

**FACTORS INFLUENCING FAMILY PLANNING PRACTICES AMONG WOMEN IN
GOMA DIVISION MUKONO MUNICIPALITY**

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**UGANDA CHRISTIAN
UNIVERSITY**

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DECLARATION

I declare that the content of this report titled “**Factors influencing family planning practices among women in Goma Division Mukono Municipality.**” is my original work and has never been submitted or presented to any institution for any award.

Signature Date

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APPROVAL

This research report by **KICONCO SARAH** entitled “**Factors influencing family planning practices among women in Goma Division Mukono Municipality.**” has been produced under my supervision and is now ready for submission with my approval.

Signature Date

SUPERVISOR

MR MUKHANA FREDRICK

DEDICATION

I dedicate this work with honor to my dearest father and Mother Mr. Turyatempa Isaac and Mrs Nasaali Aminah, my husband Mr. Kanya Godfrey for all the support they rendered, friends for having made my education successful through their financial, spiritual, moral and every kind of support they rendered towards my education.

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ABSTRACT

The study was about examining the factors influencing family planning practices among women in Goma Division Mukono Municipality and its objectives were: to examine the knowledge and awareness of different family planning methods among women in Goma Division, Mukono Municipality, to assess the socio-economic factors that influences the utilization of family planning services among women in Goma Division, Mukono Municipality and to explore the barriers and challenges faced in accessing and utilization of family planning services by women in Goma Division Mukono Municipality. The study adopted a case study research design. A sample size of 38 respondents was selected using simple random sampling and purposive sampling technique to select the respondents. Data was collected using interviews and observation methods and the collected data was analyzed using an excel template. The findings of the study show that the largest group of the respondents 34% was between ages 20 and 25 years, 41% had completed secondary education, 7% had no formal education, 10.3% had no employment, 14% had 6 or more children and 7% had no children. The findings further reveal that the level of knowledge and awareness regarding family planning methods is high and also respondents indicated that they and their spouses or partners jointly made decisions about family planning. Therefore the study recommends that there is need to consider the women's specific circumstances when designing family planning programs and also efforts should be made to make contraceptives and family planning services more affordable, particularly for economically disadvantaged individuals.

CHAPTER ONE: INTRODUCTION

1.0 Introduction

This chapter will cover the background of the study, the statement of the problem, purpose of the study, objectives of the study, research questions, and scope of the study and the significance of the study.

1.1 Background

Family planning is the planning of when to have children and the use of birth control and other techniques to implement such plans (WHO, 2021). . Family planning services are defined as educational comprehensive medical and social activities which enable individuals to determine freely the number and spacing of their children and to select one of the contraceptive methods to use to limit unwanted and unplanned pregnancies (UNFPA, (2021)

Globally at least 200 million women want to use safe and effective planning methods but are unable to do so because they lack access to information and services (UNFPA 2017). More than 50 million of the 190 million worldwide who become pregnant each year have abortions (UNICEF 2005). Many of these are clandestine and performed under unsafe conditions. These unwanted pregnancies could have been prevented by use of family planning methods (Darroch, 2016).

According WHO, (2019) access to safe and effective family planning methods is crucial for women's reproductive health and overall well-being. Unfortunately, despite progress being made in recent years, many women still face barriers that prevent them from accessing the necessary information and services they need. This lack of access often leads to unintended pregnancies and, in some cases, the need for abortions (Guttmacher, 2018). According to recent statistics, it is estimated that approximately 44% of all pregnancies worldwide are unintended. Out of these unintended pregnancies, about 25% result in abortions (WHO, 2020). These numbers highlight the pressing need for improved access to family planning resources, particularly for women who wish to avoid unintended pregnancies but lack the means to do so effectively.

In the United States, studies have identified education, income, ethnicity, and access to healthcare as important factors in family planning decisions. The cost and availability of contraception, along with political and policy considerations, also play a role in shaping family planning practices. In India, research highlights the significance of women's education, socioeconomic factors, gender equity, access to healthcare facilities, and community-level interventions in promoting family planning. In Nigeria, factors such as education, socioeconomic status, religion, cultural beliefs, spousal communication, and access to services influence family planning (Tessema, 2016).

In Africa most of the countries have the lowest use of contraceptive use, highest maternal infant mortality rates and have the highest fertility rates. Only 30% of women in African women would like to use them (Tsui, 2017). The recognition of family planning as an important aspect to national development is being witnessed in several African countries. Family planning (FP) could prevent as many as one in every three maternal deaths by allowing women to delay motherhood, space birth, avoid unintended pregnancies and abortion and stop childbearing when they reached their desired family size (Okigbo, 2015)

Sub-Saharan Africa for instance has an average total fertility Rate (TFR) of 5.1, the highest average in the world which is twice that of South Asia (2.8) (World Bank 2009). The average contraceptive prevalence rate (CPR) of 22% is half of South Asia (53%) due to low acceptance and high cultural resistance to family planning. Consequently, the maternal mortality ratio of 500/100,000 live births is high and most Sub-Saharan Africa countries are not on track to achieve Millennium Development Goal 5 (WHO, 2012).

Global findings indicate that socioeconomic status strongly influences the utilization of family planning methods. Higher education levels and incomes are associated with better access to information and resources for family planning (Guttmacher Institute, 2018). Additionally, the empowerment of women plays a significant role, as women who have control over their reproductive choices are more likely to adopt family planning methods. Access to quality healthcare services, including reproductive healthcare and contraceptives, is crucial for family planning utilization. Cultural and religious beliefs also play a role, as certain norms may encourage or discourage contraception use, leading to regional variations in family planning practices.

In Latin America and the Caribbean, higher education, urban residence, access to healthcare, and women's decision-making autonomy positively affect family planning utilization, while religious and cultural factors may present challenges. These regional nuances highlight the need for context-specific approaches to improve family planning services and address cultural and socioeconomic factors that influence utilization.

Regionally there are several factors influencing family planning practices in different areas. In Sub-Saharan Africa, improving women's education, addressing gender inequality, and enhancing healthcare access are crucial for promoting family planning (Ackerson, 2017). Engaging men in decision-making is also important. In South Asia, women's education, socioeconomic status, and partner support significantly impact family planning. Religious and cultural factors also play a role

Despite several efforts by the government and its partners in family planning provision basically the civil society, Uganda still struggles with a low Contraceptive Prevalence Rate (CPR) of 30%, which is lower than that of her neighbors, Kenya, Rwanda, and Tanzania, which had a CPR of 46%, 52%, and 34%, respectively (Sileo, 2015)

In Uganda, the urban population has grown over the years and is currently estimated at 9.4 million (UBOS, 2018). This in part, is attributed to high fertility coupled with an unmet need for FP of about 23% and rural–urban migration (UN-Habitat, 2010) Furthermore, poor contraceptive behaviors, such as FP discontinuation, and missed opportunities for counseling and promoting FP uptake have also been reported to limit effectiveness of family Planning (Ministry of Health, 2016).

According to the International Classification of Functioning, Disability and Health (ICF) published by the World Health Organization in 2012, Uganda has a reasonable number of people having enough information about the services of healthcare facilities and available medical resources. However, the low levels of utilization of preventive healthcare measures and specialized medical interventions still stand high in many parts of the country, including Mukono District, with socio-economic, cultural, and infrastructural factors causing these barriers to utilization (Birabwa, 2022).

In Goma division, Mukono district, the utilization of family planning services, which serves as an approximate indicator of contraceptive use and family planning practices is currently estimated to be approximately 20%, according to the recent report from district health sector's annual assessment. The report acts as a gauge to assess the extent of contraceptive and family planning service adoption within the district (District Health Sector Annual Report, 2020).

Analysis of statistical data from Mukono division health office reveals a notable underutilization of family planning services across multiple healthcare facilities that provide family health services (Statistical Records, Mukono Division Health Office, 2020). This observation forms the foundation for the present study with the aim of establishing the factors influencing family planning practices among women in Goma Division, Mukono Municipality.

1.2 The statement of the problem

Promoting and enhancing family planning usage is not only a fundamental human right but also a strategic imperative for sustainable development. Access to comprehensive family planning services empowers individuals and couples to make informed decisions about their reproductive health, leading to improved maternal and child health outcomes. Moreover, it plays a pivotal role in mitigating the negative consequences of high population growth, such as increased pressure on resources and strained healthcare systems (Osotimehin, 2015).

Despite global efforts to promote family planning and address high population growth, family planning usage among women in Goma division, Mukono district, and the country remains alarmingly low, contributing to poor health and underdevelopment. According to the Uganda Demographic Health Survey (UDHS) conducted in 2018, only approximately 11.2% of women in Goma division, Mukono district, and the country utilize family planning services. This low level of utilization poses a significant concern, particularly given that the current total fertility rate in the division stands at 7.4%, higher than the national average of 6.9% (UDHS, 2018). Therefore the study aims to examine the factors influencing family planning practices among women in Goma Division Mukono Municipality.

1.3 The purpose of the study

This study aimed at examining the factors influencing family planning practices among women in Goma Division Mukono Municipality

1.4 Objectives of the study

1.4.1 General objective

The general objective of the study was to examine the factors influencing family planning practices among women in Goma Division Mukono Municipality

1.4.2 Specific objectives

- i. To examine the knowledge and awareness of different family planning methods among women in Goma Division, Mukono Municipality
- ii. To assess the socio-economic factors that influences the utilization of family planning services among women in Goma Division, Mukono Municipality.
- iii. To explore the barriers and challenges faced in accessing and utilization of family planning services by women in Goma Division, Mukono Municipality

1.5 Research questions

- i. What is the knowledge and awareness regarding various family planning methods among women residing in Goma Division, Mukono Municipality?
- ii. What are the socio-economic factors that influence the utilization of family planning services among women in Goma Division, Mukono Municipality?
- iii. What are the barriers and challenges encountered by women in Goma Division, Mukono Municipality in accessing and utilizing family planning services?

1.6. Scope the of the study

1.6.1 Geographical scope

The study was carried out in Goma Division, Mukono Municipality.

1.6.2 Content scope

The study focused on examining the knowledge and awareness of different family planning methods among women, the socio-economic factors that influences the utilization of family planning services among and to explore the barriers and challenges faced in accessing and utilization of family planning services by women in Goma Division, Mukono Municipality, and suggest solutions.

1.6.3 Time scope

The study was conducted between April 2023 to October 2023. This period was deemed by the researcher as long enough to be able to complete the writing of the research.

1.7 The significance of study

As a researcher, conducting this study shall offer several benefits. Firstly, it will provide an opportunity to contribute to existing knowledge by exploring factors influencing family planning practices specifically in Goma Division, Mukono Municipality.

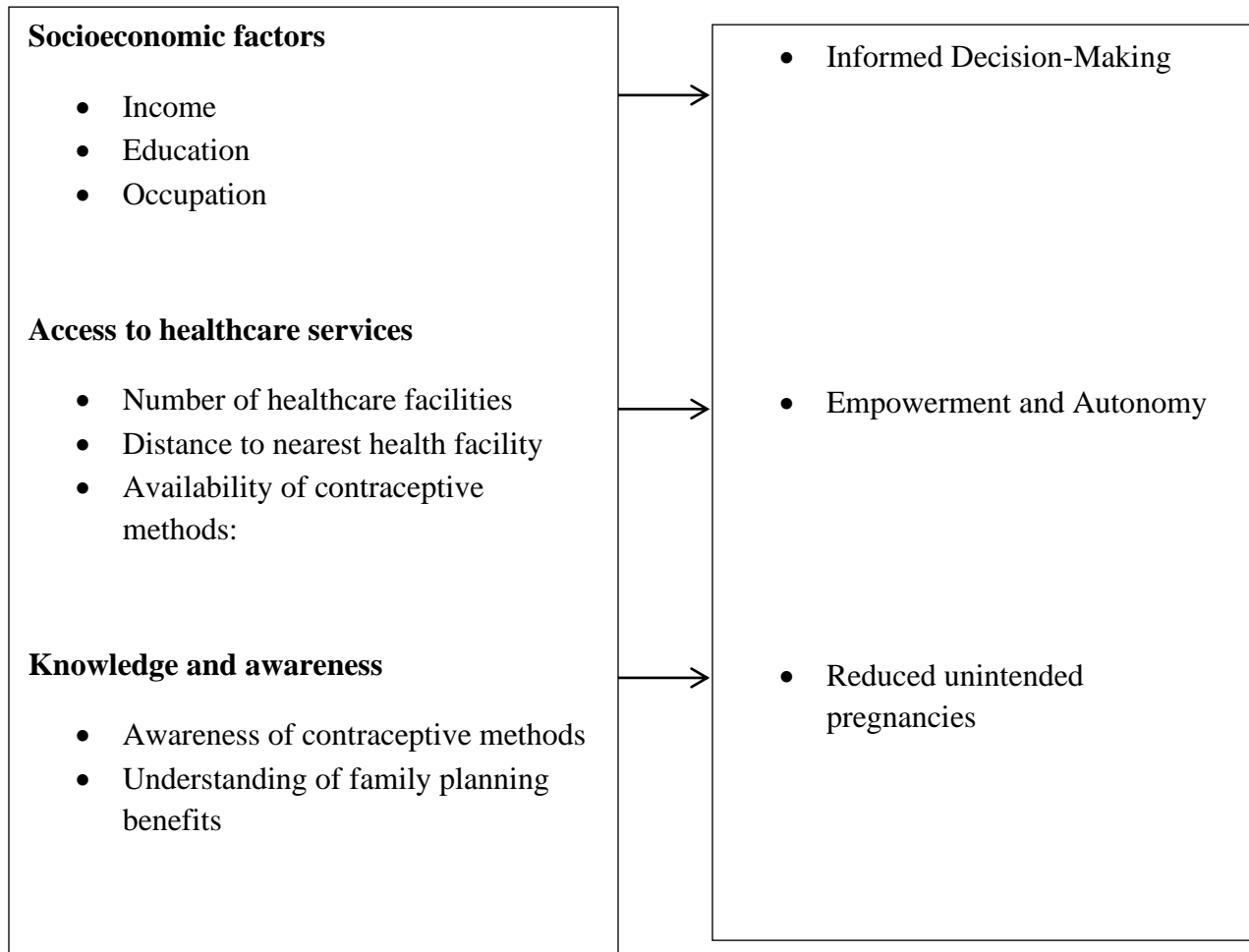
Secondly, it shall allow the researcher to develop research skills, gain experience in data collection and analysis, and contribute to their academic or professional portfolio.

The study findings shall have significant implications for policymakers involved in public health, reproductive health, and family planning initiatives. Policymakers can use the study findings to allocate resources, design awareness campaigns, and implement programs that aim to improve access to and utilization of family planning services in the region.

1.8 Conceptual framework

Conceptual Framework of Factors Influencing Family Planning Practices among Women in Goma Division Mukono Municipality

Factors Influencing Family Planning Practices among Women in Goma Division Mukono Municipality



Source: designed by the researcher

The conceptual framework for factors influencing family planning practices among women in Goma Division Mukono Municipality encompasses Socio-economic factors (Income, Education, and Occupation): Socioeconomic factors play a significant role in shaping family planning practices. Higher income levels often provide women with better access to healthcare services (Latunji, 2018), including family planning. Education equips individuals with the knowledge and

awareness needed to make informed decisions about their reproductive health. Additionally, occupation can influence access to information and resources, impacting family planning choices (Hamm, 2018).. For example, women with higher education levels and stable employment are more likely to have the means to access and use contraceptives effectively.

Access to healthcare services (Number of facilities, distance, and contraceptive availability): Access to healthcare services is a critical determinant of family planning practices (Matin, 2021) . The number of healthcare facilities in the area, their proximity to the community, and the availability of contraceptives within these facilities can directly affect a woman's ability to access and use family planning services. Limited access, long distances, or a lack of contraceptive availability can act as barriers to family planning utilization.

Knowledge and awareness factors (awareness of contraceptive methods, understanding of family planning benefits, informed decision-making): Knowledge and awareness are essential components of family planning decision-making. Awareness of different contraceptive methods and their effectiveness empowers women to make choices that align with their reproductive goals (Thapa, 2021) . Understanding the benefits of family planning, such as improved maternal and child health and economic well-being, can motivate women to use contraception. Informed decision-making involves considering one's personal circumstances and preferences when choosing whether or not to use family planning methods.

These components interact dynamically to yield outcomes including increased contraceptive use, empowerment and autonomy, and reduced unintended pregnancies. These factors do not operate in isolation but interact dynamically. For instance, a woman's socioeconomic status may influence her access to education and, in turn, her knowledge of family planning method (Otim, 2020).Her cultural and religious beliefs may intersect with her knowledge, affecting her attitudes and decisions. Ultimately, the outcomes of this dynamic interaction include increased contraceptive use, which leads to greater empowerment and autonomy for women, and a reduction in unintended pregnancies, contributing to improved overall reproductive health and well-being within the community.

1.9 Limitations or delimitations of the study

In the study the following limitations were met:

There was mounting pressure from the administration for students to complete the research on time which affected the quality of research. The study required a lot of time to be dedicated to collect substantial data from one respondent to another making observations, continuous review of literature, data analysis and report writing and this was achieved by devoting more time on the research work by reducing on the leisure time at her disposal.

Some of the targeted respondents were not willing to set aside time to respond to the researcher's questions thus somehow end up frustrating the researcher's efforts to collect substantial data. The researcher also faced a problem of some rude and hostile respondents.

Delimitations of the study

Time management and pressure from administration: To ensure the quality of research is not compromised due to time constraints, I created a detailed research schedule with specific milestones and deadlines. This schedule allowed for adequate time for data collection, literature review, analysis, and report writing.

I prioritized my research tasks and allocated, dedicated time for research activities, effectively managing my time while still meeting academic requirements. Regular progress updates with my supervisor helped maintain alignment with the research timeline.

Unwillingness of respondents: I clearly defined the inclusion and exclusion criteria for selecting respondents. This ensured that I targeted individuals who were more likely to be willing to participate in the study based on their relevance to the research objectives. I established rapport and built trust with potential respondents through effective communication and transparency about the research purpose. Additionally, I considered using incentives, if appropriate and ethics, to encourage participation.

Rude and hostile respondents: I acknowledged the possibility of encountering rude or hostile respondents and establish guidelines for maintaining professionalism and safety during data collection. In cases of hostile or rude respondents, I maintained a calm and respectful demeanor,

emphasizing the importance of their participation while ensuring my personal safety. I also had a plan in place for terminating interviews if they become unproductive or unsafe.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviewed literature from other scholars which were guided by the objectives of the study

2.1 Knowledge and awareness of different family planning methods among women

According to Bhatt and Budhathoki (2021) the lack of information and awareness regarding family planning methods stems from various factors such as limited access to comprehensive sexual education, cultural taboos surrounding discussions about reproductive health, and inadequate healthcare infrastructure in certain regions. On the other hand, Thapa (2021) stated that when women are not properly informed about the available family planning options, their benefits in terms of reproductive health, and the potential risks associated with each method, it can result in misunderstandings and unfounded fears. These misconceptions include concerns about negative side effects, impact on future fertility, or religious and societal stigmas. Consequently, women may be hesitant to actively seek out family planning services, leading to unintended pregnancies, increased maternal health risks, and limited control over their reproductive choices. Therefore, this study aims to examine the knowledge and awareness of different family planning methods among women.

According to Bhatt and Budhathoki (2021) the lack of information and awareness regarding family planning methods stems from various factors such as limited access to comprehensive sexual education, cultural taboos surrounding discussions about reproductive health, and inadequate healthcare infrastructure in certain regions.. On the other hand, Thapa (2021) stated that when women are not properly informed about the available family planning options, their benefits in terms of reproductive health, and the potential risks associated with each method, it can result in misunderstandings and unfounded fears. These misconceptions include concerns about negative side effects, impact on future fertility, or religious and societal stigmas. Consequently, women may be hesitant to actively seek out family planning services, leading to unintended pregnancies, increased maternal health risks, and limited control over their

reproductive choices. This research will explore regional and geographical disparities in access to family planning services. Certain areas, particularly in low-income and rural regions, may have more pronounced barriers due to limited healthcare infrastructure and transportation issues.

Starbird et al., (2016) stated that having a comprehensive understanding of the various family planning methods is essential for women to make informed decisions that harmonize with their lifestyles, preferences, and health requisites. These methods encompass hormonal options like birth control pills, patches, and injections, alongside barrier methods such as condoms and diaphragms, intrauterine devices (IUDs), natural techniques like fertility awareness, and permanent solutions like sterilization (Van der Wijden & Manion, 2015). Despite the variety of family planning methods available, there's often a lack of comprehensive education and awareness about these methods. Many individuals, especially in certain areas, may not be aware of the full range of options, their effectiveness, and potential side effects, which necessitates for this study to examine the knowledge and awareness of different family planning methods among women.

Kavanaugh (2018) revealed that effectiveness of family planning is a pivotal aspect when it comes to family planning methods. Women need to possess a clear understanding of the varying degrees of effectiveness associated with each method (Kavanaugh & Jerman, 2018). This involves being aware of the failure rates linked to different methods and comprehending how these rates can be affected by adhering to correct and consistent usage. Despite the existing research on effectiveness and its importance, there remains a gap in understanding how women's perceptions of effectiveness may be influenced by socio-cultural factors, access to information, and personal beliefs. While Kavanaugh (2018) touches upon the subject, the broader landscape of factors affecting women's perception of effectiveness requires further exploration. Exploring these gaps is of paramount importance for the factors influencing family planning practices among women.

Equipping women with information regarding the accessibility and availability of diverse family planning methods is crucial. It is essential that women are informed about the locations and methods through which they can access these services (Nansseu et al., 2015). Having knowledge about healthcare providers, clinics, and facilities that offer family planning services empowers women to make informed decisions and obtain the methods they have selected. By being aware

of the avenues to access these services, women can overcome potential barriers and ensure that their reproductive health needs are met conveniently and efficiently (Munakampe et al., 2018). While it is vital for women to be informed about the accessibility and availability of family planning services, there is often a gap in providing comprehensive information about the effectiveness and suitability of different family planning methods. Women not only need to know where to access these methods but also require a deeper understanding of how each method works, its efficacy in preventing pregnancies, potential side effects, and considerations based on their individual health, lifestyle, and preferences.

Comprehensive sex education and effective communication play pivotal roles in elevating awareness levels about family planning (Plesons et al., 2019). Thorough education equips individuals with accurate information about contraceptive methods, their benefits, and potential risks. Open communication, whether through educational programs, community workshops, or targeted information campaigns, helps disseminate this knowledge widely (Leung et al., 2019). By promoting a culture of open discussion and eradicating taboos surrounding family planning, societies can ensure that accurate information is accessible to all, regardless of their background or circumstances. These efforts create an environment where individuals can make informed choices, leading to increased awareness, reduced unintended pregnancies, and enhanced reproductive health outcomes on a larger scale (Leekuan et al., 2022). While the literature highlights the importance of comprehensive sex education and effective communication in promoting knowledge and awareness of family planning methods, there is a research gap in the quality and comprehensiveness of sex education programs, particularly in schools and community settings. Are these programs truly comprehensive, covering a wide range of family planning methods, including both contraception and fertility awareness methods? Evaluating the content, delivery, and effectiveness of existing programs can provide insights into areas that need improvement

Continued learning is paramount in the realm of family planning. As the landscape of reproductive health advances, it's vital for women to remain informed about the evolving methods and options available (McGranahan et al., 2021). Encouraging women to stay updated on new developments and updates in the field of reproductive health ensures that they have access to the latest information, enabling them to make informed decisions aligned with their

changing needs and circumstances (Dida et al., 2015). With ongoing advancements in medical research, technology, and understanding of reproductive health, remaining knowledgeable empowers women to adapt their choices to emerging opportunities that may offer improved effectiveness, reduced side effects, or enhanced convenience. This research will explore into how information about family planning methods is disseminated to women. Is the information accessible, understandable, and sensitive? Assessing the effectiveness of various communication channels (e.g., healthcare providers, community health workers, digital platforms) in reaching different populations is essential. Understanding the barriers to information access and the reasons behind misinformation or lack of awareness is important.

The availability of accurate and comprehensive information is vital in promoting family planning utilization. Women who have access to reliable information through various channels, such as media, community health workers, or educational programs, are better equipped to make informed decisions about their reproductive health (Bhatt and Budhathoki, 2021). Effective education campaigns that provide information about different family planning methods, their benefits, potential side effects, and how to access services can empower women to take charge of their reproductive health. Access to information helps women overcome misconceptions, fears, and cultural biases that might otherwise deter them from seeking family planning services (Thapa, 2021).

2.2 The socio-economic factors influencing the utilization of family planning services

Education plays a significant role in family planning decisions. People with higher levels of education tend to have better access to information about contraception methods and their benefits. They are also more likely to understand the importance of family planning in terms of health and economic stability. Therefore, individuals with lower levels of education may have limited knowledge about family planning options and may be less likely to utilize these services. While it is known that education plays a significant role in family planning decisions, there is a research gap in understanding the specific mechanisms through which education impacts family planning utilization. Further research is needed to explore how education influences knowledge acquisition, decision-making processes, and attitudes toward family planning. Investigating the role of comprehensive sexual education programs in shaping family planning choices and assessing the long-term impact of education on contraceptive use can provide valuable insights.

According to Latunji (2018) economic status plays a pivotal role in access to healthcare services, including family planning. People with higher incomes are more likely to have access to healthcare facilities and private healthcare providers, making it easier for them to obtain family planning services. In contrast, those with lower incomes may struggle to access quality healthcare, including contraceptive services, due to financial constraints and limited healthcare infrastructure in their communities. The literature highlight the influence of economic status on access to family planning services, but there is a need for more research on the specific financial constraints that hinder family planning utilization. Further inquiry will examine the costs associated with contraception, healthcare insurance coverage, and out-of-pocket expenses related to family planning.

Starbird and Marcus (2016) in there study on investing in family planning revealed that economic factors significantly affect family planning decisions. Individuals and couples who are economically stable are more likely to plan and space their children because they can better provide for their families. In contrast, those facing financial insecurity may delay or forgo family planning due to concerns about the cost of contraception and the financial responsibility of raising children (Kassim, 2022). The literature highlights the influence of economic status on access to family planning services, but there is a need for more research on the specific financial constraints that hinder family planning utilization. Further review will examine the costs associated with contraception, healthcare insurance coverage, and out-of-pocket expenses related to family planning.

The affordability of contraceptives is a critical economic factor influencing family planning utilization. High costs of contraceptives or lack of insurance coverage can deter individuals and couples from using them (Korachais, 2016). Subsidized or free contraceptive programs can significantly increase access and utilization, especially among lower-income populations (Prata, 2009). While it is acknowledged that the affordability of contraceptives is a critical factor, there is a research gap in identifying and evaluating strategies to address this issue effectively. This research will investigate the impact of subsidized or free contraceptive programs on utilization, including their reach and sustainability.

The availability of job opportunities and job security can influence family planning decisions. In regions with limited employment opportunities or where job insecurity is common, individuals

may delay family planning until they feel financially stable (Hamm, 2018). On the other hand, stable employment can encourage family planning by providing a sense of financial security. While the availability of job opportunities and job security is mentioned, there is a research gap in understanding the complexities of how employment factors influence family planning decisions. Further research will delve into the specific conditions and contexts in which job opportunities or insecurity impact family planning choices. This includes examining the role of workplace policies, such as paid family leave and child care support, in facilitating or hindering family planning among employees.

In a study conducted by Mutua and Barros (2021) on reproductive health, the study revealed that income inequality within a society can impact family planning utilization. In societies with significant income disparities, access to family planning services may be unequal, with wealthier individuals having greater access and resources to plan their families while economically disadvantaged populations may face barriers in accessing services. The literature acknowledges the impact of income inequality on family planning utilization, but there is a research gap in exploring the intersection of income disparities with other socio-economic factors. This research will investigate how income inequality interacts with education, employment, and access to healthcare services to shape family planning decisions. This can help identify strategies to mitigate the disparities in family planning utilization within societies.

Government policies, such as subsidies for healthcare or family planning services play a vital role in influencing family planning decisions. In countries where the government provides support for family planning, including education and affordable contraceptives, the utilization of these services tends to be higher. Conversely, lack of government support can hinder access and utilization (Starbird, 2016). Analyzing the Effectiveness of Government Policies. While government policies are mentioned as influential, there is a research gap in evaluating the effectiveness of specific policy interventions in promoting family planning utilization. Further research should assess the impact of government subsidies, education programs, and healthcare support on family planning decisions and outcomes. Comparative studies across different countries and regions can provide insights into the best practices in policy design and implementation to enhance family planning access and utilization.

2.3 The barriers and challenges faced by women in accessing and utilizing family planning services

Matin (2021) stated that limited access to healthcare services in rural and remote areas is a significant barrier that can severely impede women's ability to access family planning resources and services. Geographical isolation, inadequate transportation infrastructure, and a shortage of healthcare facilities contribute to this challenge. Women residing in these areas often face difficulties in reaching medical centers that offer family planning consultations, contraceptives, and reproductive health information. The absence of nearby clinics or hospitals means that women have to travel longer distances, sometimes requiring considerable time and resources, to access the care they need (Douthit, 2015). This can result in delays in obtaining contraception and family planning advice, leading to an increased risk of unintended pregnancies and limited control over reproductive choices. Moreover, the lack of healthcare professionals who are trained in family planning methods and reproductive health can further exacerbate the problem. When women cannot access accurate information and proper guidance, they might resort to unreliable sources or traditional practices that may not be effective or safe. This research will involve conducting in-depth assessments of healthcare infrastructure in rural and remote areas to identify the specific gaps and deficiencies that hinder the provision of family planning services. This includes examining the availability of clinics, hospitals, and healthcare professionals trained in family planning.

A study conducted by Achen and Rwabukwali (2021) revealed that stigma and societal norms play a significant role in shaping women's perceptions of family planning and their willingness to seek related services. In many cultures and communities, discussions surrounding sexual and reproductive health are often considered taboo or inappropriate. This silence and stigma create an atmosphere of secrecy and discomfort, making it challenging for women to openly seek information, guidance, and services related to family planning. Cultural norms that uphold conservative views about women's roles, fertility, and sexuality can further contribute to the reluctance in discussing family planning. Women might fear judgment, ostracization, or damage to their reputation if they are perceived as openly seeking contraception or making decisions about family size (Metusela, 2017). This leads to internal conflicts and confusion, as women are torn between their personal desires and the expectations imposed by their societies. Additionally,

inadequate sexual education within these communities might perpetuate misunderstandings and misconceptions about family planning methods. This lack of accurate information can reinforce negative stereotypes and beliefs, adding to the stigma and inhibiting women from accessing the services they need.

Reed (2016) stated that cost and affordability are vital considerations that greatly impact women's access to family planning services and contraceptives. For many women, especially those from low-income backgrounds, the financial burden associated with family planning can present a significant barrier to obtaining the care they need. Contraceptives, whether in the form of pills, injections, intrauterine devices (IUDs), or other methods, often come with associated costs. Additionally, Nuwamanya (2023) argued that regular check-ups and consultations with healthcare professionals to ensure the safety and effectiveness of the chosen method can also contribute to overall expenses. These financial constraints force women to make difficult choices between their reproductive health and meeting other essential needs such as food, housing, and education. The inability to afford family planning services can result in unintended pregnancies and limit women's ability to control the timing and spacing of their pregnancies. This, in turn, can have cascading effects on maternal health, child health, and overall family well-being.

Studies by Mselle, and Dol (2018) indicated that healthcare provider attitudes and behaviors have a profound impact on women's experiences and decisions related to family planning. Negative attitudes, biases, or lack of respectful treatment from healthcare professionals can create a hostile environment that discourages women from seeking the care they need. When women encounter judgmental attitudes from healthcare providers, they may feel stigmatized or ashamed about their reproductive choices (Siddique, 2018). This can lead to feelings of discomfort, embarrassment, or even anxiety during interactions with healthcare professionals. Such negative encounters can also erode trust in the healthcare system as a whole, causing women to avoid seeking care altogether or delay seeking help until their conditions worsen. While the literature acknowledges the impact of healthcare provider attitudes and behaviors on women's access to family planning services, there is a need for more comprehensive research into the effectiveness of interventions aimed at improving provider attitudes and behavior. Further investigation is required to determine which specific training methods and strategies are most effective in promoting respectful and non-judgmental care.

According to Gerchow and Squires (2021) language and communication barriers significantly hinder the ability of women to access accurate information and make informed decisions about family planning. In multicultural or multilingual settings, healthcare providers and women might not share a common language, leading to misunderstandings and limited comprehension of important reproductive health information. Effective communication is essential for ensuring that women understand the available family planning options, their benefits, potential risks, and the proper usage of contraceptives. Language barriers lead to misinterpretations, incomplete information, and confusion, making it difficult for women to fully grasp their choices and make decisions that align with their needs and preferences (Kwame & Petrucka, 2020). The literature highlights the importance of effective communication in family planning, especially in multicultural or multilingual settings. However, there is a research gap in the development and evaluation of tailored communication approaches that can bridge language barriers and ensure women from diverse backgrounds receive accurate information. This research will investigate the use of interpreters, culturally sensitive materials, and technology-assisted communication tools in enhancing comprehension and decision-making in family planning consultations.

Yirgu and Moreau (2020) highlighted that the availability of a diverse range of family planning methods is crucial to ensuring that women can make choices that align with their individual preferences, health considerations, and lifestyles. However, when the options are limited and do not cater to the diverse needs of women, it can significantly reduce the likelihood of method utilization and adherence. Women have varying medical histories, cultural backgrounds, and personal preferences that influence their suitability for different family planning methods. If the available methods are inadequate or incompatible with these individual factors, women might experience discomfort, side effects, or a lack of effectiveness. This can lead to dissatisfaction, discontinuation, or non-adherence to the chosen method, ultimately impacting their reproductive health outcomes. While it is recognized that family planning methods should cater to the diverse needs of women, there is a lack of research on the development and evaluation of personalized family planning methods or strategies. Further inquiry is needed to assess the feasibility and effectiveness of tailoring contraceptive options to individual women's preferences, medical histories, and cultural backgrounds. Research should explore how personalized approaches impact method satisfaction, adherence, and overall reproductive health outcomes.

A study by Mchome, et.al. (2015) indicated that the concern over privacy and confidentiality is a significant factor that impacts women's willingness to seek family planning services, especially in close-knit or smaller communities. In such settings, where personal matters can quickly become public knowledge, women might hesitate to access these services due to fear of judgment, gossip, or breaches of their private information. When seeking family planning assistance, women often require a safe and confidential space to discuss their reproductive health needs, concerns, and preferences (Galloway, 2017). The lack of privacy can lead to feelings of embarrassment, shame, or discomfort, which may discourage women from openly discussing their reproductive health with healthcare providers. The literature emphasized the importance of privacy and confidentiality in family planning services. However, there is a research gap in identifying and evaluating specific strategies and interventions to address privacy concerns, especially in close-knit or smaller communities. Further research should investigate the implementation of confidential counseling spaces, community education on the importance of privacy, and technology-driven solutions that protect women's sensitive health information while ensuring they receive necessary care.

Melgar (2018) opined that restrictive laws and policies regarding family planning, contraception, and abortion severely hinder women's access to essential reproductive health services and options. In regions where these services are heavily regulated or prohibited, women may face significant barriers to obtaining contraceptives and safe abortion care. Such constraints can lead to a range of negative consequences, including unintended pregnancies, unsafe abortions, and compromised maternal health (Pinter, 2016). In areas with strict regulations, women might resort to unsafe practices or unregulated methods, risking their health and well-being due to lack of access to proper medical care. These legal barriers not only impact individual women but also have broader implications for public health and the overall well-being of families and communities. While it is acknowledged that restrictive laws and policies can hinder access to family planning services, there is a need for more research on the strategies and advocacy efforts that effectively challenge these barriers. This research will examine successful legal and policy reform initiatives, as well as their impact on improving women's access to contraception and safe abortion care. Additionally, studies should assess the broader public health implications of legal and policy changes in reproductive health.

Ochako (2015) revealed that in societies marked by gender inequality, women often have limited decision-making power when it comes to their reproductive health. Sociocultural norms and power dynamics can place women in subordinate roles within relationships and households, making it challenging for them to negotiate contraceptive use or make autonomous decisions about family planning. The lack of agency over reproductive choices can lead to unwanted pregnancies, unsafe abortions, and a higher risk of maternal mortality and morbidity (Sinai, 2020). Women might also face pressure to adhere to traditional expectations regarding family size and fertility, which can further restrict their ability to exercise control over their reproductive health. While the literature acknowledges the role of gender inequality in limiting women's decision-making power in family planning, there is a research gap in identifying and evaluating interventions that promote women's agency and autonomy in reproductive health decision-making. Further research is needed to investigate programs and policies aimed at challenging sociocultural norms and empowering women to make informed choices about contraception and family planning. Long-term studies are needed to assess the effectiveness of such interventions in reducing unintended pregnancies and improving maternal health outcomes.

Diamond-Smith (2017) argued that misinformation and misconceptions about the potential side effects of contraceptives can create significant barriers to their use. Women hear exaggerated or inaccurate accounts of side effects from friends, family, or online sources, which can lead to unwarranted fear and reluctance to use contraception. The fear of adverse health effects can overshadow the desire to prevent pregnancies, resulting in a lack of utilization of effective family planning methods. The literature highlight the impact of misinformation and misconceptions on contraceptive use. However, there is a research gap in understanding the most effective strategies for addressing and correcting these misconceptions. Thus this research should investigate the role of educational campaigns, peer support networks, and healthcare provider guidance in dispelling myths and promoting accurate information about contraceptive methods.

CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Introduction

This chapter presented the research design, study population, sample size, data collection methods, sampling procedures, research instruments, as well as the reliability and validity of instruments. These components collectively outlined the methodology employed to investigate the factors influencing family planning practices among women in Goma Division, Mukono Municipality.

3.1 Research design

Research design is the framework of research methods and techniques chosen by a researcher to conduct a study (Sileyew, 2019). In this study a cross-sectional study design was used to assess the factors influencing family planning practices among women in Goma Division, Mukono Municipality. The cross-sectional design is suitable for exploring the relationships between variables at a particular point in time (Babbie, 2016). Both qualitative and quantitative data was employed to offer a comprehensive understanding of the research problem.

3.2 Study population

A research population is defined as the totality of a well-defined collection of individuals or objects that have a common, binding characteristics or traits (Saunders, 2012). The population for this study comprised of women and health workers within Goma Division, Mukono Municipality. This study targeted 100 women aged 18 to 49 years and 10 health workers within Goma Division, Mukono Municipality who were obtained from the community. All women aged 18-49 years were considered eligible for the study.

3.3 Sample Size and Sample Selection

3.3.1 Sample size

The sample size of the study population was represented by 38 participants. The researcher considered 38 participants of whom, thirty (30) were community members (women), eight (8) were health workers. The sample size was determined using Morgan & Krejcie (1970) sample size determination table (as shown in the Appendix III)

Table 1: Sample Size

Category of Participants	Target population	Sample size (N)	Sampling method to be employed
Women	100	30	Simple random sampling
Health workers	10	8	Purposive sampling
Total	110	38	

3.3.2 Sampling techniques and procedure

Sampling techniques are methods used to select a subset of individuals or items from a larger population for the purpose of conducting research or drawing inferences about the population (Singh, 2014). The researcher used purposive sampling technique in selecting the health workers. Purposive sampling is the sampling strategy where the researcher chooses those participants with confidential information that cannot be accessed from the rest of the participants, it was preferred in selecting people holding position that allows them to be more knowledgeable with issues going on in their areas, (Amin, 2005), it enabled a researcher to choose participants of her own interest, Creswell, (2003).

In this case; health workers were selected purposively based on their roles and positions that enable them to possess unique skills, and knowledge regarding family planning practices in the study area. The criteria for selection was inclusion criteria where individuals actively involved in healthcare services or who provide valuable information related to family planning practices Out of the targeted 10 health care workers 8 were sampled for the study.

For selecting women from the community, the researcher used simple random sampling. Simple random sampling was used to select 30 women from a total of 100 in the community. Simple random sampling involves assigning each member of the population an equal and independent chance of being selected. This method ensured that the sample of women is representative and unbiased using the inclusion criteria for selecting women from the community which included

being a resident of the community and being of age 18 or older, as the researcher aimed to include adult women in the sample. This approach helps create a representative sample of women within the study population, which is essential for drawing meaningful inferences about family planning practices among women.

3.4 Data Sources

Both primary and secondary sources of data were utilized. Secondary data was obtained from libraries, archived records, and relevant organizations, offering valuable background information. Primary data was collected through self-administered questionnaires and interviews, allowing for direct insights from respondents.

3.5 Data collection instruments

Data collection instruments are the tools and methods used to gather and record information for research. The research utilized both questionnaires and interviews.

3.5.1 Questionnaires

Mugenda (2013) defines a questionnaire as a predetermined written list of questions used to obtain important information about the population. Questionnaires were administered specifically to 30 women. The researcher used a questionnaire because it permits greater response. The questionnaires were self-administered to the participants and to those who were not able to read and write, the researcher asked them questions and recorded responses on behalf of the respondent. Self-administered questionnaires are a common method of data collection where respondents read and respond to the questionnaire items themselves. In this case, the women in the study were provided with the questionnaires and instructions on how to complete them independently. However, the researcher also was available to clarify any questions or concerns that the participants were having while completing the questionnaires, ensuring that they are comfortable with the process. This approach was selected as it allows for efficient data collection and respects the participants' autonomy and privacy in sharing their views on family planning practices.

3.5.2 Interviews

The researcher used interviews where the interviewee gave the needed information verbally in a face to face interaction. According to Amin (2005), an interview is a process of communication or interaction in which the subject or interviewee gives the needed information verbally in a face to face situation. Interviews were conducted with 8 key informants (health workers), to gain insight into the factors contributing to the increase of street children. This was used since it's the best tool for getting first-hand information /views, perceptions, feelings and attitudes of participants. The guide consisted of open-ended questions to explore factors influencing family planning practices among women in Goma Division Mukono Municipality

3.6 Reliability and validity

To ensure the quality of the data collected, the researcher ensured that the questionnaire was clear and easy to understand. The researcher also carried out pilot test of the questionnaire to ensure that it is effective in gathering the required information. The pretest of the questionnaire was conducted in a location with demographic similarities to Goma Division, Mukono Municipality, where the main study was to take place but distinct from the primary study area. This approach ensured that any issues or ambiguities in the questionnaire are identified and addressed before data collection with the target population.

3.6.1 Reliability

Reliability is the degree to which measures are free from error and therefore yield consistent results that is say the consistency of a measurement procedure. The reliability of the data collected was ensured by using a well-designed questionnaire and through the use of statistical tests to validate the data.

To further enhance the reliability of the data collected, additional measures were implemented. In addition to using a well-designed questionnaire and statistical tests for validation, the study employed the test-retest method. This means that a subset of respondents were asked to complete the questionnaire twice at different points in time to assess the consistency of their responses. By comparing their answers on both occasions, the researcher quantitatively measured the degree of consistency and reliability of the data.

3.6.1 Validity

The validity of the data collected was ensured by ensuring that the questionnaire is designed to collect information that is relevant to the study objectives.

3.7 Data collection procedure

Upon obtaining required permissions from the University to collect data, the researcher engaged with district authorities and the division. Appointments were scheduled with respondents for administering questionnaires and conducting interviews. The data collection process was adhere to a systematic approach, including rapport-building and thorough data capture.

3.8 Data processing and analysis

Collected data was entered into an Excel template for thorough cleaning and analysis. Frequency distributions, percentages, and cross-tabulations were employed to summarize respondent views on the factors influencing family planning practices. In addition to the quantitative data analysis, the qualitative data collected through interviews were subjected to a rigorous thematic analysis. After transcribing the interviews, the researcher developed a coding framework to identify key themes, patterns, and insights related to the factors influencing family planning practices among women in Goma Division, Mukono Municipality. These qualitative findings were presented in narrative form, accompanied by relevant quotes and examples from the interviews. The integration of qualitative data analysis provided a comprehensive understanding of the research problem, ensuring that both quantitative and qualitative aspects are adequately addressed in our research findings and conclusions

3.9 Limitations of delimitations of the study

There was limited time and funds for the researcher to collect data from participants, the researcher choosed a sample very carefully therefore, it enabled a representation of the population for the study to remain relevant, this helped to avert the problem of time and inadequate funds.

Given the limited time and funds available for data collection, the researcher exercised careful planning and resource management. The sample selection process aimed to maximize the

relevance and representativeness of the participants within the available resources. The researcher considered factors such as the sample size, data collection methods, and the feasibility of conducting in-depth interviews or focus group discussions to gather comprehensive data within the allocated time and budget.

3.10 Logistical and ethical considerations

Ethical considerations, such as obtaining informed consent from participants, ensuring confidentiality, and protecting the rights of vulnerable populations was taken into account throughout the research process.

Prior to involving any individuals in the study, informed consent will be sought. Participants were provided with clear and understandable information about the research purpose, procedures, potential risks and benefits, their right to refuse or withdraw from participation, and how their data shall be handled. Consent forms were used to document participants' voluntary agreement to participate.

Confidentiality of participants' personal information was strictly maintained. All data collected, including individual responses and identifying details, was kept confidential and stored securely. Participants' identities were anonymized in any reports or publications, using pseudonyms or other methods to protect their privacy.

The researcher maintained transparency and honesty throughout the research process. This included accurately representing the study's purpose, findings, and limitations in any reporting or dissemination of the results.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND DISCUSSIONS OF FINDINGS

4.0 Introduction

This chapter presents the findings of the study in relation to specific objectives of the study; Knowledge and awareness of different family planning methods among women, the socio-economic factors influencing the utilization of family planning services and the barriers and challenges faced by women in accessing and utilizing family planning services.

4.1 Demographic characteristics of the respondents

Demographic characteristics of the respondents	Frequency (n=29)	Percentage (%)
Age Group		
15-20 years	5	17
20-25 years	10	34
25-30 years	8	28
30-35 years	4	14
35 years and above	2	7
Marital Status		
Single	9	31
Married	15	52
Divorced	3	10
Widowed	2	7

Education Level		
None	2	7%
Primary	8	28%
Secondary	12	41%
University	6	21%
Others	2	7%
Household Size		
1-3 members	10	34%
3-6 members	15	52%
6 members and above	4	14%
Number of Children		
1-3 children	12	41%
3-6 children	11	38%
6 children and above	4	14%
Others	2	7%
Total	29	100

Source: Field data, 2023

The findings showed that the largest group, representing 34% of the respondents was between the ages of 20 and 25 years. This suggests that a majority of women seeking family planning services in Goma Division, Mukono Municipality are in their early to mid-twenties.

The findings showed that a majority of the respondents accounting for 52% were married, while 31% were single, 10% of the women were divorced, and 7% were widowed. These findings reveal the various marital statuses of respondents in the area.

The findings showed that 41% of the respondents had completed secondary education, while 28% had only finished primary education. An additional 21% had attended University, indicating a considerable proportion of women with higher education seeking family planning services. Furthermore, 7% had no formal education, and 7% fell into other category which included tertiary institution level among others, suggesting diverse educational backgrounds among the respondents.

The findings revealed that among the respondents 24.1% were employed by the government, 17.2% worked with NGOs, 20.7% were businesspersons, 27.6% were farmers, and 10.3% reported having no employment. This diversity in occupation highlights the different economic backgrounds of women in Goma division and the need to consider their specific circumstances when designing family planning programs.

The findings showed that 52% of the respondents were having 3 to 6 members in their households.

The findings showed that 41% of the respondents had 1 to 3 children while 38% had 3 to 6 children, 14% had 6 or more children and 7% fell into other category which did not have children. These findings indicate a range of family sizes among the respondents. This implies that a majority of the respondents may be in the stage of planning, spacing, or deciding on the size of their families.

4.2 Knowledge and awareness of different family planning methods among women

4.2.1 Whether the respondents heard about family planning before

Table 2: Whether the respondents heard about family planning before

Response	Frequency (n=29)	Percentage (%)
Yes	27	93.1%
No	2	6.9%

Source: Field data, 2023

The study found that the majority of the respondents (93.1%) had heard about family planning before, indicating a high level of awareness and familiarity with the concept.

4.2.2 Spouse/partner jointly make decisions about family planning

Table 3: Spouse/partner jointly make decisions about family planning

Response	Frequency (n=29)	Percentage (%)
Yes	18	62.1%
No	11	37.9%
Total	29	100

Source: Field data, 2023

Regarding joint decision-making on family planning with spouses or partners, 62.1% of the respondents indicated that they and their spouses or partners jointly made decisions about family planning.

4.2.3 Family planning methods that respondents were knowledgeable and aware of

Table 4: Family planning methods that respondents were knowledgeable and aware of

Family Planning Method	Frequency	Percentage (%)
Barrier Methods (Condoms, Diaphragm)	23	79.3%

Hormonal methods (Birth control pills, etc.)	25	86.2%
Intrauterine Devices (IUDs)	18	62.1%
Permanent methods (Tubal ligation, Vasectomy)	14	48.3%
Natural methods (Fertility awareness-based methods, etc.)	20	69%
Emergency contraception (Morning-after pill)	15	51.7%
Lactational Amenorrhea Method (LAM)	8	27.6%
Cervical barrier methods (Cervical cap, Female condom)	12	41.4%
Standard Days Method (CycleBeads)	10	34.5%

Source: Field data, 2023

The study revealed varying levels of knowledge among respondents regarding family planning methods. 79.3% of the respondents demonstrated familiarity with barrier methods such as condoms and diaphragms, while 86.2% were aware of hormonal methods like birth control pills. Intrauterine devices (IUDs) were recognized by 62.1% of respondents, and 48.3% had knowledge of permanent methods like tubal ligation and vasectomy. Additionally, 69% were aware of natural methods, 51.7% knew about emergency contraception (morning-after pill), 27.6% were knowledgeable about the Lactational Amenorrhea Method (LAM), 41.4% had information on cervical barrier methods (cervical cap, female condom), and 34.5% were aware of the standard days method.

One of the health workers interviewed said that, *“the level of awareness about family planning methods among women in Goma Division varies from one woman to another. While some women are well-informed, others may have limited knowledge in this area.”*

4.2.4 Findings on whether family planning is important

Table 5: Findings on whether family planning is important

Response	Frequency (n=29)	Percentage (%)
Yes	28	96.6
No	1	3.4
Total	29	100

Source: Field data, 2023

The study found that a majority of respondents totaling 96.6%, perceived family planning as important with only a minority, comprising 3.4%, expressing a contrary view.

4.2.5 The reasons given by respondents for their choice of family planning methods

Among the 28 respondents who perceived family planning as important, common reasons cited included the desire for better family planning to ensure economic stability and well-being, the ability to space or limit the number of children for improved child-rearing, and the importance of women's health and empowerment through informed reproductive choices. Additionally, some respondents highlighted the role of family planning in preventing unintended pregnancies and reducing the burden on already strained resources. On the other hand, the single respondent (3.4%) who did not consider family planning as important expressed concerns related to religious beliefs that favored larger families or opposed certain methods of contraception.

4.2.6 Whether respondents had ever used any family planning method

Table 6: Whether respondents had ever used any family planning method

Response	Frequency (n=29)	Percentage (%)
Yes	20	69%
No	9	31%
Total	29	100

Source: Field data, 2023

The findings showed that a majority of the respondents accounting for 69% reported that they have used a family planning method. In contrast, 31% indicated that they have not used any family planning method. This indicates that there is still a substantial proportion of the population with unmet family planning needs or who may not have access to family planning services.

4.2.7 Whether respondents were aware where to access family planning services in the area

Table 7: Whether respondents were aware where to access family planning services in the area

Response	Frequency (n=29)	Percentage (%)
Yes	26	89.7
No	3	10.3
Total	29	100

Source: Field data, 2023

The findings indicated that the majority of respondents representing 89.7% reported that they were aware of where to access family planning services in the area. This high awareness rate is a positive finding as it indicates that a large portion of the respondents is informed about the availability of these services. However, a smaller proportion, 10.3% stated that they do not know where to access these services, this was due to limited exposure to information about family planning services in their area which resulted in a lack of awareness.

One of the health workers interviewed said, *“In Goma Division, women have access to a range of family planning methods including contraceptive pills, condoms, intrauterine devices (IUDs), and injectables. These options are typically offered through local healthcare facilities.”*

4.3 The socio-economic factors that influence the utilization of family planning services among women in Goma Division, Mukono Municipality

4.3.1 Findings on what the respondents do for a living

Table 8: Findings on what the respondents do for a living

Occupation	Frequency (n=29)	Percentage (%)
Employed by government	7	24.1
Work with NGOs	5	17.2
Business person	6	20.7
Farmer	8	27.6
No employment	3	10.3
Total	29	100

Source: Field data, 2023

The findings revealed that among the respondents 24.1% were employed by the government, 17.2% worked with NGOs, 20.7% were businesspersons, 27.6% were farmers, and 10.3% reported having no employment. This diversity in occupation highlights the different economic backgrounds of women in Goma division and the need to consider their specific circumstances when designing family planning programs.

The main sources of income reported by the respondents

Regarding the main source of income for their households, the findings indicate a range of income sources among the respondents, 24.1% reported being employed by the government, 17.2% worked with non-governmental organizations (NGOs), 20.7% identified as businesspersons, 27.6% were engaged in farming activities, and 10.3% reported having no employment. These various sources of income indicates the different economic status within

Goma Division, reflecting a mix of formal and informal employment, entrepreneurial activities, and agriculture.

4.3.2 Findings on whether income affects access to family planning services

Table 9: Findings on whether income affects access to family planning services

Response	Frequency (n=29)	Percentage (%)
Yes	22	75.9
No	7	24.1
Total	29	100

Source: Field data, 2023

The majority of respondents, representing 75.9%, believed that income does affect access to family planning services. In contrast, 24.1% felt that income does not have an impact on access to these services. This perception underscores the significance of considering the financial aspects of family planning services when designing programs to ensure accessibility for all.

4.3.3 Findings on whether employment encourages family planning choices in families

Table 10: Findings on whether employment encourages family planning choices in families

Response	Frequency	Percentage (%)
Yes	20	69
No	9	31
Total	29	100

Source: Field data, 2023

Regarding the influence of employment on family planning choices, 69% of the respondents believed that employment does encourage family planning choices in families. However, 31% did not share this belief. This suggests that employment status plays a role in shaping family planning decisions for a significant portion of the respondents.

4.3.4 The reasons given by respondents for why employment encourages family planning choices

When women were asked to explain why they believed employment encourages family planning choices, the following reasons were provided:

Some of the women interviewed shared their opinion, stating that religious beliefs play a significant role in influencing women's decisions regarding family planning. Many noted that conservative religious norms discourage contraceptive use, while others mentioned that more progressive interpretations promote informed choices.

Some of the women interviewed shared their opinion, stating that stigma associated with family planning, particularly in conservative communities, is a significant factor. They pointed out that the fear of judgment or societal pressure has deterred women from seeking family planning services.

Some of the women interviewed shared their opinion, emphasizing the significance of spousal or partner support in family planning decisions. They highlighted that open and effective communication between partners was seen as essential in reaching mutual decisions.

Some of the women interviewed shared their opinion, emphasizing that the availability and accessibility of family planning services within the community were considered vital. They mentioned that proximity to healthcare facilities and the availability of trained healthcare providers influenced decisions.

Some of the women interviewed shared their opinion, noting the role of government policies and support in facilitating family planning. They highlighted that supportive policies and initiatives were seen as enablers of access to services.

Some of the women interviewed shared their opinion, mentioning that peer influence and social networks can significantly impact family planning choices. They explained that supportive friends and family members were seen as helpful, while judgmental peers could deter individuals.

One of the health workers interviewed shared that, *“socio-economic factors, such as income and access to healthcare services, play a significant role in determining how women in Goma Division utilize family planning services.”*

4.3.5 Findings on whether income inequality affects women’s ability to access family planning services

Table 11: Findings on whether income inequality affects women’s ability to access family planning services

Response	Frequency (n=29)	Percentage (%)
Yes	18	62.1%
No	11	37.9%
Total	29	100

Source: Field data, 2023

The findings showed that 62.1% of the respondents believed that income inequality does affect their ability to access family planning services. This indicates a perception among a majority of respondents that income disparities can pose barriers to accessing family planning services.

4.3.6 Findings on whether the cost of contraceptives affects women’s ability to access family planning services

Table 12: Findings on whether the cost of contraceptives affects women’s ability to access family planning services

Response	Frequency (n=29)	Percentage (%)
Yes	24	82.8%
No	5	17.2%
Total	29	100

Source: Field data, 2023

The majority of respondents (82.8%), stated that the cost of contraceptives does affect their ability to access family planning services, while 17.2% did not consider cost to be a barrier. These findings underscore the importance of addressing the affordability of contraceptives in ensuring access to family planning services.

As a health worker working closely with the community, *“I have observed a significant impact of the cost of contraceptives on women's ability to access family planning services. The majority of the health workers I interacted with expressed concerns about the affordability of contraceptives. They highlighted how the cost factor acted as a substantial barrier to women decision to use family planning services”*

Another health worker interviewed, said that,” *In my experience, I have seen firsthand how individuals and families can be deterred from making informed choices about their reproductive health when the financial burden of contraceptives is too high. It is vital that efforts are made to make these essential services accessible to all, irrespective of their financial circumstances, in order to promote family planning and reproductive health in our community.*”

4.3.7 Findings on whether economic status affects women’s ability to access family planning services

Table 13: Findings on whether economic status affects women’s ability to access family planning services

Response	Frequency (n=29)	Percentage (%)
Yes	19	65.5%
No	10	34.5%
Total	29	100

Source: Field data, 2023

Regarding the impact of economic status on access to family planning services, 65.5% of the respondents believed that their economic status does affect their ability to access these services, while 34.5% did not share this belief. This suggests that a significant portion of the respondents perceive their economic status as a factor influencing access to family planning services.

As a health worker, these findings above echo what I've observed in my interactions with the women in the community. The fact that 65.5% of the respondents believe their economic status affects their access to family planning services resonates deeply with the challenges I've seen many families face. Economic constraints, whether it's the inability to afford contraceptives or the financial burden associated with clinic visits, undeniably hinder their ability to plan their families effectively. On the other side, the 34.5% who don't perceive economic status as a barrier implies that it could be that some individuals are unaware of the available services or are managing to access them through external support systems.

4.4 The barriers and challenges faced in accessing and utilizing family planning services by women in Goma Division, Mukono Municipality

The study aimed to explore the barriers and challenges faced by women in Goma Division, Mukono Municipality, when accessing and utilizing family planning services. The findings are as shown below;

4.4.1 Accessing healthcare services

Table 14: Accessing healthcare services

Response	Frequency (n=29)	Percentage (%)
Yes	23	79.31
No	6	20.69
Total	29	100

Source: Field data, 2023

When asked if they found it challenging to access healthcare services for family planning, a majority of the respondents, 79.3%, indicated that they did indeed face challenges, while 20.69% reported no such difficulties. This suggests that a majority of women in the area encounter obstacles in accessing family planning services, which could impact their reproductive health decisions.

4.4.2 Distance and transportation issues

Table 15: Distance and transportation issues

Response	Frequency (n=29)	Percentage (%)
Yes	18	62.07
No	11	37.93
Total	29	100

Source: Field data, 2023

Regarding difficulties in reaching healthcare facilities providing family planning services due to distance or transportation issues, 37.9% of the respondents affirmed that they had faced such challenges. This implies that women face undue obstacles related to distance or transportation when trying to reach these facilities. This implies that women residing in far areas often have to travel long distances to reach healthcare facilities. This can be a barrier to accessing family planning services, as the time and cost involved in traveling may deter them from seeking care.

4.4.3 Open Communication

Table 16: Open Communication

Response	Frequency (n=29)	Percentage (%)
Yes	15	51.72
No	14	48.28
Total	29	100.0

Source: Field data, 2023

Regarding the ease of openly discussing family planning and reproductive health in their community, 51.72% of respondents felt comfortable doing so, while 44.28% reported

discomfort. These results suggest that there is a need for initiatives promoting open communication and reducing stigma surrounding family planning topics within the community.

4.4.4 Stigma and discomfort

Table 17: Stigma and discomfort

Response	Frequency (n=29)	Percentage (%)
Yes	20	68.97
No	9	31.03
Total	29	100.0

Source: Field data, 2023

A majority 68.97% of the respondents reported feeling uncomfortable when seeking family planning information or services due to stigma. This highlights the persistent stigma attached to family planning in the area of study and its potential to deter women from accessing necessary services.

One of the health workers interviewed highlighted the concern, saying, *“privacy is a significant concern for many women in Goma Division. The fear of their personal information being disclosed or facing judgment from others can discourage some from seeking family planning services.”*

4.4.5 Affordability and cost

Table 18: Affordability and cost

Response	Frequency (n=29)	Percentage (%)
Yes	14	48.28
No	15	51.72
Total	29	100.0

Source: Field data, 2023

When asked if they found it hard to afford family planning services or contraceptives, 48.28% of respondents acknowledged affordability challenges while 51.72% did not. These findings emphasize the financial barriers that some women face when considering family planning.

One of the health workers interviewed expressed their perspective, saying, *“From my perspective as a healthcare provider, the cost of family planning methods does indeed influence a woman's decision to utilize these services. High costs can deter some women from accessing the methods they need.”*

One of the health workers interviewed pointed out, *“Common barriers to accessing affordable family planning services include limited financial resources, lack of insurance coverage, and the distance to healthcare facilities where these services are provided.”*

4.4.7 Provider attitudes

Table 19: Provider attitudes

Response	Frequency (n=29)	Percentage (%)
Yes	10	34.48
No	19	65.52
Total	29	100.0

Source: Field data, 2023

A number of respondents, 34.5%, reported experiencing negative attitudes from healthcare providers when seeking family planning services. This suggests that healthcare provider behavior can be a barrier to accessing family planning services for a number of the respondents.

One of the health workers interviewed stated, *“there are several barriers and challenges that women in Goma Division face when accessing and utilizing family planning services, including financial constraints, lack of privacy, and potential negative attitudes from healthcare providers.”*

4.4.8 Language barriers

Table 20: Language barriers

Response	Frequency (n=29)	Percentage (%)
Yes	15	51.72
No	14	48.28
Total	29	100.0

Source: Field data, 2023

The findings revealed that language differences was found to be a challenge for some respondents, with 51.7% indicating they had trouble understanding important information about family planning due to language differences.

4.4.9 Method suitability

Table 21: Method suitability

Response	Frequency (n=29)	Percentage (%)
Yes	8	27.59
No	21	72.41
Total	29	100.0%

Source: Field data, 2023

The findings revealed that majority 72.4% of the respondents felt that the available family planning methods did not fully meet their needs or preferences, while 27.6% did not share this sentiment. This shows the importance of offering a range of options to accommodate individual preferences and needs.

4.4.10 Desire for more options

Table 22: Desire for more options

Response	Frequency (n=29)	Percentage (%)
Yes	22	75.86
No	7	24.14
Total	29	100.0

Source: Field data, 2023

When asked if having more options for family planning methods would be helpful, 75.86% of respondents expressed the belief that additional options would be beneficial for women like them.

4.4.12 Inaccurate or exaggerated information about the side effects of contraceptives

Table 23: Inaccurate or exaggerated information about the side effects of contraceptives

Response	Frequency (n=29)	Percentage (%)
Yes	12	41.38%
No	17	58.62%
Total	29	100.0%

Source: Field data, 2023

The findings revealed that 41.38% of the respondents had heard inaccurate or exaggerated information about the side effects of. This indicates that there is a presence of misinformation or misconceptions regarding contraceptive side effects within the community.

One of the health workers interviewed mentioned, *“Engaging women in conversations about family planning can sometimes be challenging due to societal stigmas attached to the topic. This can hinder open discussions and access to information.”*

4.4.13 Findings whether misconceptions about how family planning methods have affected women's decisions to use them

Table 24: Findings whether misconceptions about how family planning methods have affected women's decisions to use them

Response	Frequency (n=29)	Percentage (%)
Yes	18	62.07%
No	11	37.93%
Total	29	100.0%

Source: Field data, 2023

Regarding the impact of misconceptions on women's decisions to use family planning methods, 62.07% of respondents believed that misconceptions have indeed affected these decisions. This highlights the perceived influence of misinformation or misunderstandings on family planning choices among women in the region.

4.4.14 Major barriers and challenges in accessing family planning services

The table below summarizes the major barriers and challenges identified by the respondents in accessing family planning services:

Table 25: Major barriers and challenges in accessing family planning services

Major barriers and challenges	Frequency(n)	Percentage(%)
Limited access due to distance or transportation issues	18	62.07%
Difficulty in discussing family planning openly in the community	14	48.28%
Uncomfortable seeking services due to stigma	20	68.97%
Affordability of family planning services and contraceptives	15	51.72%
Negative attitudes from healthcare providers	10	34.48%
Language barriers in understanding information	8	27.59%
Limited options for family planning methods	16	55.17%
Inaccurate information about contraceptive side effects	12	41.38%
Misconceptions affecting women's decisions to use family planning	18	62.07%

Source: Field data, 2023

The findings revealed that 62.07% of respondents faced difficulties in accessing services due to limited geographical access or transportation issues, underlining the need for improved service availability and infrastructure. Additionally, 48.28% expressed discomfort discussing family planning openly within their communities, reflecting the persistence of cultural and societal taboos surrounding the topic. Furthermore, 68.97% felt uneasy seeking family planning services due to the prevailing stigma. The affordability of family planning services and contraceptives was identified as a concern by 51.72% of respondents, emphasizing the importance of addressing economic barriers. Negative attitudes from healthcare providers affected 34.48% of respondents, highlighting the need for provider training and sensitivity. Furthermore, language barriers (27.59%), limited method options (55.17%), inaccurate information about contraceptive side

effects (41.38%), and the impact of misconceptions (62.07%) all emerged as significant challenges that influence women's decisions regarding family planning services.

One of the health workers interviewed explained that, *'Healthcare providers in Goma Division are actively engaged in educational outreach programs, conducting workshops, and providing counseling sessions to educate women about family planning methods. We aim to empower women with accurate information to make informed choices.'*

One of the health workers interviewed shared their opinion, stating, *'To address these challenges, we believe that implementing community-based awareness campaigns, providing more affordable or free family planning services, and enhancing the privacy and confidentiality of these services could greatly improve women's access and utilization of family planning methods in Goma Division.'*

4.4.15 Other factors influencing women's decisions to use family planning services

Some of the respondents interviewed shared their opinion, stating that religious beliefs play a significant role in influencing women's decisions regarding family planning. Many noted that conservative religious norms discourage contraceptive use, while others mentioned that more progressive interpretations could promote informed choices.

Some of the respondents interviewed shared their opinion, stating that stigma associated with family planning, particularly in conservative communities, is a noteworthy factor. They pointed out that the fear of judgment or societal pressure can deter women from seeking family planning services.

Some of the respondents interviewed shared their opinion, emphasizing the significance of spousal or partner support in family planning decisions. They highlighted that open and effective communication between partners was seen as essential in reaching mutual decisions.

Some of the respondents interviewed shared their opinion, emphasizing that the availability and accessibility of family planning services within the community were considered vital. They mentioned that proximity to healthcare facilities and the availability of trained healthcare providers influenced decisions.

Some of the respondents interviewed shared their opinion, noting the role of government policies and support in facilitating family planning. They highlighted that supportive policies and initiatives were seen as enablers of access to services.

Some of the respondents interviewed shared their opinion, mentioning that peer influence and social networks can significantly impact family planning choices. They explained that supportive friends and family members were seen as helpful, while judgmental peers could deter individuals.

4.5 Discussions of the findings

4.5.1 Knowledge and awareness of different family planning methods among women

The study's findings that 93.1% of respondents had heard about family planning before reflects a high level of awareness within the surveyed community, which is in line with the literature's concerns about the importance of spreading knowledge about family planning (Bhatt and Budhathoki, 2021). It indicates that a substantial portion of the community is aware of the concept of family planning.

The finding that 62.1% of women reported joint decision-making with their spouses or partners regarding family planning choices reinforces the literature's emphasis on involving both partners in reproductive health decisions (Kavanaugh, 2018). This collaborative decision-making process can lead to more informed and mutually agreeable choices in family planning.

Regarding specific family planning methods, the study found that hormonal methods and barrier methods were the most recognized, at 86.2% and 79.3% awareness, respectively. This observation aligns with the literature, which suggests that these methods are often more commonly known due to their widespread use and promotion (Starbird et al., 2016). However, the lower awareness levels for methods like the Lactational Amenorrhea Method (LAM) and the Standard Days Method highlight potential gaps in comprehensive education and awareness, as discussed in the literature (Kavanaugh, 2018).

The study's finding that 96.6% of respondents affirmed the importance of family planning echoes the literature's emphasis on the significance of family planning in promoting reproductive health

(Bhatt and Budhathoki, 2021). It highlights that the surveyed community recognizes the value of family planning in controlling and improving their reproductive health outcomes.

4.5.2 The socio-economic factors influencing the utilization of family planning services

The diverse occupational backgrounds of the respondents, as indicated by the study, reflect the economic diversity within the community. This diversity is in line with the literature's understanding that socio-economic factors, including occupation, play a pivotal role in shaping family planning decisions (Latunji, 2018). It is shown that individuals from various economic backgrounds were represented in the study, highlighting the relevance of considering a broad range of economic backgrounds when designing family planning programs.

Income and Access to Family Planning Services: The finding that 75.9% of respondents believed that income affects access to family planning services underscores the significance of addressing financial barriers in family planning programs, consistent with the literature (Starbird and Marcus, 2016). Economic stability and affordability of services are essential factors that can influence individuals' ability to access and utilize family planning services.

The study's observation that 69% of respondents perceived employment as encouraging family planning choices aligns with the literature's understanding that job stability and financial security can play a motivating role in family planning decisions (Hamm, 2018). Access to healthcare benefits, education, and empowerment associated with employment can contribute to individuals' confidence in making family planning choices.

The finding that 62.1% of respondents felt that income inequality affects their ability to access family planning services reinforces the literature's perspective on income disparities (Mutua and Barros, 2021). Income inequality can create disparities in access to healthcare services, including family planning, and underscores the importance of striving for equitable access to services.

The study's result that 82.8% of respondents considered the cost of contraceptives as a barrier highlights the significance of affordability in family planning utilization, consistent with the literature's emphasis on the affordability of contraceptives as a critical economic factor (Korachais, 2016). High costs can act as a deterrent, underscoring the importance of addressing this issue through subsidy programs or other interventions.

Religious beliefs, societal stigma, and other factors: The study also acknowledges the influence of various non-economic factors such as religious beliefs, societal stigma, spousal support, community resources, government policies, and peer influence on family planning decisions. These findings align with the broader understanding that family planning decisions are multifaceted and influenced by a complex interplay of socio-economic and cultural factors (Kavanaugh, 2018).

4.5.3 The barriers and challenges faced by women in accessing and utilizing family planning services

The study's observation that 79.3% of respondents reported difficulties in accessing healthcare services for family planning underscores the significance of accessibility issues. This is consistent with Matin's assertion (2021) that limited access to healthcare services, especially in rural and remote areas, can severely impede women's ability to access family planning resources. Geographical isolation and inadequate transportation infrastructure contribute to this challenge, as noted in the literature. Women in such areas often face difficulties in reaching medical centers that offer family planning consultations and contraceptives (Matin, 2021). The study's emphasis on improved accessibility aligns with the literature's call for in-depth assessments of healthcare infrastructure in rural and remote areas to identify specific gaps and deficiencies that hinder service provision (Douthit, 2015).

The study's findings regarding open communication challenges (48.28%) and discomfort due to societal stigma (68.97%) resonate with Achen and Rwabukwali's assertion (2021) that stigma and societal norms play a significant role in shaping women's perceptions of family planning and their willingness to seek related services. Cultural taboos and conservative views about women's roles, fertility, and sexuality can contribute to this discomfort and reluctance to openly discuss family planning. The literature recognizes the impact of cultural norms on reproductive health decision-making and emphasizes the need for culturally sensitive family planning programs (Metusela, 2017). The study's findings underscore the importance of addressing these stigmas and promoting open communication in family planning services.

Affordability and Cost: The study's acknowledgment of affordability and cost concerns (48.28%) aligns with Reed's assertion (2016) that the financial burden associated with family planning,

including the cost of contraceptives and regular check-ups, can pose a significant barrier, especially for low-income women. The inability to afford family planning services can result in unintended pregnancies and limit women's ability to control the timing and spacing of their pregnancies. The literature emphasizes the impact of financial constraints on family planning decisions (Nuwamanya, 2023). The study's recognition of these economic barriers highlights the need for strategies to address affordability issues.

The study's observation that negative attitudes from healthcare providers impacted 34.48% of respondents corresponds to Siddique's assertion (2018) that healthcare provider attitudes and behaviors can significantly influence women's experiences and decisions related to family planning. Negative attitudes and judgmental behavior from healthcare professionals can create a hostile environment that deters women from seeking care. The literature acknowledges the impact of healthcare provider attitudes on women's access to family planning services (Siddique, 2018). The study's findings emphasize the importance of provider training and sensitivity to ensure respectful and non-judgmental care.

The study's finding that language barriers affected 51.72% of respondents aligns with Gerchow and Squires' assertion (2021) that language and communication barriers hinder women's access to accurate information about family planning. Effective communication is essential for ensuring that women understand the available family planning options and make informed decisions. Language barriers can lead to misunderstandings and limited comprehension of important reproductive health information, as noted in the literature (Kwame & Petrucka, 2020). The study's recognition of these communication challenges emphasizes the need for language-appropriate information and communication approaches.

The study's findings that limited method options (72.41%), misconceptions (62.07%), and inaccurate information about contraceptive side effects (41.38%) influenced women's decisions regarding family planning services are in line with various aspects of the literature. The importance of offering a diverse range of family planning methods to cater to individual preferences, medical histories, and cultural backgrounds is emphasized in the literature (Yirgu & Moreau, 2020). Additionally, the impact of misinformation and misconceptions on contraceptive use is recognized (Diamond-Smith, 2017). The study's findings underscore the need for

comprehensive and accurate information about family planning methods to address these barriers effectively.

CHAPTER FIVE

DISCUSSIONS, SUMMARY OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the conclusion and recommendations basing on the specific objectives of the study.

5.1 Conclusion

The findings of this study indicated that there exists a high level of awareness about family planning among the surveyed women, with the majority recognizing the importance of family planning. The study also showed socio-economic disparities, as women from diverse occupational backgrounds and economic statuses were represented. While many respondents perceived income, employment, and income inequality as factors influencing access to family planning services, various barriers and challenges were identified, including limited access to healthcare services, distance and transportation issues, societal stigma, affordability concerns, negative healthcare provider attitudes, language barriers, limited method options, and misconceptions.

5.2 Recommendations

Based on the study the following are the recommendations;

To address the challenge of limited access to healthcare services, especially for women in remote areas, policymakers and healthcare providers should prioritize the expansion of healthcare infrastructure and mobile clinics. Improving transportation options to healthcare facilities can also contribute to better accessibility.

Initiatives aimed at reducing societal stigma and promoting open communication about family planning should be implemented. Community-based awareness programs, involving religious and community leaders, can help normalize discussions around family planning and reproductive health.

Efforts should be made to make contraceptives and family planning services more affordable, particularly for economically disadvantaged individuals. Additionally, diversifying the range of available family planning methods can cater to individual preferences and needs, increasing the likelihood of adoption.

Appendices

Appendix I: Questionnaire for women

Dear Respondent,

My name is **Kiconco Sarah, a Bachelor of Social Work and Social Administration** of Uganda Christian University carrying out a study on “**factors influencing family planning practices among women in Goma Division Mukono Municipality**”. You are therefore requested to participate in this study by answering the questionnaire and interview guide attached herein. This study is purely for academic purposes only and the information obtained from you will be treated with confidentiality

Section A: Bio data of the respondents (Please take the most appropriate)

1. What is your age?

15-20 20-25 25-30 30-35 35 and above

2. What is your marital status?

Single married divorced widowed

3. What is your highest level of education completed?

None Primary Secondary University

Others specify.....

1. What is your occupation?

.....

4. What is your household size (the number of people living in your household)?

1-3 members 3-6 members 6 members and above

5. How many children do you have?

1-3 children 3-6 children 6 children and above

Others specify.....

Section B: To examine the awareness and knowledge of different family planning methods among women in Goma Division, Mukono Municipality

6. Have you heard about family planning before?

Yes No

1. Do you and your spouse/partner jointly make decisions about family planning

2. Yes No

7. Can you tick any family planning methods that you are knowledgeable and aware of in the list below?

- Barrier Methods (Condoms, Diaphragm)
- Hormonal methods(Birth control pills, birth control injection (Depo-Provera),Birth control implant (Nexplanon), Birth control vaginal ring (NuvaRing)
- Intrauterine Devices (IUDs)(Copper IUD, hormonal IUD)
- Permanent methods(Tubal ligation (female sterilization),Vasectomy (male sterilization)
- Natural methods (Fertility awareness-based methods (tracking menstrual cycles, Withdrawal method (pulling out)
- Emergency contraception(Morning-after pill (Plan B))
- Lactational Amenorrhea Method (LAM)(Temporary contraception method based on breastfeeding patterns)
- Cervical barrier methods(Cervical cap, Female condom)
- Standard Days Method (CycleBeads):

8. Do you think family planning is important?

Yes No

9. Why or why not?

.....

10. Do you know where you can access family planning services in this area? 11 should come before 10

Yes No

11. Have you ever used any family planning method?

Yes No

Section C: To assess the socio-economic factors that influence the utilization of family planning services among women in Goma Division, Mukono Municipality.

3. As a family what do you do for a living

.....

4. What is the main source of income for your household?

.....

.....

5. In your opinion, do you think income affects access to family planning services?

Yes No

1. In your opinion, do you think employment encourages family planning choices in families?

Yes No

6. If yes, why?

.....

.....

Do you think Income inequality affects your ability to access family planning services?

Yes No

7. Do you think cost of Contraceptives affects your ability to access family planning services?

Yes No

8. Do you think your economic status affects your ability to access family planning services?

Yes No

9. What other factors in your opinion, influence women's decisions to use family planning services?

.....
.....

Section D: To explore the barriers and challenges faced in accessing and utilizing family planning services by women in Goma Division, Mukono Municipality

Do you find it challenging to access healthcare services for family planning?

Yes No

Have you ever faced difficulties in reaching a healthcare facility that provides family planning services due to distance or transportation issues?

Yes No

In your community, is it easy to talk openly about family planning and reproductive health?

Yes No

Have you ever felt uncomfortable when seeking family planning information or services due to stigma?

Yes No

Have you ever found it hard to afford family planning services or contraceptives?

Yes No

Do you feel that the cost of family planning methods is a barrier for you or other women in your community?

Yes No

Have you ever experienced negative attitudes from healthcare providers when seeking family planning services?

Yes No

Do you think that healthcare providers' behaviors affect your decision to use family planning services?

Yes No

Have you ever had trouble understanding important information about family planning due to language differences?

Yes No

Have you ever felt that the available family planning methods do not fully meet your needs or preferences?

Yes No

Do you think that having more options for family planning methods would be helpful for women like you?

Yes No

Have you ever heard inaccurate or exaggerated information about the side effects of contraceptives?"

Yes No

Do you think that misconceptions about family planning methods have affected women's decisions to use them?"

Yes No

In your opinion what are the major barriers and challenges faced in accessing and utilizing family planning services by women in Goma Division, Mukono Municipality

.....
.....

Appendix II: Interview Guide for Key Informants (Health Workers and Officials in the Health Sector)

1. In your experience, are women in this area aware about family planning methods?
2. Could you list some of the common family planning methods that are available for the women in Goma Division
3. What are healthcare providers like yourself doing in educating women about family planning methods?
4. Are there any specific challenges that you have encountered when discussing family planning methods with women?
5. From your perspective, do you think the cost of family planning methods affect a woman's decision to utilize family planning services?
6. From your perspective, do you think income affect a woman's decision to utilize family planning services?
7. From your perspective, do you think access to healthcare services affect a woman's decision to utilize family planning services?
8. From your perspective, do you think attitudes from healthcare providers affect a woman's decision to utilize family planning services?
9. What are some common barriers that women face in accessing affordable family planning services?
10. Can you state if any, initiatives or programs in place to address the socio-economic factors that affect family planning utilization in this area?
11. Can state if there are any, privacy issues that affect women's willingness to access family planning services?
12. In your opinion, what improvements or strategies could help overcome the barriers and challenges faced by women in accessing and utilizing family planning services in this area?

Thank you for your time

Appendix III: sample size determination table.

N	S	N	S	N	S	N	S	N	338
10	10	100	80	280	162	800	260	2800	341
15	14	110	86	290	165	850	265	3000	246
20	19	120	92	300	169	900	269	3500	351
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	357
35	32	150	108	360	186	1100	285	5000	361
40	36	160	113	380	181	1200	291	6000	364
45	40	180	118	400	196	1300	297	7000	367
50	44	190	123	420	201	1400	302	8000	368
55	48	200	127	440	205	1500	306	9000	373
60	52	210	132	460	210	1600	310	10000	375
65	56	220	136	480	214	1700	313	15000	377
70	59	230	140	500	217	1800	317	20000	379
75	63	240	144	550	225	1900	320	30000	380
80	66	250	148	600	234	2000	322	40000	381
85	70	260	152	650	242	2200	327	50000	382
90	73	270	155	700	248	2400	331	75000	384
95	76	280	159	750	256	2600	335	10000	338

“N” is population and “S” is the respective sample size.

Source: R.V. Krejcie and D.W Morgan (1970) (Amin, 2005), Determining sample size for research activities, educational and psychological measurements, P.608, sage publications.

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**FACTORS INFLUENCING FAMILY PLANNING PRACTICES AMONG WOMEN IN
GOMA DIVISION MUKONO MUNICIPALITY**

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EJ21B15/266

**A DISSERTATION SUBMITTED TO THE SCHOOL OF SOCIAL SCIENCES IN
PARTIAL FULFILMENT FOR REQUIREMENTS OF THE AWARD OF BACHELOR
OF SOCIAL WORK AND SOCIAL ADMINISTRATION OF UGANDA CHRISTIAN
UNIVERSITY**

September, 2023



**UGANDA CHRISTIAN
UNIVERSITY**

A Centre of Excellence in the Heart of Africa

DECLARATION

I declare that the content of this report titled “**Factors influencing family planning practices among women in Goma Division Mukono Municipality.**” is my original work and has never been submitted or presented to any institution for any award.

Signature Date

KICONCO SARAH

EJ21B15/266

APPROVAL

This research report by **KICONCO SARAH** entitled “**Factors influencing family planning practices among women in Goma Division Mukono Municipality.**” has been produced under my supervision and is now ready for submission with my approval.

Signature Date

SUPERVISOR

MR MUKHANA FREDRICK

DEDICATION

I dedicate this work with honor to my dearest father and Mother Mr. Turyatempa Isaac and Mrs Nasaali Aminah, my husband Mr. Kanya Godfrey for all the support they rendered, friends for having made my education successful through their financial, spiritual, moral and every kind of support they rendered towards my education.

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ABSTRACT

The study was about examining the factors influencing family planning practices among women in Goma Division Mukono Municipality and its objectives were: to examine the knowledge and awareness of different family planning methods among women in Goma Division, Mukono Municipality, to assess the socio-economic factors that influences the utilization of family planning services among women in Goma Division, Mukono Municipality and to explore the barriers and challenges faced in accessing and utilization of family planning services by women in Goma Division Mukono Municipality. The study adopted a case study research design. A sample size of 38 respondents was selected using simple random sampling and purposive sampling technique to select the respondents. Data was collected using interviews and observation methods and the collected data was analyzed using an excel template. The findings of the study show that the largest group of the respondents 34% was between ages 20 and 25 years, 41% had completed secondary education, 7% had no formal education, 10.3% had no employment, 14% had 6 or more children and 7% had no children. The findings further reveal that the level of knowledge and awareness regarding family planning methods is high and also respondents indicated that they and their spouses or partners jointly made decisions about family planning. Therefore the study recommends that there is need to consider the women's specific circumstances when designing family planning programs and also efforts should be made to make contraceptives and family planning services more affordable, particularly for economically disadvantaged individuals.

CHAPTER ONE: INTRODUCTION

1.0 Introduction

This chapter will cover the background of the study, the statement of the problem, purpose of the study, objectives of the study, research questions, and scope of the study and the significance of the study.

1.1 Background

Family planning is the planning of when to have children and the use of birth control and other techniques to implement such plans (WHO, 2021). . Family planning services are defined as educational comprehensive medical and social activities which enable individuals to determine freely the number and spacing of their children and to select one of the contraceptive methods to use to limit unwanted and unplanned pregnancies (UNFPA, (2021)

Globally at least 200 million women want to use safe and effective planning methods but are unable to do so because they lack access to information and services (UNFPA 2017). More than 50 million of the 190 million worldwide who become pregnant each year have abortions (UNICEF 2005). Many of these are clandestine and performed under unsafe conditions. These unwanted pregnancies could have been prevented by use of family planning methods (Darroch, 2016).

According WHO, (2019) access to safe and effective family planning methods is crucial for women's reproductive health and overall well-being. Unfortunately, despite progress being made in recent years, many women still face barriers that prevent them from accessing the necessary information and services they need. This lack of access often leads to unintended pregnancies and, in some cases, the need for abortions (Guttmacher, 2018). According to recent statistics, it is estimated that approximately 44% of all pregnancies worldwide are unintended. Out of these unintended pregnancies, about 25% result in abortions (WHO, 2020). These numbers highlight the pressing need for improved access to family planning resources, particularly for women who wish to avoid unintended pregnancies but lack the means to do so effectively.

In the United States, studies have identified education, income, ethnicity, and access to healthcare as important factors in family planning decisions. The cost and availability of contraception, along with political and policy considerations, also play a role in shaping family planning practices. In India, research highlights the significance of women's education, socioeconomic factors, gender equity, access to healthcare facilities, and community-level interventions in promoting family planning. In Nigeria, factors such as education, socioeconomic status, religion, cultural beliefs, spousal communication, and access to services influence family planning (Tessema, 2016).

In Africa most of the countries have the lowest use of contraceptive use, highest maternal infant mortality rates and have the highest fertility rates. Only 30% of women in African women would like to use them (Tsui, 2017). The recognition of family planning as an important aspect to national development is being witnessed in several African countries. Family planning (FP) could prevent as many as one in every three maternal deaths by allowing women to delay motherhood, space birth, avoid unintended pregnancies and abortion and stop childbearing when they reached their desired family size (Okigbo, 2015)

Sub-Saharan Africa for instance has an average total fertility Rate (TFR) of 5.1, the highest average in the world which is twice that of South Asia (2.8) (World Bank 2009). The average contraceptive prevalence rate (CPR) of 22% is half of South Asia (53%) due to low acceptance and high cultural resistance to family planning. Consequently, the maternal mortality ratio of 500/100,000 live births is high and most Sub-Saharan Africa countries are not on track to achieve Millennium Development Goal 5 (WHO, 2012).

Global findings indicate that socioeconomic status strongly influences the utilization of family planning methods. Higher education levels and incomes are associated with better access to information and resources for family planning (Guttmacher Institute, 2018). Additionally, the empowerment of women plays a significant role, as women who have control over their reproductive choices are more likely to adopt family planning methods. Access to quality healthcare services, including reproductive healthcare and contraceptives, is crucial for family planning utilization. Cultural and religious beliefs also play a role, as certain norms may encourage or discourage contraception use, leading to regional variations in family planning practices.

In Latin America and the Caribbean, higher education, urban residence, access to healthcare, and women's decision-making autonomy positively affect family planning utilization, while religious and cultural factors may present challenges. These regional nuances highlight the need for context-specific approaches to improve family planning services and address cultural and socioeconomic factors that influence utilization.

Regionally there are several factors influencing family planning practices in different areas. In Sub-Saharan Africa, improving women's education, addressing gender inequality, and enhancing healthcare access are crucial for promoting family planning (Ackerson, 2017). Engaging men in decision-making is also important. In South Asia, women's education, socioeconomic status, and partner support significantly impact family planning. Religious and cultural factors also play a role

Despite several efforts by the government and its partners in family planning provision basically the civil society, Uganda still struggles with a low Contraceptive Prevalence Rate (CPR) of 30%, which is lower than that of her neighbors, Kenya, Rwanda, and Tanzania, which had a CPR of 46%, 52%, and 34%, respectively (Sileo, 2015)

In Uganda, the urban population has grown over the years and is currently estimated at 9.4 million (UBOS, 2018). This in part, is attributed to high fertility coupled with an unmet need for FP of about 23% and rural–urban migration (UN-Habitat, 2010) Furthermore, poor contraceptive behaviors, such as FP discontinuation, and missed opportunities for counseling and promoting FP uptake have also been reported to limit effectiveness of family Planning (Ministry of Health, 2016).

According to the International Classification of Functioning, Disability and Health (ICF) published by the World Health Organization in 2012, Uganda has a reasonable number of people having enough information about the services of healthcare facilities and available medical resources. However, the low levels of utilization of preventive healthcare measures and specialized medical interventions still stand high in many parts of the country, including Mukono District, with socio-economic, cultural, and infrastructural factors causing these barriers to utilization (Birabwa, 2022).

In Goma division, Mukono district, the utilization of family planning services, which serves as an approximate indicator of contraceptive use and family planning practices is currently estimated to be approximately 20%, according to the recent report from district health sector's annual assessment. The report acts as a gauge to assess the extent of contraceptive and family planning service adoption within the district (District Health Sector Annual Report, 2020).

Analysis of statistical data from Mukono division health office reveals a notable underutilization of family planning services across multiple healthcare facilities that provide family health services (Statistical Records, Mukono Division Health Office, 2020). This observation forms the foundation for the present study with the aim of establishing the factors influencing family planning practices among women in Goma Division, Mukono Municipality.

1.2 The statement of the problem

Promoting and enhancing family planning usage is not only a fundamental human right but also a strategic imperative for sustainable development. Access to comprehensive family planning services empowers individuals and couples to make informed decisions about their reproductive health, leading to improved maternal and child health outcomes. Moreover, it plays a pivotal role in mitigating the negative consequences of high population growth, such as increased pressure on resources and strained healthcare systems (Osotimehin, 2015).

Despite global efforts to promote family planning and address high population growth, family planning usage among women in Goma division, Mukono district, and the country remains alarmingly low, contributing to poor health and underdevelopment. According to the Uganda Demographic Health Survey (UDHS) conducted in 2018, only approximately 11.2% of women in Goma division, Mukono district, and the country utilize family planning services. This low level of utilization poses a significant concern, particularly given that the current total fertility rate in the division stands at 7.4%, higher than the national average of 6.9% (UDHS, 2018). Therefore the study aims to examine the factors influencing family planning practices among women in Goma Division Mukono Municipality.

1.3 The purpose of the study

This study aimed at examining the factors influencing family planning practices among women in Goma Division Mukono Municipality

1.4 Objectives of the study

1.4.1 General objective

The general objective of the study was to examine the factors influencing family planning practices among women in Goma Division Mukono Municipality

1.4.2 Specific objectives

- i. To examine the knowledge and awareness of different family planning methods among women in Goma Division, Mukono Municipality
- ii. To assess the socio-economic factors that influences the utilization of family planning services among women in Goma Division, Mukono Municipality.
- iii. To explore the barriers and challenges faced in accessing and utilization of family planning services by women in Goma Division, Mukono Municipality

1.5 Research questions

- i. What is the knowledge and awareness regarding various family planning methods among women residing in Goma Division, Mukono Municipality?
- ii. What are the socio-economic factors that influence the utilization of family planning services among women in Goma Division, Mukono Municipality?
- iii. What are the barriers and challenges encountered by women in Goma Division, Mukono Municipality in accessing and utilizing family planning services?

1.6. Scope the of the study

1.6.1 Geographical scope

The study was carried out in Goma Division, Mukono Municipality.

1.6.2 Content scope

The study focused on examining the knowledge and awareness of different family planning methods among women, the socio-economic factors that influences the utilization of family planning services among and to explore the barriers and challenges faced in accessing and utilization of family planning services by women in Goma Division, Mukono Municipality, and suggest solutions.

1.6.3 Time scope

The study was conducted between April 2023 to October 2023. This period was deemed by the researcher as long enough to be able to complete the writing of the research.

1.7 The significance of study

As a researcher, conducting this study shall offer several benefits. Firstly, it will provide an opportunity to contribute to existing knowledge by exploring factors influencing family planning practices specifically in Goma Division, Mukono Municipality.

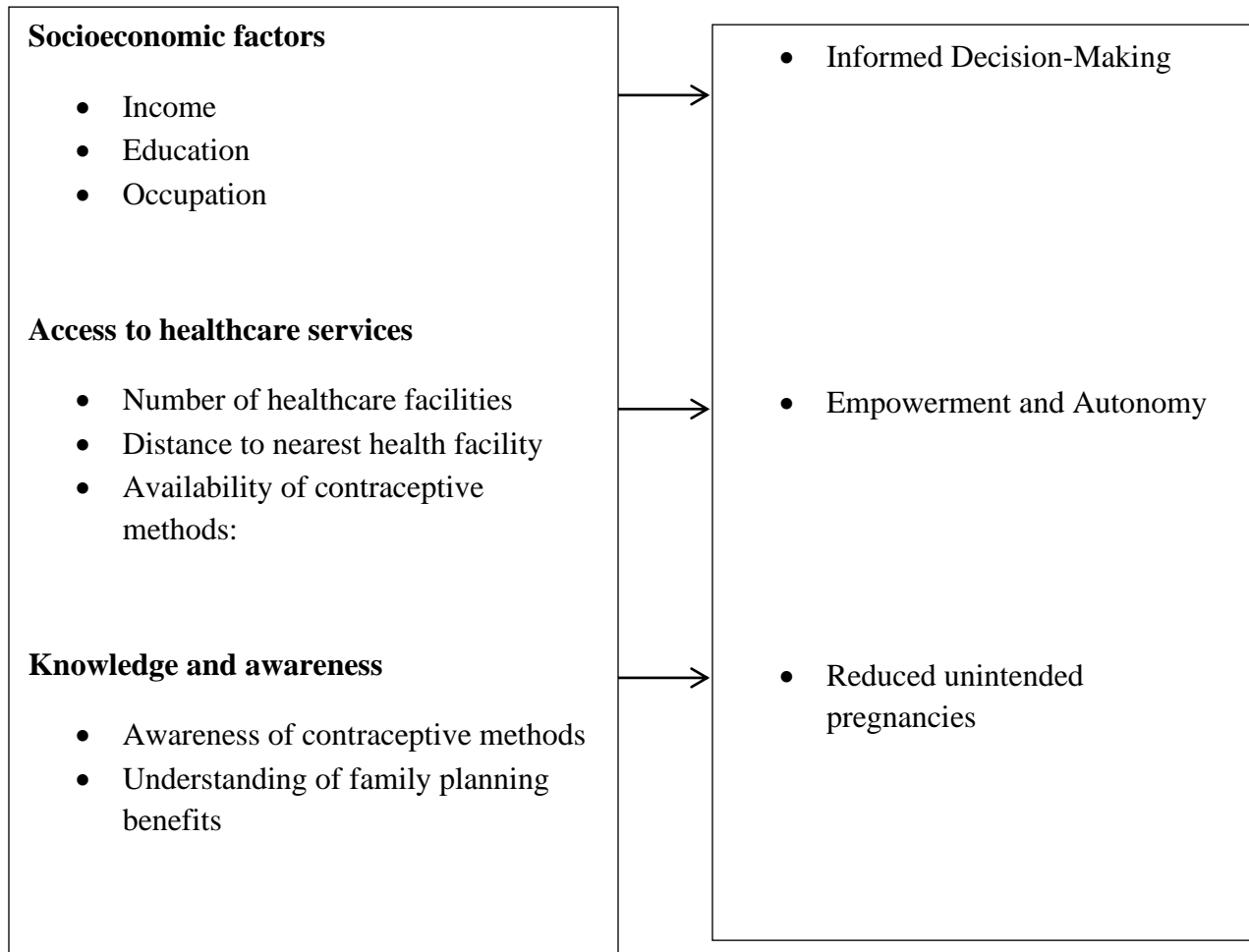
Secondly, it shall allow the researcher to develop research skills, gain experience in data collection and analysis, and contribute to their academic or professional portfolio.

The study findings shall have significant implications for policymakers involved in public health, reproductive health, and family planning initiatives. Policymakers can use the study findings to allocate resources, design awareness campaigns, and implement programs that aim to improve access to and utilization of family planning services in the region.

1.8 Conceptual framework

Conceptual Framework of Factors Influencing Family Planning Practices among Women in Goma Division Mukono Municipality

Factors Influencing Family Planning Practices among Women in Goma Division Mukono Municipality



Source: designed by the researcher

The conceptual framework for factors influencing family planning practices among women in Goma Division Mukono Municipality encompasses Socio-economic factors (Income, Education, and Occupation): Socioeconomic factors play a significant role in shaping family planning practices. Higher income levels often provide women with better access to healthcare services (Latunji, 2018), including family planning. Education equips individuals with the knowledge and

awareness needed to make informed decisions about their reproductive health. Additionally, occupation can influence access to information and resources, impacting family planning choices (Hamm, 2018).. For example, women with higher education levels and stable employment are more likely to have the means to access and use contraceptives effectively.

Access to healthcare services (Number of facilities, distance, and contraceptive availability): Access to healthcare services is a critical determinant of family planning practices (Matin, 2021) . The number of healthcare facilities in the area, their proximity to the community, and the availability of contraceptives within these facilities can directly affect a woman's ability to access and use family planning services. Limited access, long distances, or a lack of contraceptive availability can act as barriers to family planning utilization.

Knowledge and awareness factors (awareness of contraceptive methods, understanding of family planning benefits, informed decision-making): Knowledge and awareness are essential components of family planning decision-making. Awareness of different contraceptive methods and their effectiveness empowers women to make choices that align with their reproductive goals (Thapa, 2021) . Understanding the benefits of family planning, such as improved maternal and child health and economic well-being, can motivate women to use contraception. Informed decision-making involves considering one's personal circumstances and preferences when choosing whether or not to use family planning methods.

These components interact dynamically to yield outcomes including increased contraceptive use, empowerment and autonomy, and reduced unintended pregnancies. These factors do not operate in isolation but interact dynamically. For instance, a woman's socioeconomic status may influence her access to education and, in turn, her knowledge of family planning method (Otim, 2020).Her cultural and religious beliefs may intersect with her knowledge, affecting her attitudes and decisions. Ultimately, the outcomes of this dynamic interaction include increased contraceptive use, which leads to greater empowerment and autonomy for women, and a reduction in unintended pregnancies, contributing to improved overall reproductive health and well-being within the community.

1.9 Limitations or delimitations of the study

In the study the following limitations were met:

There was mounting pressure from the administration for students to complete the research on time which affected the quality of research. The study required a lot of time to be dedicated to collect substantial data from one respondent to another making observations, continuous review of literature, data analysis and report writing and this was achieved by devoting more time on the research work by reducing on the leisure time at her disposal.

Some of the targeted respondents were not willing to set aside time to respond to the researcher's questions thus somehow end up frustrating the researcher's efforts to collect substantial data. The researcher also faced a problem of some rude and hostile respondents.

Delimitations of the study

Time management and pressure from administration: To ensure the quality of research is not compromised due to time constraints, I created a detailed research schedule with specific milestones and deadlines. This schedule allowed for adequate time for data collection, literature review, analysis, and report writing.

I prioritized my research tasks and allocated, dedicated time for research activities, effectively managing my time while still meeting academic requirements. Regular progress updates with my supervisor helped maintain alignment with the research timeline.

Unwillingness of respondents: I clearly defined the inclusion and exclusion criteria for selecting respondents. This ensured that I targeted individuals who were more likely to be willing to participate in the study based on their relevance to the research objectives. I established rapport and built trust with potential respondents through effective communication and transparency about the research purpose. Additionally, I considered using incentives, if appropriate and ethics, to encourage participation.

Rude and hostile respondents: I acknowledged the possibility of encountering rude or hostile respondents and establish guidelines for maintaining professionalism and safety during data collection. In cases of hostile or rude respondents, I maintained a calm and respectful demeanor,

emphasizing the importance of their participation while ensuring my personal safety. I also had a plan in place for terminating interviews if they become unproductive or unsafe.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviewed literature from other scholars which were guided by the objectives of the study

2.1 Knowledge and awareness of different family planning methods among women

According to Bhatt and Budhathoki (2021) the lack of information and awareness regarding family planning methods stems from various factors such as limited access to comprehensive sexual education, cultural taboos surrounding discussions about reproductive health, and inadequate healthcare infrastructure in certain regions. On the other hand, Thapa (2021) stated that when women are not properly informed about the available family planning options, their benefits in terms of reproductive health, and the potential risks associated with each method, it can result in misunderstandings and unfounded fears. These misconceptions include concerns about negative side effects, impact on future fertility, or religious and societal stigmas. Consequently, women may be hesitant to actively seek out family planning services, leading to unintended pregnancies, increased maternal health risks, and limited control over their reproductive choices. Therefore, this study aims to examine the knowledge and awareness of different family planning methods among women.

According to Bhatt and Budhathoki (2021) the lack of information and awareness regarding family planning methods stems from various factors such as limited access to comprehensive sexual education, cultural taboos surrounding discussions about reproductive health, and inadequate healthcare infrastructure in certain regions.. On the other hand, Thapa (2021) stated that when women are not properly informed about the available family planning options, their benefits in terms of reproductive health, and the potential risks associated with each method, it can result in misunderstandings and unfounded fears. These misconceptions include concerns about negative side effects, impact on future fertility, or religious and societal stigmas. Consequently, women may be hesitant to actively seek out family planning services, leading to unintended pregnancies, increased maternal health risks, and limited control over their

reproductive choices. This research will explore regional and geographical disparities in access to family planning services. Certain areas, particularly in low-income and rural regions, may have more pronounced barriers due to limited healthcare infrastructure and transportation issues.

Starbird et al., (2016) stated that having a comprehensive understanding of the various family planning methods is essential for women to make informed decisions that harmonize with their lifestyles, preferences, and health requisites. These methods encompass hormonal options like birth control pills, patches, and injections, alongside barrier methods such as condoms and diaphragms, intrauterine devices (IUDs), natural techniques like fertility awareness, and permanent solutions like sterilization (Van der Wijden & Manion, 2015). Despite the variety of family planning methods available, there's often a lack of comprehensive education and awareness about these methods. Many individuals, especially in certain areas, may not be aware of the full range of options, their effectiveness, and potential side effects, which necessitates for this study to examine the knowledge and awareness of different family planning methods among women.

Kavanaugh (2018) revealed that effectiveness of family planning is a pivotal aspect when it comes to family planning methods. Women need to possess a clear understanding of the varying degrees of effectiveness associated with each method (Kavanaugh & Jerman, 2018). This involves being aware of the failure rates linked to different methods and comprehending how these rates can be affected by adhering to correct and consistent usage. Despite the existing research on effectiveness and its importance, there remains a gap in understanding how women's perceptions of effectiveness may be influenced by socio-cultural factors, access to information, and personal beliefs. While Kavanaugh (2018) touches upon the subject, the broader landscape of factors affecting women's perception of effectiveness requires further exploration. Exploring these gaps is of paramount importance for the factors influencing family planning practices among women.

Equipping women with information regarding the accessibility and availability of diverse family planning methods is crucial. It is essential that women are informed about the locations and methods through which they can access these services (Nansseu et al., 2015). Having knowledge about healthcare providers, clinics, and facilities that offer family planning services empowers women to make informed decisions and obtain the methods they have selected. By being aware

of the avenues to access these services, women can overcome potential barriers and ensure that their reproductive health needs are met conveniently and efficiently (Munakampe et al., 2018). While it is vital for women to be informed about the accessibility and availability of family planning services, there is often a gap in providing comprehensive information about the effectiveness and suitability of different family planning methods. Women not only need to know where to access these methods but also require a deeper understanding of how each method works, its efficacy in preventing pregnancies, potential side effects, and considerations based on their individual health, lifestyle, and preferences.

Comprehensive sex education and effective communication play pivotal roles in elevating awareness levels about family planning (Plesons et al., 2019). Thorough education equips individuals with accurate information about contraceptive methods, their benefits, and potential risks. Open communication, whether through educational programs, community workshops, or targeted information campaigns, helps disseminate this knowledge widely (Leung et al., 2019). By promoting a culture of open discussion and eradicating taboos surrounding family planning, societies can ensure that accurate information is accessible to all, regardless of their background or circumstances. These efforts create an environment where individuals can make informed choices, leading to increased awareness, reduced unintended pregnancies, and enhanced reproductive health outcomes on a larger scale (Leekuan et al., 2022). While the literature highlights the importance of comprehensive sex education and effective communication in promoting knowledge and awareness of family planning methods, there is a research gap in the quality and comprehensiveness of sex education programs, particularly in schools and community settings. Are these programs truly comprehensive, covering a wide range of family planning methods, including both contraception and fertility awareness methods? Evaluating the content, delivery, and effectiveness of existing programs can provide insights into areas that need improvement

Continued learning is paramount in the realm of family planning. As the landscape of reproductive health advances, it's vital for women to remain informed about the evolving methods and options available (McGranahan et al., 2021). Encouraging women to stay updated on new developments and updates in the field of reproductive health ensures that they have access to the latest information, enabling them to make informed decisions aligned with their

changing needs and circumstances (Dida et al., 2015). With ongoing advancements in medical research, technology, and understanding of reproductive health, remaining knowledgeable empowers women to adapt their choices to emerging opportunities that may offer improved effectiveness, reduced side effects, or enhanced convenience. This research will explore into how information about family planning methods is disseminated to women. Is the information accessible, understandable, and sensitive? Assessing the effectiveness of various communication channels (e.g., healthcare providers, community health workers, digital platforms) in reaching different populations is essential. Understanding the barriers to information access and the reasons behind misinformation or lack of awareness is important.

The availability of accurate and comprehensive information is vital in promoting family planning utilization. Women who have access to reliable information through various channels, such as media, community health workers, or educational programs, are better equipped to make informed decisions about their reproductive health (Bhatt and Budhathoki, 2021). Effective education campaigns that provide information about different family planning methods, their benefits, potential side effects, and how to access services can empower women to take charge of their reproductive health. Access to information helps women overcome misconceptions, fears, and cultural biases that might otherwise deter them from seeking family planning services (Thapa, 2021).

2.2 The socio-economic factors influencing the utilization of family planning services

Education plays a significant role in family planning decisions. People with higher levels of education tend to have better access to information about contraception methods and their benefits. They are also more likely to understand the importance of family planning in terms of health and economic stability. Therefore, individuals with lower levels of education may have limited knowledge about family planning options and may be less likely to utilize these services. While it is known that education plays a significant role in family planning decisions, there is a research gap in understanding the specific mechanisms through which education impacts family planning utilization. Further research is needed to explore how education influences knowledge acquisition, decision-making processes, and attitudes toward family planning. Investigating the role of comprehensive sexual education programs in shaping family planning choices and assessing the long-term impact of education on contraceptive use can provide valuable insights.

According to Latunji (2018) economic status plays a pivotal role in access to healthcare services, including family planning. People with higher incomes are more likely to have access to healthcare facilities and private healthcare providers, making it easier for them to obtain family planning services. In contrast, those with lower incomes may struggle to access quality healthcare, including contraceptive services, due to financial constraints and limited healthcare infrastructure in their communities. The literature highlight the influence of economic status on access to family planning services, but there is a need for more research on the specific financial constraints that hinder family planning utilization. Further inquiry will examine the costs associated with contraception, healthcare insurance coverage, and out-of-pocket expenses related to family planning.

Starbird and Marcus (2016) in there study on investing in family planning revealed that economic factors significantly affect family planning decisions. Individuals and couples who are economically stable are more likely to plan and space their children because they can better provide for their families. In contrast, those facing financial insecurity may delay or forgo family planning due to concerns about the cost of contraception and the financial responsibility of raising children (Kassim, 2022). The literature highlights the influence of economic status on access to family planning services, but there is a need for more research on the specific financial constraints that hinder family planning utilization. Further review will examine the costs associated with contraception, healthcare insurance coverage, and out-of-pocket expenses related to family planning.

The affordability of contraceptives is a critical economic factor influencing family planning utilization. High costs of contraceptives or lack of insurance coverage can deter individuals and couples from using them (Korachais, 2016). Subsidized or free contraceptive programs can significantly increase access and utilization, especially among lower-income populations (Prata, 2009). While it is acknowledged that the affordability of contraceptives is a critical factor, there is a research gap in identifying and evaluating strategies to address this issue effectively. This research will investigate the impact of subsidized or free contraceptive programs on utilization, including their reach and sustainability.

The availability of job opportunities and job security can influence family planning decisions. In regions with limited employment opportunities or where job insecurity is common, individuals

may delay family planning until they feel financially stable (Hamm, 2018). On the other hand, stable employment can encourage family planning by providing a sense of financial security. While the availability of job opportunities and job security is mentioned, there is a research gap in understanding the complexities of how employment factors influence family planning decisions. Further research will delve into the specific conditions and contexts in which job opportunities or insecurity impact family planning choices. This includes examining the role of workplace policies, such as paid family leave and child care support, in facilitating or hindering family planning among employees.

In a study conducted by Mutua and Barros (2021) on reproductive health, the study revealed that income inequality within a society can impact family planning utilization. In societies with significant income disparities, access to family planning services may be unequal, with wealthier individuals having greater access and resources to plan their families while economically disadvantaged populations may face barriers in accessing services. The literature acknowledges the impact of income inequality on family planning utilization, but there is a research gap in exploring the intersection of income disparities with other socio-economic factors. This research will investigate how income inequality interacts with education, employment, and access to healthcare services to shape family planning decisions. This can help identify strategies to mitigate the disparities in family planning utilization within societies.

Government policies, such as subsidies for healthcare or family planning services play a vital role in influencing family planning decisions. In countries where the government provides support for family planning, including education and affordable contraceptives, the utilization of these services tends to be higher. Conversely, lack of government support can hinder access and utilization (Starbird, 2016). Analyzing the Effectiveness of Government Policies. While government policies are mentioned as influential, there is a research gap in evaluating the effectiveness of specific policy interventions in promoting family planning utilization. Further research should assess the impact of government subsidies, education programs, and healthcare support on family planning decisions and outcomes. Comparative studies across different countries and regions can provide insights into the best practices in policy design and implementation to enhance family planning access and utilization.

2.3 The barriers and challenges faced by women in accessing and utilizing family planning services

Matin (2021) stated that limited access to healthcare services in rural and remote areas is a significant barrier that can severely impede women's ability to access family planning resources and services. Geographical isolation, inadequate transportation infrastructure, and a shortage of healthcare facilities contribute to this challenge. Women residing in these areas often face difficulties in reaching medical centers that offer family planning consultations, contraceptives, and reproductive health information. The absence of nearby clinics or hospitals means that women have to travel longer distances, sometimes requiring considerable time and resources, to access the care they need (Douthit, 2015). This can result in delays in obtaining contraception and family planning advice, leading to an increased risk of unintended pregnancies and limited control over reproductive choices. Moreover, the lack of healthcare professionals who are trained in family planning methods and reproductive health can further exacerbate the problem. When women cannot access accurate information and proper guidance, they might resort to unreliable sources or traditional practices that may not be effective or safe. This research will involve conducting in-depth assessments of healthcare infrastructure in rural and remote areas to identify the specific gaps and deficiencies that hinder the provision of family planning services. This includes examining the availability of clinics, hospitals, and healthcare professionals trained in family planning.

A study conducted by Achen and Rwabukwali (2021) revealed that stigma and societal norms play a significant role in shaping women's perceptions of family planning and their willingness to seek related services. In many cultures and communities, discussions surrounding sexual and reproductive health are often considered taboo or inappropriate. This silence and stigma create an atmosphere of secrecy and discomfort, making it challenging for women to openly seek information, guidance, and services related to family planning. Cultural norms that uphold conservative views about women's roles, fertility, and sexuality can further contribute to the reluctance in discussing family planning. Women might fear judgment, ostracization, or damage to their reputation if they are perceived as openly seeking contraception or making decisions about family size (Metusela, 2017). This leads to internal conflicts and confusion, as women are torn between their personal desires and the expectations imposed by their societies. Additionally,

inadequate sexual education within these communities might perpetuate misunderstandings and misconceptions about family planning methods. This lack of accurate information can reinforce negative stereotypes and beliefs, adding to the stigma and inhibiting women from accessing the services they need.

Reed (2016) stated that cost and affordability are vital considerations that greatly impact women's access to family planning services and contraceptives. For many women, especially those from low-income backgrounds, the financial burden associated with family planning can present a significant barrier to obtaining the care they need. Contraceptives, whether in the form of pills, injections, intrauterine devices (IUDs), or other methods, often come with associated costs. Additionally, Nuwamanya (2023) argued that regular check-ups and consultations with healthcare professionals to ensure the safety and effectiveness of the chosen method can also contribute to overall expenses. These financial constraints force women to make difficult choices between their reproductive health and meeting other essential needs such as food, housing, and education. The inability to afford family planning services can result in unintended pregnancies and limit women's ability to control the timing and spacing of their pregnancies. This, in turn, can have cascading effects on maternal health, child health, and overall family well-being.

Studies by Mselle, and Dol (2018) indicated that healthcare provider attitudes and behaviors have a profound impact on women's experiences and decisions related to family planning. Negative attitudes, biases, or lack of respectful treatment from healthcare professionals can create a hostile environment that discourages women from seeking the care they need. When women encounter judgmental attitudes from healthcare providers, they may feel stigmatized or ashamed about their reproductive choices (Siddique, 2018). This can lead to feelings of discomfort, embarrassment, or even anxiety during interactions with healthcare professionals. Such negative encounters can also erode trust in the healthcare system as a whole, causing women to avoid seeking care altogether or delay seeking help until their conditions worsen. While the literature acknowledges the impact of healthcare provider attitudes and behaviors on women's access to family planning services, there is a need for more comprehensive research into the effectiveness of interventions aimed at improving provider attitudes and behavior. Further investigation is required to determine which specific training methods and strategies are most effective in promoting respectful and non-judgmental care.

According to Gerchow and Squires (2021) language and communication barriers significantly hinder the ability of women to access accurate information and make informed decisions about family planning. In multicultural or multilingual settings, healthcare providers and women might not share a common language, leading to misunderstandings and limited comprehension of important reproductive health information. Effective communication is essential for ensuring that women understand the available family planning options, their benefits, potential risks, and the proper usage of contraceptives. Language barriers lead to misinterpretations, incomplete information, and confusion, making it difficult for women to fully grasp their choices and make decisions that align with their needs and preferences (Kwame & Petrucka, 2020). The literature highlights the importance of effective communication in family planning, especially in multicultural or multilingual settings. However, there is a research gap in the development and evaluation of tailored communication approaches that can bridge language barriers and ensure women from diverse backgrounds receive accurate information. This research will investigate the use of interpreters, culturally sensitive materials, and technology-assisted communication tools in enhancing comprehension and decision-making in family planning consultations.

Yirgu and Moreau (2020) highlighted that the availability of a diverse range of family planning methods is crucial to ensuring that women can make choices that align with their individual preferences, health considerations, and lifestyles. However, when the options are limited and do not cater to the diverse needs of women, it can significantly reduce the likelihood of method utilization and adherence. Women have varying medical histories, cultural backgrounds, and personal preferences that influence their suitability for different family planning methods. If the available methods are inadequate or incompatible with these individual factors, women might experience discomfort, side effects, or a lack of effectiveness. This can lead to dissatisfaction, discontinuation, or non-adherence to the chosen method, ultimately impacting their reproductive health outcomes. While it is recognized that family planning methods should cater to the diverse needs of women, there is a lack of research on the development and evaluation of personalized family planning methods or strategies. Further inquiry is needed to assess the feasibility and effectiveness of tailoring contraceptive options to individual women's preferences, medical histories, and cultural backgrounds. Research should explore how personalized approaches impact method satisfaction, adherence, and overall reproductive health outcomes.

A study by Mchome, et.al. (2015) indicated that the concern over privacy and confidentiality is a significant factor that impacts women's willingness to seek family planning services, especially in close-knit or smaller communities. In such settings, where personal matters can quickly become public knowledge, women might hesitate to access these services due to fear of judgment, gossip, or breaches of their private information. When seeking family planning assistance, women often require a safe and confidential space to discuss their reproductive health needs, concerns, and preferences (Galloway, 2017). The lack of privacy can lead to feelings of embarrassment, shame, or discomfort, which may discourage women from openly discussing their reproductive health with healthcare providers. The literature emphasized the importance of privacy and confidentiality in family planning services. However, there is a research gap in identifying and evaluating specific strategies and interventions to address privacy concerns, especially in close-knit or smaller communities. Further research should investigate the implementation of confidential counseling spaces, community education on the importance of privacy, and technology-driven solutions that protect women's sensitive health information while ensuring they receive necessary care.

Melgar (2018) opined that restrictive laws and policies regarding family planning, contraception, and abortion severely hinder women's access to essential reproductive health services and options. In regions where these services are heavily regulated or prohibited, women may face significant barriers to obtaining contraceptives and safe abortion care. Such constraints can lead to a range of negative consequences, including unintended pregnancies, unsafe abortions, and compromised maternal health (Pinter, 2016). In areas with strict regulations, women might resort to unsafe practices or unregulated methods, risking their health and well-being due to lack of access to proper medical care. These legal barriers not only impact individual women but also have broader implications for public health and the overall well-being of families and communities. While it is acknowledged that restrictive laws and policies can hinder access to family planning services, there is a need for more research on the strategies and advocacy efforts that effectively challenge these barriers. This research will examine successful legal and policy reform initiatives, as well as their impact on improving women's access to contraception and safe abortion care. Additionally, studies should assess the broader public health implications of legal and policy changes in reproductive health.

Ochako (2015) revealed that in societies marked by gender inequality, women often have limited decision-making power when it comes to their reproductive health. Sociocultural norms and power dynamics can place women in subordinate roles within relationships and households, making it challenging for them to negotiate contraceptive use or make autonomous decisions about family planning. The lack of agency over reproductive choices can lead to unwanted pregnancies, unsafe abortions, and a higher risk of maternal mortality and morbidity (Sinai, 2020). Women might also face pressure to adhere to traditional expectations regarding family size and fertility, which can further restrict their ability to exercise control over their reproductive health. While the literature acknowledges the role of gender inequality in limiting women's decision-making power in family planning, there is a research gap in identifying and evaluating interventions that promote women's agency and autonomy in reproductive health decision-making. Further research is needed to investigate programs and policies aimed at challenging sociocultural norms and empowering women to make informed choices about contraception and family planning. Long-term studies are needed to assess the effectiveness of such interventions in reducing unintended pregnancies and improving maternal health outcomes.

Diamond-Smith (2017) argued that misinformation and misconceptions about the potential side effects of contraceptives can create significant barriers to their use. Women hear exaggerated or inaccurate accounts of side effects from friends, family, or online sources, which can lead to unwarranted fear and reluctance to use contraception. The fear of adverse health effects can overshadow the desire to prevent pregnancies, resulting in a lack of utilization of effective family planning methods. The literature highlight the impact of misinformation and misconceptions on contraceptive use. However, there is a research gap in understanding the most effective strategies for addressing and correcting these misconceptions. Thus this research should investigate the role of educational campaigns, peer support networks, and healthcare provider guidance in dispelling myths and promoting accurate information about contraceptive methods.

CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Introduction

This chapter presented the research design, study population, sample size, data collection methods, sampling procedures, research instruments, as well as the reliability and validity of instruments. These components collectively outlined the methodology employed to investigate the factors influencing family planning practices among women in Goma Division, Mukono Municipality.

3.1 Research design

Research design is the framework of research methods and techniques chosen by a researcher to conduct a study (Sileyew, 2019). In this study a cross-sectional study design was used to assess the factors influencing family planning practices among women in Goma Division, Mukono Municipality. The cross-sectional design is suitable for exploring the relationships between variables at a particular point in time (Babbie, 2016). Both qualitative and quantitative data was employed to offer a comprehensive understanding of the research problem.

3.2 Study population

A research population is defined as the totality of a well-defined collection of individuals or objects that have a common, binding characteristics or traits (Saunders, 2012). The population for this study comprised of women and health workers within Goma Division, Mukono Municipality. This study targeted 100 women aged 18 to 49 years and 10 health workers within Goma Division, Mukono Municipality who were obtained from the community. All women aged 18-49 years were considered eligible for the study.

3.3 Sample Size and Sample Selection

3.3.1 Sample size

The sample size of the study population was represented by 38 participants. The researcher considered 38 participants of whom, thirty (30) were community members (women), eight (8) were health workers. The sample size was determined using Morgan & Krejcie (1970) sample size determination table (as shown in the Appendix III)

Table 1: Sample Size

Category of Participants	Target population	Sample size (N)	Sampling method to be employed
Women	100	30	Simple random sampling
Health workers	10	8	Purposive sampling
Total	110	38	

3.3.2 Sampling techniques and procedure

Sampling techniques are methods used to select a subset of individuals or items from a larger population for the purpose of conducting research or drawing inferences about the population (Singh, 2014). The researcher used purposive sampling technique in selecting the health workers. Purposive sampling is the sampling strategy where the researcher chooses those participants with confidential information that cannot be accessed from the rest of the participants, it was preferred in selecting people holding position that allows them to be more knowledgeable with issues going on in their areas, (Amin, 2005), it enabled a researcher to choose participants of her own interest, Creswell, (2003).

In this case; health workers were selected purposively based on their roles and positions that enable them to possess unique skills, and knowledge regarding family planning practices in the study area. The criteria for selection was inclusion criteria where individuals actively involved in healthcare services or who provide valuable information related to family planning practices Out of the targeted 10 health care workers 8 were sampled for the study.

For selecting women from the community, the researcher used simple random sampling. Simple random sampling was used to select 30 women from a total of 100 in the community. Simple random sampling involves assigning each member of the population an equal and independent chance of being selected. This method ensured that the sample of women is representative and unbiased using the inclusion criteria for selecting women from the community which included

being a resident of the community and being of age 18 or older, as the researcher aimed to include adult women in the sample. This approach helps create a representative sample of women within the study population, which is essential for drawing meaningful inferences about family planning practices among women.

3.4 Data Sources

Both primary and secondary sources of data were utilized. Secondary data was obtained from libraries, archived records, and relevant organizations, offering valuable background information. Primary data was collected through self-administered questionnaires and interviews, allowing for direct insights from respondents.

3.5 Data collection instruments

Data collection instruments are the tools and methods used to gather and record information for research. The research utilized both questionnaires and interviews.

3.5.1 Questionnaires

Mugenda (2013) defines a questionnaire as a predetermined written list of questions used to obtain important information about the population. Questionnaires were administered specifically to 30 women. The researcher used a questionnaire because it permits greater response. The questionnaires were self-administered to the participants and to those who were not able to read and write, the researcher asked them questions and recorded responses on behalf of the respondent. Self-administered questionnaires are a common method of data collection where respondents read and respond to the questionnaire items themselves. In this case, the women in the study were provided with the questionnaires and instructions on how to complete them independently. However, the researcher also was available to clarify any questions or concerns that the participants were having while completing the questionnaires, ensuring that they are comfortable with the process. This approach was selected as it allows for efficient data collection and respects the participants' autonomy and privacy in sharing their views on family planning practices.

3.5.2 Interviews

The researcher used interviews where the interviewee gave the needed information verbally in a face to face interaction. According to Amin (2005), an interview is a process of communication or interaction in which the subject or interviewee gives the needed information verbally in a face to face situation. Interviews were conducted with 8 key informants (health workers), to gain insight into the factors contributing to the increase of street children. This was used since it's the best tool for getting first-hand information /views, perceptions, feelings and attitudes of participants. The guide consisted of open-ended questions to explore factors influencing family planning practices among women in Goma Division Mukono Municipality

3.6 Reliability and validity

To ensure the quality of the data collected, the researcher ensured that the questionnaire was clear and easy to understand. The researcher also carried out pilot test of the questionnaire to ensure that it is effective in gathering the required information. The pretest of the questionnaire was conducted in a location with demographic similarities to Goma Division, Mukono Municipality, where the main study was to take place but distinct from the primary study area. This approach ensured that any issues or ambiguities in the questionnaire are identified and addressed before data collection with the target population.

3.6.1 Reliability

Reliability is the degree to which measures are free from error and therefore yield consistent results that is say the consistency of a measurement procedure. The reliability of the data collected was ensured by using a well-designed questionnaire and through the use of statistical tests to validate the data.

To further enhance the reliability of the data collected, additional measures were implemented. In addition to using a well-designed questionnaire and statistical tests for validation, the study employed the test-retest method. This means that a subset of respondents were asked to complete the questionnaire twice at different points in time to assess the consistency of their responses. By comparing their answers on both occasions, the researcher quantitatively measured the degree of consistency and reliability of the data.

3.6.1 Validity

The validity of the data collected was ensured by ensuring that the questionnaire is designed to collect information that is relevant to the study objectives.

3.7 Data collection procedure

Upon obtaining required permissions from the University to collect data, the researcher engaged with district authorities and the division. Appointments were scheduled with respondents for administering questionnaires and conducting interviews. The data collection process was adhere to a systematic approach, including rapport-building and thorough data capture.

3.8 Data processing and analysis

Collected data was entered into an Excel template for thorough cleaning and analysis. Frequency distributions, percentages, and cross-tabulations were employed to summarize respondent views on the factors influencing family planning practices. In addition to the quantitative data analysis, the qualitative data collected through interviews were subjected to a rigorous thematic analysis. After transcribing the interviews, the researcher developed a coding framework to identify key themes, patterns, and insights related to the factors influencing family planning practices among women in Goma Division, Mukono Municipality. These qualitative findings were presented in narrative form, accompanied by relevant quotes and examples from the interviews. The integration of qualitative data analysis provided a comprehensive understanding of the research problem, ensuring that both quantitative and qualitative aspects are adequately addressed in our research findings and conclusions

3.9 Limitations of delimitations of the study

There was limited time and funds for the researcher to collect data from participants, the researcher choosed a sample very carefully therefore, it enabled a representation of the population for the study to remain relevant, this helped to avert the problem of time and inadequate funds.

Given the limited time and funds available for data collection, the researcher exercised careful planning and resource management. The sample selection process aimed to maximize the

relevance and representativeness of the participants within the available resources. The researcher considered factors such as the sample size, data collection methods, and the feasibility of conducting in-depth interviews or focus group discussions to gather comprehensive data within the allocated time and budget.

3.10 Logistical and ethical considerations

Ethical considerations, such as obtaining informed consent from participants, ensuring confidentiality, and protecting the rights of vulnerable populations was taken into account throughout the research process.

Prior to involving any individuals in the study, informed consent will be sought. Participants were provided with clear and understandable information about the research purpose, procedures, potential risks and benefits, their right to refuse or withdraw from participation, and how their data shall be handled. Consent forms were used to document participants' voluntary agreement to participate.

Confidentiality of participants' personal information was strictly maintained. All data collected, including individual responses and identifying details, was kept confidential and stored securely. Participants' identities were anonymized in any reports or publications, using pseudonyms or other methods to protect their privacy.

The researcher maintained transparency and honesty throughout the research process. This included accurately representing the study's purpose, findings, and limitations in any reporting or dissemination of the results.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND DISCUSSIONS OF FINDINGS

4.0 Introduction

This chapter presents the findings of the study in relation to specific objectives of the study; Knowledge and awareness of different family planning methods among women, the socio-economic factors influencing the utilization of family planning services and the barriers and challenges faced by women in accessing and utilizing family planning services.

4.1 Demographic characteristics of the respondents

Demographic characteristics of the respondents	Frequency (n=29)	Percentage (%)
Age Group		
15-20 years	5	17
20-25 years	10	34
25-30 years	8	28
30-35 years	4	14
35 years and above	2	7
Marital Status		
Single	9	31
Married	15	52
Divorced	3	10
Widowed	2	7

Education Level		
None	2	7%
Primary	8	28%
Secondary	12	41%
University	6	21%
Others	2	7%
Household Size		
1-3 members	10	34%
3-6 members	15	52%
6 members and above	4	14%
Number of Children		
1-3 children	12	41%
3-6 children	11	38%
6 children and above	4	14%
Others	2	7%
Total	29	100

Source: Field data, 2023

The findings showed that the largest group, representing 34% of the respondents was between the ages of 20 and 25 years. This suggests that a majority of women seeking family planning services in Goma Division, Mukono Municipality are in their early to mid-twenties.

The findings showed that a majority of the respondents accounting for 52% were married, while 31% were single, 10% of the women were divorced, and 7% were widowed. These findings reveal the various marital statuses of respondents in the area.

The findings showed that 41% of the respondents had completed secondary education, while 28% had only finished primary education. An additional 21% had attended University, indicating a considerable proportion of women with higher education seeking family planning services. Furthermore, 7% had no formal education, and 7% fell into other category which included tertiary institution level among others, suggesting diverse educational backgrounds among the respondents.

The findings revealed that among the respondents 24.1% were employed by the government, 17.2% worked with NGOs, 20.7% were businesspersons, 27.6% were farmers, and 10.3% reported having no employment. This diversity in occupation highlights the different economic backgrounds of women in Goma division and the need to consider their specific circumstances when designing family planning programs.

The findings showed that 52% of the respondents were having 3 to 6 members in their households.

The findings showed that 41% of the respondents had 1 to 3 children while 38% had 3 to 6 children, 14% had 6 or more children and 7% fell into other category which did not have children. These findings indicate a range of family sizes among the respondents. This implies that a majority of the respondents may be in the stage of planning, spacing, or deciding on the size of their families.

4.2 Knowledge and awareness of different family planning methods among women

4.2.1 Whether the respondents heard about family planning before

Table 2: Whether the respondents heard about family planning before

Response	Frequency (n=29)	Percentage (%)
Yes	27	93.1%
No	2	6.9%

Source: Field data, 2023

The study found that the majority of the respondents (93.1%) had heard about family planning before, indicating a high level of awareness and familiarity with the concept.

4.2.2 Spouse/partner jointly make decisions about family planning

Table 3: Spouse/partner jointly make decisions about family planning

Response	Frequency (n=29)	Percentage (%)
Yes	18	62.1%
No	11	37.9%
Total	29	100

Source: Field data, 2023

Regarding joint decision-making on family planning with spouses or partners, 62.1% of the respondents indicated that they and their spouses or partners jointly made decisions about family planning.

4.2.3 Family planning methods that respondents were knowledgeable and aware of

Table 4: Family planning methods that respondents were knowledgeable and aware of

Family Planning Method	Frequency	Percentage (%)
Barrier Methods (Condoms, Diaphragm)	23	79.3%

Hormonal methods (Birth control pills, etc.)	25	86.2%
Intrauterine Devices (IUDs)	18	62.1%
Permanent methods (Tubal ligation, Vasectomy)	14	48.3%
Natural methods (Fertility awareness-based methods, etc.)	20	69%
Emergency contraception (Morning-after pill)	15	51.7%
Lactational Amenorrhea Method (LAM)	8	27.6%
Cervical barrier methods (Cervical cap, Female condom)	12	41.4%
Standard Days Method (CycleBeads)	10	34.5%

Source: Field data, 2023

The study revealed varying levels of knowledge among respondents regarding family planning methods. 79.3% of the respondents demonstrated familiarity with barrier methods such as condoms and diaphragms, while 86.2% were aware of hormonal methods like birth control pills. Intrauterine devices (IUDs) were recognized by 62.1% of respondents, and 48.3% had knowledge of permanent methods like tubal ligation and vasectomy. Additionally, 69% were aware of natural methods, 51.7% knew about emergency contraception (morning-after pill), 27.6% were knowledgeable about the Lactational Amenorrhea Method (LAM), 41.4% had information on cervical barrier methods (cervical cap, female condom), and 34.5% were aware of the standard days method.

One of the health workers interviewed said that, *“the level of awareness about family planning methods among women in Goma Division varies from one woman to another. While some women are well-informed, others may have limited knowledge in this area.”*

4.2.4 Findings on whether family planning is important

Table 5: Findings on whether family planning is important

Response	Frequency (n=29)	Percentage (%)
Yes	28	96.6
No	1	3.4
Total	29	100

Source: Field data, 2023

The study found that a majority of respondents totaling 96.6%, perceived family planning as important with only a minority, comprising 3.4%, expressing a contrary view.

4.2.5 The reasons given by respondents for their choice of family planning methods

Among the 28 respondents who perceived family planning as important, common reasons cited included the desire for better family planning to ensure economic stability and well-being, the ability to space or limit the number of children for improved child-rearing, and the importance of women's health and empowerment through informed reproductive choices. Additionally, some respondents highlighted the role of family planning in preventing unintended pregnancies and reducing the burden on already strained resources. On the other hand, the single respondent (3.4%) who did not consider family planning as important expressed concerns related to religious beliefs that favored larger families or opposed certain methods of contraception.

4.2.6 Whether respondents had ever used any family planning method

Table 6: Whether respondents had ever used any family planning method

Response	Frequency (n=29)	Percentage (%)
Yes	20	69%
No	9	31%
Total	29	100

Source: Field data, 2023

The findings showed that a majority of the respondents accounting for 69% reported that they have used a family planning method. In contrast, 31% indicated that they have not used any family planning method. This indicates that there is still a substantial proportion of the population with unmet family planning needs or who may not have access to family planning services.

4.2.7 Whether respondents were aware where to access family planning services in the area

Table 7: Whether respondents were aware where to access family planning services in the area

Response	Frequency (n=29)	Percentage (%)
Yes	26	89.7
No	3	10.3
Total	29	100

Source: Field data, 2023

The findings indicated that the majority of respondents representing 89.7% reported that they were aware of where to access family planning services in the area. This high awareness rate is a positive finding as it indicates that a large portion of the respondents is informed about the availability of these services. However, a smaller proportion, 10.3% stated that they do not know where to access these services, this was due to limited exposure to information about family planning services in their area which resulted in a lack of awareness.

One of the health workers interviewed said, *“In Goma Division, women have access to a range of family planning methods including contraceptive pills, condoms, intrauterine devices (IUDs), and injectables. These options are typically offered through local healthcare facilities.”*

4.3 The socio-economic factors that influence the utilization of family planning services among women in Goma Division, Mukono Municipality

4.3.1 Findings on what the respondents do for a living

Table 8: Findings on what the respondents do for a living

Occupation	Frequency (n=29)	Percentage (%)
Employed by government	7	24.1
Work with NGOs	5	17.2
Business person	6	20.7
Farmer	8	27.6
No employment	3	10.3
Total	29	100

Source: Field data, 2023

The findings revealed that among the respondents 24.1% were employed by the government, 17.2% worked with NGOs, 20.7% were businesspersons, 27.6% were farmers, and 10.3% reported having no employment. This diversity in occupation highlights the different economic backgrounds of women in Goma division and the need to consider their specific circumstances when designing family planning programs.

The main sources of income reported by the respondents

Regarding the main source of income for their households, the findings indicate a range of income sources among the respondents, 24.1% reported being employed by the government, 17.2% worked with non-governmental organizations (NGOs), 20.7% identified as businesspersons, 27.6% were engaged in farming activities, and 10.3% reported having no employment. These various sources of income indicates the different economic status within

Goma Division, reflecting a mix of formal and informal employment, entrepreneurial activities, and agriculture.

4.3.2 Findings on whether income affects access to family planning services

Table 9: Findings on whether income affects access to family planning services

Response	Frequency (n=29)	Percentage (%)
Yes	22	75.9
No	7	24.1
Total	29	100

Source: Field data, 2023

The majority of respondents, representing 75.9%, believed that income does affect access to family planning services. In contrast, 24.1% felt that income does not have an impact on access to these services. This perception underscores the significance of considering the financial aspects of family planning services when designing programs to ensure accessibility for all.

4.3.3 Findings on whether employment encourages family planning choices in families

Table 10: Findings on whether employment encourages family planning choices in families

Response	Frequency	Percentage (%)
Yes	20	69
No	9	31
Total	29	100

Source: Field data, 2023

Regarding the influence of employment on family planning choices, 69% of the respondents believed that employment does encourage family planning choices in families. However, 31% did not share this belief. This suggests that employment status plays a role in shaping family planning decisions for a significant portion of the respondents.

4.3.4 The reasons given by respondents for why employment encourages family planning choices

When women were asked to explain why they believed employment encourages family planning choices, the following reasons were provided:

Some of the women interviewed shared their opinion, stating that religious beliefs play a significant role in influencing women's decisions regarding family planning. Many noted that conservative religious norms discourage contraceptive use, while others mentioned that more progressive interpretations promote informed choices.

Some of the women interviewed shared their opinion, stating that stigma associated with family planning, particularly in conservative communities, is a significant factor. They pointed out that the fear of judgment or societal pressure has deterred women from seeking family planning services.

Some of the women interviewed shared their opinion, emphasizing the significance of spousal or partner support in family planning decisions. They highlighted that open and effective communication between partners was seen as essential in reaching mutual decisions.

Some of the women interviewed shared their opinion, emphasizing that the availability and accessibility of family planning services within the community were considered vital. They mentioned that proximity to healthcare facilities and the availability of trained healthcare providers influenced decisions.

Some of the women interviewed shared their opinion, noting the role of government policies and support in facilitating family planning. They highlighted that supportive policies and initiatives were seen as enablers of access to services.

Some of the women interviewed shared their opinion, mentioning that peer influence and social networks can significantly impact family planning choices. They explained that supportive friends and family members were seen as helpful, while judgmental peers could deter individuals.

One of the health workers interviewed shared that, *“socio-economic factors, such as income and access to healthcare services, play a significant role in determining how women in Goma Division utilize family planning services.”*

4.3.5 Findings on whether income inequality affects women’s ability to access family planning services

Table 11: Findings on whether income inequality affects women’s ability to access family planning services

Response	Frequency (n=29)	Percentage (%)
Yes	18	62.1%
No	11	37.9%
Total	29	100