economic power hence the ability to safe guard their reproductive rights. This finding is consistent with the findings of the above study conducted by Justine Geno Obwoya (2015) in Juba city of South Sudan between April and May, 2015 among 380women aged between 15-49years, which reported that family planning use positively correlated with education level. (Justine Geno Obwoya, Joseph K.Wulifan, Albino Kalolo, 2015). Another study conducted among 503 women aged 15-49 in a semi-urban community of Ekiti State, Southwest Nigeria, reported that women who had acquired education were 2times more likely to use modern family planning as compared to the women who had no education (Durawade (et al,2017).

Side effects include the participants who heard hearsays and those who physically experienced side effects associated with modern family planning use. Mothers who heard of or physically experienced side effects associated with modern family planning use were 3times unlikely to use family planning than the counterparts. This finding may be due to the risks involved as a result of the side effects for example, anemia due to bleeding, failure to conceive again doe to irregular menses, hospitalization due to fibroid development. This finding is consistent with the findings of a qualitative study conducted by Mushy (etal. 2017) among 15 female Youth of Temeke District Dar es salam aged 18-24 which reported that side effects strongly hindered modern family planning use. The study done in the fishing communities of Lake Victoria by Nanvubya (etal.,2020) and another by Ochaka (etal.2015) among the youngwomen of Nyanza, Coast and Central region of Kenya also showed that women who experienced excessive bleeding and delayed fecundity (side effects) were unlikely to use family planning than the counterparts who didn't experience side effects. A community cross-sectional study conducted in Humera town in northern Ethopia reported that participants who heard or experienced side effect were 3.01times unlikely to use family as compared to others who did not experience side effects. (Zemene, et al,2018). According to Kigundu GK, Nyashanu M, Ekpenyong MS (2020), a study carried out in the rural communities of Budaka district on uptake of

family planning services among young people (18-24years) reported that side effects like perceived loss of libido, and perceived bareness associated with the use of family greatly affected family planning usage.

This study examined participants who earned less than and more than two hundred thousand shillings. Participants who earned more than two hundred thousand were more likely to use family planning as compared to their counterparts. This finding may be due to the financial independency hence easy access of the family planning methods. This finding was in consonant with the study done by Lasong (etal,2019) among married women 15-49years in rural Zambia that reported that woem wit a higher wealth were 3tmines more likely to use modern family planning than the women with a low wealth index. A similar study conducted in Nigeria by Solanke, B.L (2017) among 14,450 women of advanced reproductive age reported that women in rich households were 1.722times more likely to use family as compared to other women in poor households.

Occupation is the principal activity an individual does to earn money. In this study women who had principal activities that generated them regular earnings were employed, unlike their counterparts who did not engage in any principal activity therefore they were unemployed. The study revealed that the employed women were more likely to use modern family planning than the unemployed women. This finding is similar to the finding of the study by Islam (et al.,2016) conducted in Bangladesh which reported that 67% of the employed women used family planning. A similar study conducted by Abdalla (Et al, 2017) among 200 reproductive age group women in the White Nile Rural districts of Sudan reported that employed women were more likely to use modern family planning as compared to women who were not employed.

In this study, participants had varying perceptions about having many children; some said it is good and to the contrary others said it's bad. Those who said having many children is good desired more children and were more unlikely to use family planning than the others who said having many children is bad.. Those who desired more children considered them as a source of wealth, prestige and obedience to their religious belief. The finding of this study is similar to the finding of the cross-sectional study conducted in Bale Eco-Region, Southeast of Ethopia among 567women of reproductive age. This study reported that women who have more than 7deliveries were 2.98times unlikely to use family planning than the ones who had fewer deliveries. (Gonie A, Wudneh A, Nigatu D. et al, 2018). According to Solanke, B.L (2017) in a study conducted in Nigeria by among 1412 women of advanced reproductive age, women who wanted more children were 2.481times more unlikely to use modern family planning as compared to others who had no fertility desires. Another study conducted in Nigeria among 9126 women of age 15-49 reported that women who had no intention of having many children were 1.5times more likely to use family planning as compared to the ones who had intentions of having many children. (Alo O.D, Daini B.O, Omisile O.K. Et al, 2020). According to Kebede (et al, 2019) in a study conducted in Oromia, Ethopia, among 584 systematically selected women of reproductive age, women who had intentions of having fewer children were 4times likely to have demand for modern family planning than those who intend to have more children. (Kebede A, Abaya S.G, Merdassa, et al, 2019)

7. Conclusions And Recommendations

7.1. Conclusions

The prevalence of modern family planning uptake in Butaleja is low (34%) compared to the national (35%) (UDHS,2016) and continental prevalence (36%). The factors significantly associated with this prevalence are inadequate education, inadequate employment opportunities for women culminating into their low-income index. The desire to have many children and severe side effects were also associated with the family planning uptake.

7.2. Recommendations

To health service providers

Provide mothers with information about the upsides and downsides of having many children. Outline the potential negative outcomes of using modern family planning methods and the strategies for coping with them.

Encourage partner involvement in the Antenatal Care visits so that they may also take up family planning.

Ensure no stock-outs of the family planning methods

Implications for Policy and Practice

Including Family Planning Education in the secondary school curriculum will give students, especially girls without access to higher education, the tools they need to make informed reproductive health decisions (who are actually the majority).

There should be family planning service centres that are welcoming to young people in every hospital.

Girls' education programmes (girls' bursaries) should be put into action, monitored, and reviewed.

Employment programmes geared toward women should be evaluated from a fairness perspective in order to boost their economic standing.

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