

**THE ATTITUDES OF WOMEN TOWARDS FAMILY PLANNING PRACTICES IN
REPRODUCTIVE HEALTH IN MUKONO, KAUGA VILLAGE, UGANDA**

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EJ21B15/265

**A DISSERTATION SUBMITTED TO THE SCHOOL OF SOCIAL SCIENCES IN
PARTIAL FULFILLMENT OF THE REQUIREMENT OF THE DEGREE OF
BACHELORS IN SOCIAL WORK AND SOCIAL ADMINISTRATION OF
UGANDA CHRISTIAN UNIVERSITY**

September, 2023



**UGANDA CHRISTIAN
UNIVERSITY**

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APPROVAL

This research report by NAUME RAPHA entitled “the attitudes of women in the practices of family planning in the reproduction in Mukono, Kauga village, Uganda.”has been produced under my supervision and is now ready for submission with my approval.

Signature Date

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DEDICATION

I dedicate this work with honor to my dearest father MR JOHN OSIRE and my big brother OLUKA EMMANUEL for all the support they rendered, my dear brothers, and dear sisters, friends for having made my education successful through their financial, spiritual, moral and every kind of support they rendered towards my education.

ACKNOWLEDGEMENT

I Acknowledge Uganda Christian University and in particular School of social sciences for making me what I am today. My special thanks go to all the lecturers in the School of social sciences for their wise and articulate counsel ever since I joined this University. I am also grateful to my research supervisor Mrs Emelda Akoki Scholastic Wabulembo for her valuable time and guidance with this research report. God be with you. Finally all my friends, relatives brothers and sisters, colleagues, your support has been immensely appreciated, you are friends indeed.

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ABSTRACT

This study explored the attitudes of women towards family planning practices in reproductive health in Kauga Village, Mukono, Uganda. The specific objectives of the study included; examining the factors that influence women's attitudes towards family planning services, assessing the knowledge and attitudes of women regarding family planning, and identifying the challenges women face while accessing family planning services. The research employs a cross-sectional study design to gather comprehensive insights into these aspects. The findings of the study revealed that the factors influencing women's attitudes towards family planning services are economic factors, health concerns, partner's opinions, and religious beliefs. barriers such as lack of information or access, cultural norms, and fear of side effects, personal experiences, cultural and religious beliefs, and peer influence, access to information and the ease of accessing services were deemed essential, emphasizing the importance of making family planning information and services readily available, especially in rural areas. The study assessed knowledge and attitudes regarding family planning among respondents. While a majority of participants reported having a moderate understanding of family planning, there was room for improvement, with a significant proportion rating their knowledge as fair or poor. Most respondents recognized family planning as a positive practice for women's health, highlighting its significance in improving women's well-being. Various sources of information, including healthcare providers, family planning clinics, community health workshops, and online resources, contributed to knowledge dissemination, underscoring the importance of utilizing diverse channels for education. The study indicated the challenges faced by women when accessing family planning services in Kauga Village, Mukono such as limited access to family planning clinics in rural areas, stigma and judgment from healthcare providers, long waiting times, limited contraceptive options, cultural and religious beliefs discouraging family planning, high costs, lack of privacy, and concerns about side effects. To improve family planning practices and support in the community, recommendations include enhancing accessible family planning clinics, sensitizing healthcare providers to reduce stigma, expanding contraceptive options, and launching community-based educational programs to raise awareness and dispel myths. In conclusion, if implemented collaboratively by stakeholders including healthcare providers, community organizations, and policymakers, have the potential to enhance family planning awareness, education, and accessibility in Kauga Village, ultimately leading to improved reproductive health outcomes and overall well-being for women in the community.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

Reproductive health and family planning practices play a key role in the well-being and socio-economic development of individuals, families, and communities worldwide. The choices women make regarding family planning have far-reaching implications for their health, their families, and their societies.

Family planning is a critical component of reproductive health, encompassing a wide range of services and information that enable individuals and couples to make informed decisions about the number, timing, and spacing of their children. It is not merely a matter of demographic control but a fundamental aspect of ensuring the rights and choices of women in matters related to their own bodies and lives. The attitudes of women towards family planning practices are influenced by a number of cultural, social, economic, and healthcare factors. Understanding these attitudes is essential for designing effective and inclusive reproductive health programs and policies that cater to the diverse needs and preferences of women. This chapter presents the background to the study, statement of the problem, purpose of the study, objectives of the study, research questions, scope of the study and significance of the study.

1.1 Background to the Study

Everyone has the right to decide on the number and timing of children without discrimination, violence, and oppression, to have the necessary information and facilities for it, and to access sexual and reproductive health services at the highest standard (Sensoy N. K., 2018). Deficient or incorrect family planning methods, wrong attitudes and behaviors toward the methods, and consequent unplanned pregnancies contribute to increased maternal and infant mortality rates, making them the main health problems in most countries.

Individuals' learning modern family planning methods and having a positive attitude towards these methods can significantly increase their usage, thus contributing to the formation of healthy communities (Çayan, 2009). Unfortunately, more than 22 million unsafe abortions occur every year, leading to approximately 47,000 maternal deaths in the short or long term, with the

majority happening in developing countries (Åhman, 2011). It is estimated that up to one-third of maternal deaths can be prevented by providing contraception to women who wish to postpone or delay their next pregnancy after childbirth (Ahmed, 2012).

Across the world, it is estimated that 222 million women have an unmet need for family planning (Singh, 2019). This unmet need is particularly prevalent among specific populations, including those who are sexually active, individuals with low socioeconomic status, residents of rural communities, and those dealing with conflicts and disasters (Ali, 2013).

Increasing usage of contraceptives in some developing countries has reduced the annual number of maternal deaths by 40% in the last 20 years and has reduced the maternal mortality rate (the number of maternal deaths per 100,000 live births) by 26% in recent years. If the need for uncontrolled birth is met, it is estimated that maternal mortality still occurring in these countries can be avoided by more than 30% (Cleland J. C.-A., 2012). The 'Family Planning 2020' initiative was started at the London Family Planning Summit in July 2012. The main objective of this initiative is to provide contraceptive information, services, and supplies for 120 million women and girls until 2020 (Sensoy N. K., 2018).

Family planning is defined as the freedom and responsibility of all couples and individuals to decide on the number of children they desire, equipped with the knowledge, education, and tools for this purpose. In essence, family planning serves as a preventive service, enabling married couples to achieve their desired number of children while also determining the timing of pregnancies in accordance with their economic opportunities and personal preferences. It aims to ensure that childbirth occurs at appropriate intervals for the health and well-being of both the mother and child

Family planning is defined as having the freedom and responsibility of all the couples and the individuals to decide the number of children they desire and having the knowledge, education and tools for this purpose (Sensoy N. K., 2018). In other words, family planning is a preventive service that allows married couples achieve their desired number of children and deciding the spacing of pregnancies according to their economic opportunities and personal wishes, and to ensure that the births are at appropriate intervals for the mother and child's health (Butler, 2019).

Family planning does not imply limiting the size of a family. Instead, its primary objective is to prevent health risks related to pregnancy in women and diminish the necessity for unsafe abortions and infant mortality (Barnett, 2014). Maternal health is significantly compromised when pregnancies occur at intervals of less than 2 years, raising the risk of pregnancy-related complications and even maternal death. Furthermore, infants born at frequent intervals may not fully develop, leading to a higher incidence of low birth weight. This situation can make caregiving more challenging, and it increases the risk of infant mortality while still in the mother's womb.

Family planning can lead to various positive outcomes, including increased levels of education, improved employment opportunities, enhanced socioeconomic status, and greater empowerment. Additionally, family planning services aim to prevent unwanted pregnancies, which in turn reduces the risk of maternal and infant mortality. These services offer counseling and support to families, allowing them to make informed choices about the number of children they want to have. By doing so, family planning services enhance the decision-making abilities of family members and acknowledge their freedom to make independent decisions regarding childbirth. It's important to note that family planning services play a crucial role within the framework of "Primary Health Care" that should be accessible to the public (Family Planning/Contraception., 2017)

Attitude refers to an individual's positive or negative feelings or inclinations toward an idea, object, or symbol. According to Bohner, attitude encompasses anything that a person possesses and becomes aware of later. As per Arkonaç, an attitude, often attributed to many academics, is a tendency attributed to a person that shapes their feelings and behaviors in an organized manner with regard to a psychological object. Attitudes naturally influence beliefs as well. Faith involves the incorporation of both accurate and inaccurate information, opinions, and beliefs based on personal experience or external sources. All variables that impact family planning have the potential to influence behavior (Sensoy N. K., 2018).

Attitude refers to the positive or negative feelings or tendencies of an individual about an idea, an object or a symbol. According to Bohner, the attitude is anything that a person actually possesses and that he realizes later. According to Arkonaç, attitude, generally attributed to many academicians, is a tendency which is attributed to a person and which creates his feelings and

behaviors related to a psychological object in an orderly way. Attitudes naturally affect beliefs as well. Faith includes true or false information, opinions and beliefs based on personal experimentation or external sources (Arkonaç, 2010).

Behaviors and attitudes are crucial factors influencing the choice to use family planning methods, thereby indirectly impacting changes in fertility status and population rates. To promote the adoption of effective methods, attitudes and behaviors play a pivotal role in the preference for selecting a family planning method. Identifying the attitudes that influence an individual's use of a family planning method is a significant factor contributing to the planning and scheduling of family planning services (Ayaz, 2019). Individuals' attitudes toward family planning methods are influenced by various characteristics, including economic factors, sociocultural factors, environmental factors, location, age, education level, traditional beliefs, religion, family structure, and their level of knowledge. These factors are known to have an impact on the translation of attitudes into behaviors. Attitude is a conceptual notion, and although it cannot be directly observed, its effects on behavior are well-documented (Sensoy N. K., 2018).

Behaviors and attitudes play an important role among the choice of using family planning methods and so it effects the change of fertility status and population rate indirectly. In order to promote the usage of an effective method, attitudes and behaviors play an important role on preference of choosing a family planning method. The identification of attitudes that affect the use of the family planning method by individuals is an important factor contributing to the scheduling of family planning services (Kungu, 2022)

Most African women of reproductive age are ignorant of family planning alternatives or have incomplete understanding of them. Besides In addition, a Ugandan study found that women who completed elementary and secondary school were more likely than those who did not (77.1% and 20.6%, respectively) to use family planning. This may be due to the fact that women who can read and write are more likely to consider whether FP activities, such as talking about family size and contraceptive use, are advantageous to their financial well-being, self-sufficiency, and personal autonomy in marital relationships (Semachew Kasa A. T., 2018).

Most family planning programs are geared toward women, and interventions have tried to address and remove obstacles to family planning use. Attitudinal resistance continues to be a

barrier to accessing contraception (Cleland J. G., 2011). The improvement of women's use of contemporary family planning methods has been the subject of numerous studies and campaigns, but development has been sluggish (Baddoo, 2017)

An analysis of attitudes can offer insight in the latter scenario, where the majority of people have no need for contraception due to strong reproductive ambitions. On the other hand, their behavior suggests what may occur if their desire to reproduce decreased. The first step toward actual contraception use is acceptance of its use in general. Of course, contraceptives must be readily available and reasonably priced in order to be utilized to postpone or prevent births (Bietsch, 2015). Since women receive information about family planning from a variety of sources, their opinions about it are likely to vary. Studies show a strong correlation between a woman's mindset and her behavior. Additionally, their mindset has a big impact on how they behave, think about, understand, and embrace family planning (Gayathry, 2018).

About a woman's reproductive period in the sub-regions, which has varied throughout time, nothing is known. New data show that Uganda has the lowest rates of contraceptive prevalence and use, while Kenya and Rwanda are clearly in the lead. Only in Kenya do contemporary methods of contraception account for one out of every two women who use them. The highest intended total fertility rates in the region are in Uganda and Tanzania, while the lowest rates are in Kenya and Rwanda. The most popular contraceptives in the sub-region are short-term methods that offer just bare-bones protection against unforeseen pregnancies (Dimbuene, 2018).

1.2 Statement of the Problem

Reproductive health is undeniably a crucial aspect of overall well-being, significantly influencing the lives of individuals and communities. The attitudes of women toward reproductive health encompass a multifaceted spectrum of factors, including their views on family planning practices, contraception utilization, maternal healthcare-seeking behavior, and the impact of traditional norms on reproductive decision-making. In Kauga Village, located within Mukono District, societal norms and cultural values exert a substantial influence on family planning practices and reproductive health decisions. Kauga Village is a rural community located in the central region of Uganda, specifically within the Mukono District. The village is characterized by its rich cultural heritage and diverse population, which adheres to traditional values and customs that impact reproductive health decisions and practices. This is evidenced by

variations in family planning utilization, maternal healthcare-seeking behavior, and contraceptive practices within the community. These disparities indicate a need to comprehensively explore and understand the attitudes of women toward reproductive health. The existing disparities in reproductive health outcomes within Kauga Village can be attributed to factors such as limited access to healthcare facilities and information, deeply ingrained cultural beliefs and practices surrounding family planning and childbirth, and varying socioeconomic conditions that affect individuals' choices and options regarding reproductive health. It is against background that, this research aims examine the attitudes of women towards family planning practices in reproductive health in Mukono, Kauga village, Uganda, in order to inform targeted interventions and policies that can address the existing disparities and improve reproductive health outcomes within this community.

1.1.Purpose of the study

The purpose of the study was to find out the attitudes of women towards family planning practices in reproductive health in Mukono, Kauga village, Uganda

1.1.1. Specific objectives of the study

- a) To find out the factors that influence women's attitudes towards family planning services
- b) To find out the knowledge and attitude of women regarding family planning.
- c) To find out the challenges women face while accessing family planning services.

1.2.Research Questions

- a) What are the factors influencing women's attitudes towards family planning?
- b) What is the knowledge and attitude of women regarding family planning?
- c) What challenges do women face while accessing family planning services?

1.3.Scope of the Study

1.3.1. Content scope

This study focused on the factors that influence women's attitudes towards family planning services, the knowledge and attitude of women regarding family planning and the challenges women face while accessing family planning services.

1.3.2. 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.

1.3.3. Geographical scope

This study was conducted in Mukono district, Kauga village in Uganda. Mukono District is located in central Uganda, East Africa. It is situated to the east of the capital city, Kampala. The geographical coordinates of Mukono District are approximately between 0.3069° N latitude and 32.7550° E longitude.

1.4 Significance of the study

Policy Makers: This study shall provide valuable information to policy makers about the specific needs, preferences, and challenges faced by women in Kauga village regarding family planning. These findings shall guide the development of more effective and culturally sensitive reproductive health policies and programs.

With a better understanding of the attitudes of women in Kauga village, policy makers can allocate resources more efficiently to target the areas where they are needed most. This can lead to improved access to family planning services and better health outcomes for women in the community.

Addressing the attitudes of women towards family planning will contribute to reducing health disparities and promoting health equity. Policy makers can use this information to design interventions that cater to the unique needs of the community, potentially narrowing the gap in access to reproductive health services.

Researchers: This study shall serve as a reference for researchers by identifying gaps in existing literature and highlighting areas where further research is needed. It can also provide a baseline for future studies on the topic.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

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

2.1 The knowledge and attitude of women regarding family planning services

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 (Starbird, 2016). 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, 2015). However, while existing research provides insights into the significance of informed decision-making in family planning, there remains a gap in the understanding of the specific factors that influence women's choices among these various methods. The current body of knowledge does not adequately address the contextual, socio-economic, cultural, and psychological aspects that may shape women's decisions regarding family planning. This research aims to bridge this gap by delving deeper into the complex factors that impact family planning practices among women.

Kavanaugh (2018) revealed that effectiveness 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, 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, 2015). However, existing research primarily focuses on the availability of services in urban areas, and there is a gap in understanding the challenges and opportunities related to accessing family planning methods in rural or remote areas. The study aims to address this gap by examining the specific barriers and facilitators that impact women's access to family planning services in both urban and rural contexts (Munakampe, 2018).

Recognizing the impact of cultural and religious contexts on family planning decisions is of utmost importance. Women should understand how different family planning methods are perceived within their cultural and religious frameworks (Turner, 2021). This awareness enables women to navigate their choices in alignment with their deeply held beliefs and values. Being informed about the compatibility of various methods with their cultural and religious perspectives, women can make decisions that respect their personal convictions while addressing their reproductive health requirements (Sundararajan, 2019). This understanding fosters a sense of agency and autonomy, allowing women to make choices that resonate harmoniously with their individual identities and cultural backgrounds.

The empowerment of women through heightened awareness of family planning methods enables them to actively participate in meaningful discussions about their reproductive choices. When equipped with knowledge, women can engage in conversations with their partners, families, and healthcare providers, fostering open dialogues that encompass shared decision-making (Yaya, 2018). However, there is a gap in understanding the potential challenges and barriers women might face when attempting to engage in these discussions, particularly in contexts where traditional gender roles and power dynamics prevail. The study aims to explore the dynamics of communication and decision-making within relationships and families regarding family planning (Ekholuenetale, 2020).

Comprehensive sex education and effective communication play pivotal roles in elevating awareness levels about family planning (Plesons, 2019). Thorough education equips individuals with accurate information about contraceptive methods, their benefits, and potential risks.

However, there is a notable gap in understanding the impact of cultural sensitivities and varying educational backgrounds on the effectiveness of sex education programs (Leung, 2019). The existing research often lacks insights into how to tailor these programs to address diverse needs and barriers to access. In light of the study on the attitudes of women towards family planning practices in reproductive health, this gap becomes significant. The study aims to investigate how cultural considerations and educational disparities influence the effectiveness of sex education initiatives in the context of family planning. By identifying these challenges, the study seeks to contribute to the development of more culturally relevant and inclusive sex education programs (Leekuan, 2022).

Continued learning is paramount in the realm of family planning. As the landscape of reproductive health advances, it is vital for women to remain informed about the evolving methods and options available (McGranahan, 2021). Nevertheless, there is a gap in addressing the challenges women face in accessing updated information, particularly in resource-constrained settings where access to healthcare services and information dissemination might be limited. The study aims to explore how information dissemination and accessibility impact women's ability to stay updated on new developments in reproductive health (Dida et al., 2015).

2.2 The factors that influence women's decisions about family planning services

Socioeconomic status, encompassing factors such as income, education, and employment, significantly impacts women's attitudes towards family planning services. Higher socioeconomic status is often associated with more positive attitudes and improved access to family planning (Nakirijja, 2018). This connection arises from multiple interrelated factors: increased financial resources, greater access to educational opportunities and information, potential employment-related benefits, and a heightened sense of empowerment and control over reproductive choices. Acknowledging the complex influence of socioeconomic status is crucial for designing targeted interventions and policies that address disparities in family planning access and attitudes among different populations.

Cultural and religious beliefs hold significant influence over women's attitudes towards family planning. The intricate tapestry of cultural and religious values can either encourage or discourage contraceptive use, profoundly impacting a woman's inclination to engage with family

planning services (Namasivayam, 2022). Within diverse cultural and religious contexts, there exist varying perspectives on contraception, fertility, and family dynamics. These beliefs can range from strong endorsements of large families to strict prohibitions against contraception. Therefore, women often find themselves navigating a complex web of traditions, norms, and spiritual guidance that either supports or challenges their choices regarding family planning. Recognizing the pivotal role of cultural and religious beliefs is essential for tailoring family planning programs that respect and accommodate diverse worldviews, thereby fostering more inclusive and effective reproductive healthcare services (Srikanthan, 2008).

Community and peer influence wield considerable power over women's attitudes regarding family planning. The viewpoints and actions of friends, family, and the broader community can exert a profound impact on a woman's approach to family planning services. Positive social support from these circles can bolster a woman's confidence in her choice to utilize family planning services, fostering a more accepting and encouraging environment (Juma, 2015). Conversely, the presence of stigma or negative attitudes within these social networks may dissuade women from seeking such services. The fear of judgment or ostracization can act as a powerful deterrent, shaping not only attitudes but also actual decisions related to family planning (Rossi, 2016). Therefore, acknowledging the role of community and peer influence is essential for implementing strategies that harness positive social dynamics and challenge harmful stigmas, ultimately promoting Informed and autonomous decision-making in family planning.

Access to healthcare services, including family planning clinics, holds significant sway over women's attitudes towards family planning. The presence, availability, and accessibility of such services play central roles in shaping how women perceive and engage with family planning options (Juma, 2015). Limited access, whether due to geographical constraints, financial barriers, or lack of transportation, can lead to frustration and inconvenience. When women encounter difficulties in accessing these services, it can result in negative attitudes driven by their perceptions of inadequate support from the healthcare system. This frustration may not only deter women from using family planning services but also contribute to skepticism and mistrust, further complicating their overall attitudes (Yücel, 2020). Therefore, ensuring equitable access to healthcare facilities, reducing barriers, and improving the convenience of family planning

services is crucial for fostering positive attitudes and encouraging women to make informed decisions about their reproductive health.

Knowledge and information play a vital role in shaping women's attitudes towards family planning. A woman's level of awareness regarding the various family planning methods and their effectiveness can significantly influence her perceptions and decisions in this regard (Semachew Kasa A. T., 2018). Access to accurate, up-to-date, and comprehensive information empowers women to make informed choices aligned with their unique needs and preferences. When women are well-informed about the benefits, potential risks, and suitability of different contraceptive options, it fosters a sense of agency and autonomy in their reproductive decision-making. Conversely, a lack of access to reliable information can lead to misconceptions, uncertainty, or even fear, potentially contributing to negative attitudes or hesitancy towards family planning services. Therefore, efforts to provide accessible, unbiased, and culturally sensitive information are essential not only for promoting positive attitudes but also for supporting women in making choices that prioritize their reproductive health and overall well-being (Binu, 2021).

The influence of a woman's partner or spouse is a pivotal factor in shaping her attitudes and decisions regarding family planning. The dynamics within a relationship can have a profound impact on a woman's choices in this regard (Zinke-Allmang, 2023). Supportive partners who actively engage in discussions about family planning and express a willingness to participate in contraceptive methods can encourage and facilitate contraceptive use. In such cases, positive attitudes towards family planning may be reinforced, leading to more proactive engagement with these services. Conversely, the attitudes and preferences of unsupportive partners can act as a significant deterrent. Women may face resistance, opposition, or even coercion, which can create substantial barriers to accessing family planning services (Kabagenyi, 2014). In these situations, negative attitudes may emerge due to the perceived lack of agency and autonomy in reproductive decisions.

Health concerns and side effects associated with contraceptive methods can significantly influence women's attitudes towards family planning. When women have worries or apprehensions about the potential side effects or health risks linked to specific contraceptive options, it can lead to hesitancy or reluctance to use those methods (Schrumpf, 2020). These concerns can encompass a range of issues, including fears of hormonal imbalances, weight gain,

mood swings, or more severe health implications. Additionally, the perceived severity and frequency of side effects can vary among individuals, influencing their overall attitudes.

2.3 The challenges women face in accessing family planning services Kauga Village in Mukono, Uganda

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. However, a gap exists in fully addressing the potential impact of socioeconomic disparities and varying educational backgrounds on access to comprehensive sexual education. Additionally, the existing research might not fully encompass the complexity of cultural beliefs and practices that shape reproductive health discussions, particularly in contexts where cultural taboos are deeply entrenched. The study aims to investigate the intersections of education, culture, and access to information in shaping family planning awareness.

Matin (2021) said 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. However, the existing research often lacks an in-depth exploration of how women's interactions with healthcare providers and the quality of information provided during consultations impact their understanding and perception of family planning methods. The study aims to investigate the quality of information dissemination through healthcare interactions and its impact on women's family planning decisions.

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. However, a gap exists in fully addressing the potential impact of targeted stigma reduction interventions and community-based awareness campaigns in mitigating the influence of societal norms on women's family planning decisions. The study aims to explore the effectiveness of interventions aimed at reducing stigma and promoting open discussions about family planning in various cultural and societal contexts.

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. However, the existing research often lacks an in-depth exploration of how women from different socio-economic backgrounds prioritize family planning expenses within their overall budgeting and financial decisions. The study aims to investigate the intersections of financial constraints, family planning costs, and overall economic circumstances in shaping women's choices. 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. However, the existing research might not fully address the potential impact of community health workers or telemedicine initiatives in providing cost-effective follow-up care and support for women using family planning methods. The study aims to explore innovative approaches to post-implementation support for family planning methods.

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. However, a gap exists in fully addressing the potential influence of training and education for healthcare providers in promoting patient-centered care and addressing biases, particularly in contexts where healthcare systems might be resource-constrained. The study aims to investigate

the effectiveness of training programs for healthcare providers in improving patient interactions and promoting a supportive environment for family planning discussions.

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). However, the existing research often lacks in-depth exploration of how technology-enabled solutions, such as translation apps or telehealth platforms, might bridge communication gaps in healthcare settings. The study aims to explore innovative approaches to overcoming language barriers in healthcare interactions.

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. However, the existing research might not fully address the potential role of community-based programs or outreach initiatives in raising awareness about lesser-known family planning options and their suitability for specific populations. The study aims to investigate the effectiveness of community-level education campaigns in promoting awareness about a wide array of family planning methods.

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. However, a gap exists in fully addressing the potential impact of community-based awareness campaigns or education initiatives in promoting understanding and acceptance of family planning as a private matter that deserves confidentiality and respect. The study aims to investigate the effectiveness of community interventions in shifting perceptions about privacy and confidentiality related to family planning.

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 outline the methodology employed to investigate the attitudes of women towards family planning practices in reproductive health in Mukono, Kauga Village, Uganda.

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 attitudes of women towards family planning practices in reproductive health in Mukono, Kauga Village, Uganda.

This design involved the collection of data from multiple sources within a specific time frame to provide a snapshot of the phenomenon under study. The cross-sectional design was suitable for exploring the relationships between variables at a particular point in time (Babbie, 2016). In this research, the cross-sectional approach was chosen to examine the attitudes of women towards family planning practices. This approach enabled the simultaneous assessment of various variables of interest and their potential connections. The study utilized quantitative methods to gather data on women's attitudes towards family planning practices in reproductive health. By employing a cross-sectional research design, the study aimed to gain findings into these attitudes (Sullivan & Artino, 2013). Both qualitative and quantitative data were employed to offer a complete 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 common, binding characteristics or traits (Saunders, 2012). The population for this study comprised 50 participants within Kauga Village, Mukono, Uganda. These participants

included women, men and healthcare providers. The size was determined using Morgan & Krejcie (1970) formula as shown in the table below:

3.3 Sample Size and Sample Selection

3.3.1 Sample Size

The sample size of the study population was represented by 48 participants. The researcher considered 48 participants, of whom twenty eight (28) were women, and ten (10) were healthcare providers, ten (10) were men. The size was determined using Morgan & Krejcie (1970) formula as shown in the table below:

Table 1: Sample Size

Category of Participants	Population of the study	Sample size (N)
Women	32	28
Men	10	10
Health workers	10	10
Total	50	48

Source: Morgan & Krejcie (1970) formula

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 participants. 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 positions that allow them to be more knowledgeable about issues related to family planning practices in reproductive health. This approach enabled the researcher to choose participants of her own interest (Creswell, 2003). In this case, healthcare

providers were selected purposively. This enabled the researcher to obtain relevant information because these individuals have unique skills, knowledge, central roles, and responsibilities related to family planning practices.

According to Amin (2010), a simple random sample is a subset of individuals chosen from a larger set (a population). The researcher used a simple random sampling technique to select women and men. Each individual was chosen randomly and entirely by chance, such that each individual has the same probability of being chosen at any stage during the sampling process, and each subset of individuals has the same probability of being chosen for the sample.

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 women. The researcher used a questionnaire because it permits a greater response rate. The questionnaire were used to collect data because of its anonymity, which gave the respondents the freedom to give responses without prejudice.

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 key informants, such as healthcare providers, to gain insight into the attitudes of women towards family planning practices in reproductive health. This method was used since it is the best tool for getting first-hand information, views, perceptions, feelings, and attitudes of participants. The interview guide was used for conducting individual interviews with key informants. The guide consisted of open-ended questions to explore attitudes towards family planning practices among women in Kauga Village, Mukono.

3.6 Reliability and Validity

To ensure the quality of the data collected, the researcher ensured that the questionnaire is clear and easy to understand. The researcher also carried out a pilot test of the questionnaire to ensure that it is effective in gathering the required information.

3.6.1 Reliability

Reliability is the degree to which measures are free from error and therefore yield consistent results. 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.

3.6.2 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 community leaders and healthcare providers in Kauga Village. Appointments were scheduled with respondents for administering questionnaires and conducting interviews. The data collection process was adhered 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 attitudes of women towards family planning practices in reproductive health.

3.9 Limitations or Delimitations of the Study

There was limited time and funds for the researcher to collect data from participants. The researcher carefully choose a sample to remain relevant, considering the constraints of time and inadequate funds. The sample selection process aimed to maximize the relevance and representativeness of the participants within the available resources.

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 was 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 was 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 INTERPRETATION OF THE FINDINGS

4.0 Introduction

This chapter presents the findings of the study in relation to specific objectives of the study; to find out the factors that influence women’s attitudes towards family planning services, to find out the knowledge and attitude of women regarding family planning and to find out the challenges women face while accessing family planning services.

4.1 Demographic information of respondents

4.1.1 Age of the respondents

Table 1: showing age of the respondents

Age	Frequency	Percentage (%)
Under 20 years	5	10.4
20-30 years	17	35.4
31-40 years	14	29.2
41-50 years	8	16.7
Over 50 years	4	8.3
Total	48	100

Source: Primary data, 2023

The findings revealed that the majority of respondents were between the ages of 20-30 years, constituting 35.4%. Those aged 31-40 years made up 29.2% of the respondents, indicating a presence of individuals in their thirties. A smaller proportion fell into the age groups of under 20 years (10.4%), 41-50 years (16.7%), and over 50 years (8.3%). These findings show a broad

representation of age groups in the study, suggesting all-inclusive investigation of family planning attitudes and decisions across different life stages.

4.1.2 Marital Status of the respondents

Table 2: showing of marital Status of the respondents

Marital Status	Frequency	Percentage (%)
Single	12	25.0
Married	27	56.3
Divorced	4	8.3
Widowed	5	10.4
Total	48	100

Source: Primary data, 2023

The findings revealed that the majority of respondents were married, comprising 56.3%, constituting a majority of the study participants. Single respondents accounted for 25.0% while a smaller percentage had experienced divorce (8.3%) or were widowed (10.4%). These findings indicate that the varying life circumstances and relationship statuses of individuals when examining family planning attitudes and decisions.

4.1.3 Education level of the respondents

Table 3: showing education level of the respondents

Education Level	Frequency (n)	Percentage (%)
No Formal Education	3	6.3%
Primary School	9	18.8%

Secondary School	17	35.4%
Tertiary Education	19	39.6%
Total	48	100

Source: Primary data, 2023

The findings revealed that the largest proportion of respondents had attained tertiary education, constituting 39.6% constituting a number of individuals with higher educational qualifications. Secondary school education was also well-represented, with 35.4% of respondents falling into this category. A smaller portion of the respondents had completed primary school (18.8%), while a small percentage had no formal education (6.3%). These findings emphasize the importance of considering education as a factor when exploring family planning attitudes and decisions, as educational background can significantly influence access to information and decision-making processes.

4.1.4 Occupation of the respondents

Table 4: showing occupation of the respondents

Occupation	Frequency (n)	Percentage (%)
Employed in government	15	31.25
Employed in private organisation	12	25%
Business owner	10	20.83
No employment	11	22.92
Total	48	100

Source: Primary data, 2023

The findings revealed that the majority of respondents were employed in government positions, comprising 31.25%, highlighting the presence of individuals with public sector jobs. Those

employed in private organizations represented 25% of the respondents, demonstrating the diversity of employment sectors in the study. Business owners constituted of 20.83%, indicating entrepreneurial engagement among the respondents. Additionally, 22.92% of the respondents reported having no employment. These findings indicate the importance of considering occupational when examining family planning attitudes and decisions, as occupation can influence factors such as income, access to healthcare, and overall lifestyle, which may in turn affect family planning choices.

4.1.5 Awareness of family planning methods

Table 5: showing awareness of family planning methods

Awareness of family planning methods	Frequency (n)	Percentage (%)
Yes	40	83.3%
No	8	16.7%
Total	48	100

Source: Primary data, 2023

The findings revealed that a majority of the respondents accounted for 83.3% reported being aware of family planning methods, indicating a high level of familiarity with family planning, 16.7% of respondents reported not being aware of family planning methods. These findings revealed the need for continued education and information dissemination efforts to ensure that individuals have access to comprehensive knowledge about family planning methods, as awareness is a fundamental factor in making informed family planning decisions.

4.1.6 Ever used family planning methods

Table 6: showing ever used family planning methods

Ever Used Family Planning Methods	Frequency(n)	Percentage (%)
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Yes	30	62.5%
No	18	37.5%
Total	48	100

Source: Primary data, 2023

The findings on the use of family planning methods indicates that a majority of the respondents, accounted for 62.5%, have indeed utilized family planning methods at some point. This suggests a significant level of engagement with reproductive health measures among the individuals. On the other hand, 37.5% of the respondents reported that they have not used family planning methods, signifying a population who may have alternative approaches or considerations when it comes to family planning.

4.1.7 Family planning methods used

Table 7: showing family Planning Method used

Family Planning Method	Frequency(n)	Percentage (%)
Birth control pills	12	40
Condoms	8	26.7
Intrauterine Device (IUD)	5	16.7
Sterilization	3	10
Other	2	10
Total	30	100

Source: Primary data, 2023

The findings revealed the family planning methods used by the respondents. Birth control pills was the most commonly used method, preferred by 40% of respondents, likely due to their

convenience and reliability. Condoms, selected by 26.7%, highlighted the significance of barrier methods for both contraception and protection against sexually transmitted infections. Intrauterine Devices (IUDs) were embraced by 16.7%, reflecting a preference for long-term contraceptive solutions. Sterilization, chosen by 10%, highlights the commitment of some individuals to family size limitation. Additionally, 10% reported using other methods, demonstrating the importance of offering a various methods of contraceptive options to cater to diverse preferences and individual reproductive goals.

4.2 Factors that influence women’s attitudes towards family planning services

4.2.1 Factors influencing decision to use or not use family planning methods

The researcher asked respondents to mention the main factors influencing their attitudes towards family planning. The study revealed the following factors mentioned by respondents:

Table 8: showing factors influencing decision

Factors influencing decision	Frequency (n)	Percentage (%)
Economic reasons	15	50
Health concerns	8	26.7
Partner's opinion	6	20
Religious beliefs	7	23.3
Lack of information or access to family planning services	10	33.3
Cultural norms and stigma	4	13.3
Fear of side effects or complications	5	16.7
Others	2	6.7
Total	30	100

Source: Primary data, 2023

The findings revealed that economic reasons was the factor influencing the decision to use or not use family planning methods as revealed in the study with 50% of respondents citing financial considerations as a major factor, followed by health concerns at 26.7%. Partner's opinions (20%) and religious beliefs (23.3%) also played substantial roles, indicating the interpersonal and faith-based dimensions of these choices. Furthermore, barriers such as lack of information or access to family planning services (33.3%), cultural norms and stigma (13.3%), and fear of side effects or complications (16.7%) were identified as key obstacles, 6.7% included other factors.

4.2.2 Agreement with statements on family planning

Table 9: showing agreement with statements on family planning

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Family planning is important for women's health.	5(12.5%)	6(15.0%)	8(20.0%)	14(35.0%)	7(17.5)
Family planning helps in achieving economic stability.	4(10%)	8(20%)	10(25%)	12(30%)	6(15%)
I feel comfortable discussing family planning with healthcare providers.	2(5.0%)	3(7.5%)	10(25%)	15(37.5%)	10(25%)

Source: Primary data, 2023

The findings revealed that 35.0% of the respondents strongly agreed that family planning is important for women's health, 17.5% agreed. This suggests that a majority of respondents recognize the importance of family planning in promoting women's health. This positive attitude is attributed to growing awareness of the health benefits associated with family planning methods and their role in ensuring the well-being of women.

The findings revealed that family planning helps in achieving economic stability as indicated where 30.0% of the respondents agreed, 25.0% were neutral, and 15.0% strongly agreed. This indicates that a majority of respondents see a potential link between family planning and economic stability which is influenced by various factors such as individual financial circumstances and broader socio-economic factors.

Regarding to the level of comfortability while discussing family planning with healthcare providers, the findings revealed that 37.5% of respondents agreed and 25.0% strongly agreed that women felt at ease engaging in conversations about family planning with healthcare professionals. This indicates that a majority of participants felt at ease engaging in conversations about family planning with healthcare professionals. However, minority percentage (12.5%) of the respondents who either disagreed or strongly disagreed, highlighting the need for improved communication and education to ensure that all individuals receive the necessary support and information related to family planning services.

4.2.3 Main Factors influencing attitude towards family planning

Table 10: Main Factors influencing attitude towards family planning

Main factors influencing attitude towards family planning	Frequency (n)	Percentage (%)
Economic factors	12	25.0
Health concerns	8	16.6
Socio-cultural factors	5	10.4
Family and partner's influence	6	12.5
Knowledge and awareness of family planning	10	20.8
Personal choice and empowerment	7	14.6
Other factors	0	0.0

Total	48	100
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Source: Primary data, 2023

The findings from the study revealed that a majority 25.0% of respondents indicated that economic factors were the most prominent factor influencing attitudes towards family planning highlighting the role of financial stability in shaping family planning attitudes, health concerns followed closely, with 16.6% of respondents citing health-related factors as influential, emphasizing the importance of health considerations in family planning decisions, socio-cultural factors and family and partner's influence each played a role, with 10.4% and 12.5% respectively, reflecting the enduring effect of societal norms and interpersonal relationships on family planning choices. Knowledge and awareness of family planning were identified by 20.8% of respondents emphasizing the need for more education and information dissemination. Personal choice and empowerment also was mentioned by 14.6% of respondents valuing individual autonomy in family planning decisions.

4.2.4 How factors influence attitude

The researcher asked respondents to explain how the selected factors influenced women's attitudes towards family planning services. The findings revealed the following, including personal experiences, cultural and religious beliefs, and the impact of these factors on decision-making.

Personal experiences: Respondents frequently cited personal experiences as a major factor shaping their attitudes towards family planning services. Many shared stories of positive encounters with healthcare providers, which had a favorable impact on their attitudes. For instance, one respondent stated, *"My first visit to the family planning clinic was a reassuring experience. The nurse was empathetic and answered all my questions. It made me more open to using their services."*

Cultural and religious beliefs: Cultural and religious beliefs also was a pervasive influencer of attitudes. Several respondents mentioned that their cultural or religious background played an important role in how they viewed family planning. A participant explained, *"In our culture,*

having a large family is often seen as a blessing. So, I had reservations about using family planning methods initially because I felt it might be against our traditions."

Decision-making: Furthermore another factor that influenced the attitude of women was the impact of these factors on decision-making. Some respondents expressed that they felt pressured or constrained by cultural norms and religious teachings, leading to conflicted attitudes. Others highlighted how gaining power over their reproductive choices positively influenced their attitudes. One respondent shared, *"Taking control of my reproductive health gave me a sense of empowerment. It changed my attitude from uncertainty to confidence."*

Peer influence and social networks: Peer influence was another aspect that many respondents mentioned frequently. Respondents mentioned how discussions with friends or family members who had positive experiences with family planning services had a persuasive impact on their own attitudes. A respondent noted, *"My friend spoke highly of the family planning center, and seeing her benefit from it made me more inclined to explore it myself."*

Access and information: The availability of information and ease of access were also factors influencing attitudes. Some respondents discussed how limited access to family planning services in their area negatively affected their attitudes, while others emphasized how access to reliable information improved their perception. One participant explained, *"Living in a remote area, it was challenging to access family planning services. This frustration led to a negative attitude initially, but when a mobile clinic started visiting our village, my attitude changed."*

4.3 Knowledge and attitudes regarding family planning

4.3.1 Rating of knowledge about family planning

Respondents were asked to rate their knowledge about family planning on a scale from 1 to 5, where 1 represents very poor and 5 represents excellent. Additionally, their awareness of educational sessions or information about family planning, their perception of family planning as a positive practice for women's health, and their beliefs about the benefits of family planning for women's health were explored. The following table summarizes the findings:

Table 11: Rating of knowledge about family planning

Rating of Knowledge about Family Planning	Frequency (n)	Percentage (%)
Very Poor	4	8.3
Poor	8	16.7
Fair	12	25.0
Good	16	33.3
Excellent	8	16.7
Total	48	100

Source: Primary data, 2023

The findings on the rating of knowledge about family planning among the respondents revealed that the majority of the respondents rated their knowledge about family planning as good and Fair. While 33.3% considered their knowledge good, indicating a moderate understanding of family planning, an additional 25.0% rated their knowledge as Fair, suggesting a room for improvement. 8.3% rated their knowledge as Very Poor, emphasizing the presence of individuals who may require more information on family planning

Furthermore, the survey indicated a high level of interest in educational sessions, with 58.3% having attended them, and a widespread belief, expressed by 87.5%, that family planning is a positive practice for women's health. These findings highlight the importance of promoting informed decision-making and the potential benefits of family planning for women's well-being.

4.3.2 Attendance at educational sessions/information about family planning

Table 12: Attendance at educational sessions/information about family planning

Attendance at Educational Sessions/Information about Family Planning	Frequency (n)	Percentage (%)

Yes	30	62.5
No	18	37.5
Total	48	100

Source: Primary data, 2023

The findings regarding attendance at educational sessions or receipt of information about family planning indicate that a majority of the respondents, accounting for 62.5%, have actively sought out and participated in such educational opportunities. This high level of attendance suggests a strong interest among the women in gaining knowledge related to family planning, emphasizing the significance of accessible and informative programs and sessions. However, 37.5% of respondents reported not having attended such sessions, highlighting a need for outreach and education efforts to reach those who may not have had the opportunity to engage with family planning information formally. This finding reinforces the importance of accessible channels for disseminating essential reproductive health knowledge to a diverse audience.

4.3.3 Source(s) of information or educational sessions

Table 13: Source(s) of information or educational sessions

Source of information or educational sessions	Number of respondents
Healthcare Providers	18
Community Health Workshops	10
Online Resources	5
Family Planning Clinics	12
Total	45

Source: Primary data, 2023

The findings revealed that healthcare providers were a prominent source of information or educational sessions regarding family planning as cited by 18 respondents, reaffirming the integral role played by medical professionals in delivering information and guidance related to family planning. Community health workshops, reported by 10 respondents, highlighting the significance of grassroots initiatives in disseminating essential reproductive health information. Additionally, the acknowledgment of online resources by 5 respondents signifies the increasing role of digital platforms in providing accessible family planning information. Family planning clinics, cited by 12 respondents, highlight the vital role of specialized healthcare facilities dedicated to family planning services and education. These findings emphasize the importance of different approaches to ensure that individuals can access family planning information through a variety of sources, catering to their diverse needs and preferences.

4.3.4 Perception of family planning as positive practice for women's health

Table 14: Perception of family planning as positive practice for women's health

Perception of Family Planning as Positive Practice for Women's Health	Frequency (n)	Percentage (%)
Yes	42	87.5
No	6	12.5
Total	48	100

Source: Primary data, 2023

The findings regarding the perception of family planning as a positive practice for women's health indicate a strong agreement among the respondents, with 87.5% expressing a belief in the positive effect of family planning on women's health. This testimonial reveals the recognition of family planning as a vital aspect of women's reproductive health and overall well-being, 12.5% of respondents held a contrary view, suggesting a diverse range of perspectives within the respondents.

4.3.5 Benefits of family planning for women's health

Benefits of Family Planning for Women's Health	Frequency (n)	Percentage (%)
Improved maternal health and reduced pregnancy complications	38	79.2%
Greater control over reproductive choices and family size	28	58.3%
Increased opportunities for education and career development	20	41.7%
Lower risk of unintended pregnancies and associated stress	34	70.8%

Source: Primary data, 2023

The findings regarding the perceived benefits of family planning for women's health among the respondents revealed that a majority 38 of the respondents, recognized the significant role of family planning in improving maternal health and reducing pregnancy complications. This acknowledgment highlights the importance of family planning in ensuring the well-being of mothers during pregnancy and childbirth. Additionally, 28 respondents emphasized the empowerment that family planning provides by affording women greater control over their reproductive choices and family size, emphasizing the significance of autonomy in reproductive decision-making. Furthermore, 20 respondents identified the positive impact of family planning on women's education and career opportunities, emphasizing the pivotal role it plays in enabling women to pursue their aspirations. Lastly, 34 respondents recognized family planning as a means of lowering the risk of unintended pregnancies and the associated stress, reaffirming its importance in promoting family stability and mental well-being.

4.4 Challenges in accessing family planning services

The following are the findings regarding the challenges women face while trying to access family planning services in Kauga Village, Mukono district, the following table illustrates the responses of the respondents

4.4.1 Challenges while trying to access family planning services

Challenges while trying to access family planning services	Frequency	Percentage
Yes	32	66.7%
No	16	33.3%

Source: Primary data, 2023

The findings revealed that a majority 32 (66.7%) of the respondents reported facing challenges while trying to access family planning services, while 16 (33.3%) indicated that they had not faced any challenges.

For the respondents who answered yes to facing challenges, they were asked to describe the challenges they encountered. The following are some of the challenges reported:

4.4.2 Challenges faced by respondents

The challenges faced by respondents, as reported encompassed a range of barriers to accessing and utilizing family planning services. These challenges include limited access to family planning clinics in rural areas, leading to difficulties in obtaining services. Stigma and judgment from healthcare providers present additional hurdles, potentially deterring individuals from seeking necessary care. Long waiting times at family planning clinics contribute to delays in receiving services, impacting accessibility. The limited availability of contraceptive options restricts choices, while cultural and religious beliefs discouraging family planning pose cultural barriers. The high cost of contraceptive methods can be a financial burden, and a lack of privacy and confidentiality during consultations may deter some individuals. Finally, the fear of side effects from contraceptives underscores the need for comprehensive education and support to address concerns and ensure informed decision-making in family planning.

4.4.3 Impact of challenges on willingness or ability to use family planning services

Additionally, respondents were asked to explain how these challenges affected their willingness or ability to use family planning services. The following are some of the responses cited by the respondents

The impact of challenges on respondents' willingness or ability to use family planning services was a major aspect explored in the study, revealing a range of factors influencing their decisions. For many, reduced access to services posed a substantial barrier, with issues such as the absence of nearby clinics, long waiting times, and high costs discouraging them from seeking family planning assistance, ultimately leading to reduced access to these crucial services. Additionally, discomfort and fear stemming from stigma, judgment, and a lack of privacy played a role in deterring some respondents from accessing family planning services. Limited contraceptive options were reported as another obstacle, making it challenging for individuals to find a suitable method that aligned with their needs and preferences. Cultural and religious beliefs opposing family planning also influenced some respondents to abstain from contraceptive use, even when they desired it. High costs of contraceptives and services were identified as a significant financial barrier, restricting the ability of some respondents to utilize family planning. Lastly, concerns about potential side effects from contraceptives prompted fear and avoidance among certain respondents, indicating the several factors that can impact individuals' decisions regarding family planning services.

CHAPTER FIVE

DISCUSSIONS, SUMMARY OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the discussions, summary of the findings, conclusions and recommendations basing on the specific objectives of the study.

5.1 Discussions of the findings

5.1.1 Factors influencing women's attitudes towards family planning services

Economic reasons: The dominant influence of economic reasons on women's attitudes towards family planning services is consistent with the literature. Starbird et al. (2016) emphasized the importance of understanding the socio-economic factors that shape women's decisions regarding family planning. Economic considerations, such as the cost of contraception methods, can significantly impact women's choices. Limited financial resources may lead to a preference for more cost-effective methods, and this is reflected in the finding.

Health concerns: Health concerns as a factor influencing attitudes towards family planning services are also in line with the literature. Kavanaugh (2018) stressed the significance of women's perceptions of the effectiveness and safety of various methods. Health concerns, including worries about side effects or complications, are crucial considerations when making informed decisions about family planning methods.

Partner's opinions: The influence of partner's opinions on family planning choices echoes the interpersonal dimensions discussed in the literature. Yaya (2018) highlighted the importance of communication and shared decision-making within relationships. In many cases, women may consult their partners and consider their preferences when selecting a family planning method.

Religious beliefs: The role of religious beliefs in shaping attitudes towards family planning services is consistent with the literature's emphasis on cultural and religious factors (Turner, 2021). Sundararajan (2019) also highlighted the importance of aligning family planning choices with personal convictions rooted in cultural and religious perspectives.

Lack of information or access: The barrier of inadequate information or limited access to family planning services aligns with the literature's emphasis on the importance of equipping women with information (Nansseu, 2015). Access challenges, especially in rural areas, were acknowledged in the literature (Munakampe, 2018).

Cultural norms and stigma: The identification of cultural norms and stigma as barriers to family planning choices resonates with the literature's recognition of the impact of cultural and societal factors (Turner, 2021). The study's focus on cultural norms underlines the importance of understanding how cultural contexts shape attitudes.

Fear of side effects or complications: Fear of side effects or complications is consistent with the literature's emphasis on women's concerns about the safety and effectiveness of family planning methods (Kavanaugh, 2018). Understanding these fears is crucial for addressing barriers to family planning.

Peer influence and social networks: Peer influence and the role of social networks in shaping attitudes are consistent with the literature's emphasis on communication and decision-making within relationships and families (Yaya, 2018; Ekholuenetale, 2020). Friends and family members can play a significant role in influencing a woman's choices.

Availability of information and ease of access: The importance of information availability and ease of access to family planning services echoes the literature's recognition of the need for accessible information and services, particularly in rural areas (Nansseu, 2015; Munakampe, 2018). Limited access to services in rural areas can hinder women's attitudes and choices.

5.1.2 Knowledge and attitudes regarding family planning

The majority of respondents rating their knowledge as either good (33.3%) or fair (25.0%) suggests that a substantial portion of the participants have a reasonable understanding of family planning concepts. This aligns with the literature, which emphasizes the importance of women having at least a moderate level of knowledge about family planning (Starbird et al., 2016).

The 8.3% of respondents who rated their knowledge as very poor indicate that there is room for improvement in educating women about family planning. This finding underscores the need for

targeted educational interventions to bridge the knowledge gap among this subgroup of women (Binu, 2021).

The high level of interest in educational sessions among respondents (62.5%) reflects the enthusiasm among women to gain knowledge related to family planning. This aligns with the literature, which highlights the significance of equipping women with accurate and comprehensive information about family planning (Nansseu, 2015). Women's eagerness to attend educational sessions suggests a demand for information in this area. This shows the importance of creating accessible and engaging educational programs to meet this demand and empower women to make informed decisions about their reproductive health (Leung, 2019).

The strong belief among 87.5% of respondents that family planning is a positive practice for women's health highlights the widely accepted view that family planning is essential for promoting women's overall well-being. This aligns with the literature, which recognizes the benefits and importance of family planning in improving maternal and reproductive health (Starbird et al., 2016). This finding emphasizes the need for healthcare providers and policymakers to continue promoting family planning as a fundamental aspect of women's healthcare and reproductive rights. It also reflects a positive societal attitude toward family planning as a means of supporting women's health and autonomy.

The various sources of information or educational sessions reported by respondents, including healthcare providers, family planning clinics, community health workshops, and online resources, highlight the importance of utilizing multiple channels to disseminate family planning information. This approach aligns with the literature's emphasis on reaching a broad audience with family planning education (Leekuan, 2022). Healthcare providers and family planning clinics play significant roles as sources of information reaffirm their central position in delivering family planning services and education. These healthcare settings are often the first point of contact for women seeking family planning guidance (Nansseu, 2015).

5.1.3 Challenges in accessing family planning services

The challenge of limited access to family planning clinics in rural areas is a critical barrier, as highlighted by Matin (2021). Rural areas often face disparities in healthcare infrastructure, with fewer family planning clinics and healthcare facilities compared to urban centers. The geographical isolation of rural communities can mean that women have to travel long distances to reach a clinic offering family planning services. This travel may require substantial time and resources, including transportation costs, which can be particularly burdensome for women in resource-constrained settings. Such challenges in access can lead to delayed or infrequent utilization of family planning services, increasing the risk of unintended pregnancies and limiting women's control over their reproductive choices.

The experience of stigma and judgment from healthcare providers, as reported by some respondents, resonates with Siddique's (2018) observations. Negative attitudes and biases among healthcare professionals can create an unwelcoming and uncomfortable atmosphere for women seeking family planning care. When women encounter judgmental attitudes during their clinic visits, they may feel stigmatized or ashamed about their reproductive choices. Such experiences can deter them from returning for follow-up visits or seeking contraceptive services in the future, potentially leading to unmet family planning needs.

Long waiting times at family planning clinics can be a significant deterrent, leading to reduced utilization of services, as discussed by Douthit (2015). Prolonged waiting times can be frustrating and inconvenient for women, especially those with busy schedules or caregiving responsibilities. Additionally, long waits can lead to missed opportunities for contraceptive consultations, counseling, or method provision. This can result in delayed initiation of contraception or inadequate follow-up care, ultimately impacting the effectiveness of family planning interventions.

The limited availability of contraceptive options, leaving individuals with fewer choices that match their needs, aligns with the importance of offering a diverse range of family planning methods emphasized by Yirgu and Moreau (2020). Women have varying medical histories, preferences, and lifestyles, and a one-size-fits-all approach to family planning may not address their unique needs. When women do not find contraceptive methods that align with their specific

requirements, they may experience dissatisfaction, discomfort, or side effects, which can lead to method discontinuation or non-adherence.

The influence of cultural and religious beliefs opposing family planning on respondents' decisions, leading to abstaining from contraceptive use, aligns with the role of cultural and religious factors highlighted by Turner (2021) and Sundararajan (2019). In some cultural contexts, there may be strong norms and values that discourage contraception or promote large families. Religious teachings may also influence women's decisions regarding family planning methods. In such settings, individuals may feel compelled to adhere to these beliefs, even if they conflict with their personal desires or reproductive health needs. Addressing these cultural and religious barriers requires sensitivity and tailored approaches that respect diverse worldviews.

The financial barrier posed by the high cost of contraceptive methods, restricting access for some individuals, aligns with the impact of cost and affordability discussed by Reed (2016). For many women, especially those from low-income backgrounds, family planning expenses can pose a significant challenge. Contraceptive methods often come with associated costs, including initial expenses and ongoing costs for maintenance or follow-up consultations. In resource-constrained settings, women may struggle to allocate funds for family planning within their overall budgeting, leading to difficult choices between reproductive health and meeting other essential needs. Reducing financial barriers is essential to ensure equitable access to family planning services.

Concerns about the lack of privacy and confidentiality during consultations, which create discomfort and reluctance among respondents, align with the challenge of privacy and confidentiality highlighted by Mchome et al. (2015). Privacy and confidentiality are critical aspects of reproductive healthcare, as they create a safe and trusting environment for women to discuss their reproductive health needs and preferences openly. In close-knit or smaller communities, where personal matters can quickly become public knowledge, ensuring a confidential space for family planning discussions is vital. Without such privacy, women may feel exposed and hesitant to share sensitive information with healthcare providers, potentially hindering their access to essential services.

The fear of potential side effects from contraceptives, leading to avoidance and impacting respondents' willingness to use family planning services, is consistent with concerns about health

and side effects associated with contraceptive methods, as emphasized by Kavanaugh (2018). Women's perceptions of the safety and effectiveness of family planning methods play a significant role in their decisions to use them. Fear of side effects, whether real or perceived, can lead to hesitancy or avoidance of certain contraceptive options. Addressing these concerns requires comprehensive education, counseling, and support to ensure that women have accurate information about the benefits and potential risks of different methods.

5.2 Summary of the findings

5.2.1 Factors influencing women's attitudes towards family planning services

The findings on factors influencing women's attitudes towards family planning services were; economic reasons emerged as a dominant factor, with 50% of respondents citing financial considerations as a major influencer, followed by health concerns at 26.7%. Partner's opinions (20%) and religious beliefs (23.3%) also played significant roles, highlighting the interpersonal and faith-based dimensions of these choices. Barriers such as lack of information or access to family planning services (33.3%), cultural norms and stigma (13.3%), and fear of side effects or complications (16.7%) were identified as key obstacles. Additionally, personal experiences, cultural and religious beliefs, and the influence of these factors on decision-making emerged as underlying determinants of attitudes. Peer influence and social networks also played a role, with discussions and experiences of friends and family members influencing attitudes. The availability of information and ease of access were seen as vital, with limited access to services in rural areas and the importance of accessible information impacting attitudes.

5.2.2 Knowledge and attitudes regarding family planning

The findings on knowledge and attitudes regarding family planning among the respondents were as follows. When it came to the rating of knowledge about family planning, a majority of respondents rated their knowledge as either good (33.3%) or fair (25.0%), indicating a moderate understanding of family planning among the participants. However, there is room for improvement as 8.3% of respondents rated their knowledge as very poor. Furthermore, the study revealed a high level of interest in educational sessions, with 62.5% having attended them, highlighting the enthusiasm among women to gain knowledge related to family planning.

Additionally, 87.5% of respondents believed that family planning is a positive practice for women's health, underlining the recognition of family planning as a crucial component of women's well-being. The sources of information or educational sessions varied, with healthcare providers (18 respondents) and family planning clinics (12 respondents) playing significant roles in disseminating information. Community health workshops (10 respondents) and online resources (5 respondents) also contributed to knowledge dissemination. These diverse sources reflect the importance of utilizing multiple channels to reach a broad audience with family planning information.

5.2.3 Challenges in accessing family planning services

The findings regarding challenges in accessing family planning services in Kauga Village, Mukono district, reveal a range of barriers that women face. A majority of respondents (66.7%) reported encountering challenges while trying to access family planning services. Among the challenges cited were limited access to family planning clinics in rural areas, stigma and judgment from healthcare providers, long waiting times at clinics, limited contraceptive options, cultural and religious beliefs discouraging family planning, the high cost of contraceptive methods, lack of privacy and confidentiality during consultations, and fear of side effects from contraceptives. These challenges have an impact on respondents' willingness and ability to use family planning services. Reduced access, both in terms of distance and waiting times, deterred individuals from seeking services, leading to reduced utilization. Stigma, judgment, and privacy concerns created discomfort and reluctance among some, hindering their access to family planning care. The limited availability of contraceptive options left individuals with fewer choices that matched their needs. Cultural and religious beliefs opposing family planning had a significant influence on some respondents' decisions to abstain from contraceptive use. Financial barriers, such as high costs, further restricted access for some individuals. Lastly, concerns about potential side effects from contraceptives generated fear and avoidance among certain respondents, impacting their willingness to use family planning services.

5.2 Conclusions

In conclusion, this study revealed that there are several crucial aspects of women's attitudes, knowledge, and challenges related to family planning services in Kauga Village, Mukono district. When it comes to factors influencing women's attitudes towards family planning services, economic reasons were found to be dominant, followed by health concerns, partner's opinions, religious beliefs, and various barriers such as lack of information, cultural norms, and fear of side effects. Personal experiences and peer influence also played a significant role in shaping attitudes, emphasizing the importance of social networks and individual experiences.

In terms of knowledge and attitudes regarding family planning, while a majority of respondents had a moderate understanding of family planning, there was room for improvement, as a significant portion rated their knowledge as fair or poor. However, the enthusiasm for educational sessions and the strong belief in the positive impact of family planning on women's health highlight the potential for increased awareness and education efforts in the community. The diverse sources of information, including healthcare providers, family planning clinics, community health workshops, and online resources, underscore the importance of utilizing multiple channels to disseminate information effectively.

Challenges in accessing family planning services were prevalent, with a majority of respondents facing various barriers. These challenges included limited access to rural clinics, stigma from healthcare providers, long waiting times, limited contraceptive options, cultural and religious beliefs, high costs, lack of privacy, and concerns about side effects. These barriers significantly impacted respondents' willingness and ability to use family planning services, highlighting the need for comprehensive efforts to address these challenges and ensure that family planning services are accessible, affordable, and culturally sensitive.

In light of these findings, it is clear that there is an opportunity to enhance family planning awareness, education, and accessibility in Kauga Village. Addressing these challenges and promoting informed decision-making can lead to improved reproductive health outcomes and overall well-being for women in the community. It is imperative that stakeholders, including healthcare providers, community organizations, and policymakers, work collaboratively to

overcome these barriers and create an environment where women can make informed choices about their reproductive health.

5.3 Recommendations

Based on the findings of the study regarding women's attitudes, knowledge, and challenges related to family planning services in Kauga Village, Mukono district, the following recommendations are proposed to improve family planning services and support in the community:

Enhance accessible family planning clinics: Address the limited access to family planning clinics in rural areas by establishing additional accessible clinics or mobile outreach services. This will help reduce geographical barriers and provide easier access to family planning services for women in remote areas, ensuring that reproductive health care is available to all.

Sensitize healthcare providers: Conduct sensitivity training for healthcare providers to reduce stigma and judgment faced by women seeking family planning services. Creating a supportive and non-judgmental environment at healthcare facilities is essential for encouraging women to seek family planning care without fear of discrimination.

Expand contraceptive options: Increase the range of contraceptive options available to women, providing them with a variety of choices to suit their individual needs and preferences. This can be achieved by ensuring the availability of different methods at family planning clinics and educating women about their options.

Community education and awareness: Launch community-based educational programs and awareness campaigns that address cultural and religious beliefs discouraging family planning. These programs should emphasize the health benefits of family planning and provide accurate information to dispel myths and misconceptions. Engaging community leaders and influencers can also play a crucial role in changing attitudes.

5.4 Areas for further studies

- Investigate the long-term effect of access to family planning services on women's health and socio-economic well-being in the community.

- Conduct a comprehensive study to investigate deeper into the influence of cultural and religious norms on family planning decisions and attitudes.

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Appendix I: Questionnaire on women's attitudes towards family planning practices in reproductive health

Dear Participant,

Thank you for participating in our research. Your input is valuable in helping us understand the attitudes of women towards family planning practices in Kauga Village, Mukono. Please answer the following questions honestly and to the best of your knowledge.

Section 1: Demographic Information (please tick where necessary or fill in the questions below)

1. Name (Optional): _____

2. Age: _____

3. Marital Status

Single

Married

Divorced

Widowed

4. Education Level

No Formal Education

Primary School

Secondary School

Tertiary Education

5. Occupation: _____

6. Are you aware of family planning methods?

Yes

No

7. If yes, please list the family planning methods you are aware of:

8. Have you ever used any family planning method?

Yes

No

9. If yes, please specify the family planning method(s) you have used?

Method: _____

Method: _____

Method: _____

Objective A: To find out the factors that influence women's attitudes towards family planning services

2.5. What influenced your decision to use or not use family planning methods? (Please explain)

3.1. On a scale from 1 to 5, where 1 is strongly disagree and 5 is strongly agree, please rate your agreement with the following statements:

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Family planning is important for women's health.					
Family planning helps in achieving economic stability.					

I feel comfortable discussing family planning with healthcare providers.					
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3.2. What are the main factors that influence your attitude towards family planning? (Please explain)

5.1. What factors do you believe influence your attitude towards family planning services? (Please select all that apply)

- Cultural beliefs and norms
- Religious beliefs
- Access to information about family planning
- Fear of side effects
- Partner or spouse's opinion
- Socio-economic status
- Healthcare provider's attitude
- Others (please specify): _____

5.2. How do these factors influence your attitude towards family planning services? (Please explain)

Objective B: To find out the knowledge and attitude of women regarding family planning

6.1. On a scale from 1 to 5, where 1 is very poor and 5 is excellent, how would you rate your knowledge about family planning?

1 (Very Poor)

2

3

4

5 (Excellent)

6.2. Have you ever attended any educational sessions or received information about family planning?

Yes

No

6.3. If yes, please specify the source(s) of information or educational sessions you have attended:

6.4. Do you feel that family planning is a positive practice for women's health?

Yes

No

6.5. What do you believe are the benefits of family planning for women's health? (Please explain)

Objective C: To find out the challenges women are facing while trying to access family planning services

7.1. Have you faced any challenges while trying to access family planning services?

Yes

No

7.2. If yes, please describe the challenges you have encountered:

7.3. How have these challenges affected your willingness or ability to use family planning services? (Please explain)

Appendix II: Interviews with healthcare providers

Do women in Kauga Village know about family planning services?

What are some things women might not understand correctly about family planning?

How do women feel about family planning? Are they happy or worried about it?

What can we do to help women in Kauga Village know more and feel better about family planning?

What makes women decide to use or not use family planning in Kauga Village?

Do customs or how people act around here affect what women choose? Can you give examples?

Are there things that make it hard for women to get family planning help? How does this affect what they choose?

What can we do to help with the things that influence women's choices about family planning in this area?

What problems do women usually have when they want family planning help in Kauga Village?

Are there things like not enough places or money that make family planning help tricky to get?

What can we do in our community or as healthcare providers to make it easier for women to get family planning help in Kauga Village?