

**FACTORS AFFECTING ADOPTION OF FAMILY PLANNING METHODS IN
NAGONGERA TOWN COUNCIL IN TORORO DISTRICT**

BY

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DECLARATION

I, ASIO SHARON SCOVIA do hereby declare that this dissertation is a result of my own individual effort and has not been submitted to any institution of higher learning of any award.

Student's signature.....Date.....

ASIO SHARON SCOVIA

APPROVAL.

This is to certify that this research work is for ASIO SHARON SCOVIA. Assessing the factors affecting adoption of family planning methods in nagongera town council in Tororo district “has been under my supervision and is now ready for submission to the department of geography for approval.

Supervisor's signature..... Date.....

TURYAHABWE REMIGIO.

DEDICATION

This book is a special dedication to my entire family Mr. Okurut Stephen, Mrs. Tino Florence and my lovely friends for their entire efforts my supervisor Mr. Turyahabwe Remigio and my friends who have tried their level best to bring me up to this far morally and this has been the source of courage and inspiration throughout this school life. May God provide them with more of life as a special gift. Thanks so much.

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ABSTRACT

The aim of the study was to determine the factors affecting adoption of family planning methods in Nagongera town council in Tororo district. Family planning (FP) is a voluntary and informed decision by an individual or couple on the number of children to have and when to have them, by use of modern or natural FP methods. Modern FP methods commonly available include oral contraceptives, Depot Medroxy-Progesterone Acetate (DMPA) injections, Implants, condoms, diaphragms, Intra Uterine Devices (IUD) and voluntary sterilization (vasectomy and tubal ligation). The traditional methods include Lactational Amenorrhea Method (LAM) and Fertility Awareness Based methods (FAB). In this study, the majority of PLWHA seeking TASO services reported use of some method of FP. Condoms were the most frequently reported FP method yet condoms are not primarily used for FP purposes among PLWHA. Current use of modern contraceptive options other than condoms was at 13%. Knowledge about FP methods and approval of one's spouse were significant predictors of FP use. Other factors that were more likely to be associated with FP use were FP counseling provided by TASO, HIV seropositivity, and access to FP methods.

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ACRONYMS AND ABBREVIATIONS

Acronyms

AIDS: Acquired Immune Deficiency Syndrome
ART: Anti-Retroviral Therapy
CDC: Centers for Disease Control and Prevention
CPR: Contraceptive Prevalence Rate
DMPA: Depot Medroxy-Progesterone Acetate
FHI: Family Health International
FAB: Fertility Awareness Based methods
FP: Family Planning
FPAU: Family Planning Association of Uganda
HIV: Human Immunodeficiency Virus
HMIS: Health Management Information System
HSSP: Health Sector Strategic Plan
IUD: Intra Uterine Devices
LAM: Lactational Amenorrhea Method
MOFPED: Ministry of Finance Planning and Economic Development
MOH: Ministry of Health
MTCT: Mother-to-Child transmission
PEAP: Poverty Eradication Action Plan
PLWHA: People Living with HIV/AIDS
PMTCT: Prevention of Mother to Child Transmission
STI: Sexually Transmitted Infections
TASO: The Aids Support Organization
TFR: Total Fertility Rate
UBOS: Uganda Bureau of Statistics
UDHS: Uganda Demographic Health Survey
UHSBS: Uganda HIV/AIDS Sero-Behavioral Survey report
WHO: World Health Organization

OPERATIONAL DEFINITIONS

Active client: A client who has received TASO services at least once in the last six (6) months

Sexually Active: A client who has had sexual intercourse at least once in the last 3 months

Family planning utilization: This referred to use of any form of either modern or traditional family planning (FP) method

Current use of FP method:

Respondents who responded positively after being asked whether they were currently doing anything to delay or avoid pregnancy. The time period for current use of FP was varied;

For surgical methods such as female sterilization (tubal ligation) and male sterilization (vasectomy) - ever use was assessed as these are permanent FP methods

For methods such as oral contraceptives, injectable, intrauterine contraceptive device (IUD), implants, lactational amenorrhea method (LAM), fertility awareness based methods (FAB) and herbs – their current contraceptive effect at the time of the interview was assessed as this effect is temporary

For barrier methods such as condoms – current use was reported use by sexually active PLWHA for FP purposes at the time of the interview irrespective of the consistency

Modern FP methods: FP methods such as pills, injectable (Depo-Provera), condoms, implants, Intra uterine contraceptive devices, vasectomy, bilateral tubal ligation

Traditional FP methods: Other FP methods such as Lactational Amenorrhea, Fertility Awareness Based methods and herbs

Fertility Awareness Based methods: These are based on knowledge about safe and unsafe days of conception. They include methods such as changes in basal body temperature, “thickness” of cervical mucus, use of moon beads and withdraw

CHAPTER ONE

Introduction

This chapter presents the background to the study, problem statement, and purpose of the study, specific objectives, research questions, significance, and scope, background of the study area, limitations and delimitations of data collection.

Family planning is a critical health intervention with vast potential to save lives, foster development, and improve wellbeing.

Family planning (FP) is a voluntary and informed decision by an individual or couple on the number of children to have and when to have them, by use of modern or natural FP methods (MOH, 2005). It can also be simply referred to as having children by choice and not by chance. Modern FP methods commonly available include oral contraceptives, Depot Medroxy-Progesterone Acetate (DMPA) injections, Implants, condoms, diaphragms, Intra Uterine Devices (IUD) and voluntary sterilization (vasectomy and tubal ligation). The traditional methods include Lactational Amenorrhea Method (LAM) and Fertility Awareness Based methods (FAB). Current guidance from WHO indicates that virtually all these methods are safe for nearly every person with HIV

Expanding access to contraception is an essential component of achieving universal access to reproductive health-care services, as called for in the 2030 Agenda for Sustainable Development. Contraceptives enable individuals and couples to exercise their right to choose the number, spacing and timing of births, to avoid high-risk pregnancies, to reduce the chance of unintended pregnancy, death, unsafe abortion and to improve the socioeconomic conditions of their families. (Chandra-Mouli et al., 2014; Glasier et al., 2006; Nove et al., 2014).

Uptake of FP is a cost-effective public health strategy that faces many challenges (Ganatra & Faundes, 2016). Adolescents and postpartum women are priority groups because they have a higher unmet need for FP than the general population (Moore et al., 2015; Vogel et al., 2015). Unmet need refers to the proportion of sexually active, women of reproductive age who are capable of becoming pregnant but want to limit (do not want more children) or to space (postpone pregnancy) their children; however, they are not using FP methods (Kennedy et al., 2011).

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