



UGANDA MANAGEMENT INSTITUTE

**COMMUNITY PERCEPTION AND USAGE OF FAMILY PLANNING METHODS  
IN KABALE DISTRICT, KYANAMIRA SUBCOUNTY**

**BY**

**ERIC SUNDAY**

**10MMSPPM/22/011**

**A RESEARCH DISSERTATION SUBMITTED TO THE HIGHER DEGREES  
DEPARTMENT IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR  
THE AWARD OF MASTERS DEGREE IN MANAGEMENT STUDIES  
(PROJECT PLANNING AND MANAGEMENT) OF UGANDA  
MANAGEMENT INSTITUTE**

**FEBRUARY, 2012**

**DECLARATION**

I Eric Sunday, solemnly declare that the information presented in this dissertation is my original work as a result of an independent investigation.

Signed .....

**ERIC SUNDAY**

Date.....

## APPROVAL

This dissertation has been approved as a research report for the award of Master in Management Studies, Project Planning and Management of Uganda Management Institute

Signed;

.....  
**MS PROSS OLUKA NAGITTA**

Date.....

.....  
**MR ANACLET NAMANYA**

Date.....

## **DEDICATION**

To my wife Jacenta Tushabomwe for she has always been there for me when I needed her most during my study period.

## **ACKNOWLEDGEMENT**

I wish to extend my appreciation to my supervisors Ms Pross Oluka Nagitta and Mr Anaclet Namanya for the tireless effort with which they supervised this study.

I also sincerely extend my gratitude to the Staff to all the staff of Uganda Management Institute for their help when I was conducting the study. Their cooperation enabled me to obtain the necessary materials necessary for the compilation of this study.

I appreciate the cooperation and support offered by my colleagues of the management studies, project planning and management 2011/2012 during the course. Their views made the compilation of this work possible.

I also recognise the community members of Kyanamira Sub County, health staff and civil servants for their responses that were vital for this study. Their responses were of invaluable help and enabled the success of this work.

## TABLE OF CONTENTS

DECLARATION.....	i
APPROVAL.....	ii
DEDICATION.....	iii
ACKNOWLEDGMENT.....	iv
TABLE OF CONTENTS.....	v
LIST OF TABLES.....	viii
LIST OF FIGURES.....	ix
ABSTRACT.....	x
<b>CHAPTER ONE: INTRODUCTION.....</b>	<b>1</b>
1.0 Introduction.....	1
1.1.0 Background to the Study.....	1
1.1.1 Theoretical background.....	4
1.1.2 Conceptual background.....	5
1.1.3 Contextual Background.....	6
1.2 Statement of the Problem .....	7
1.3 Purpose of the Study.....	7
1.4 Objectives of the Study.....	8
1.5 Research hypotheses.....	8
1.6 Conceptual framework.....	8
1.7 Significance of the Study.....	9
1.8 Definition of terms.....	10

<b>CHAPTER TWO: LITERATURE REVIEW</b> .....	11
2.0 Introduction.....	11
2.1 Gender and Usage of Family Planning Methods.....	11
2.2 Cultural Beliefs and Usage of Family Planning Methods.....	14
2.3 Level of Educational and Usage of Family Planning Methods.....	15
2.3 Summary of the Reviewed Literature.....	17
<b>CHAPTER THREE: METHODOLOGY</b> .....	19
3.0 Introduction .....	19
3.1 Research Design.....	19
3.2 The Study Area.....	20
3.3 Population.....	20
3.4 Sample Size and Sample Selection.....	20
3.5 Sampling Technique .....	21
3.6.0 Data Collection Methods and Techniques.....	21
3.7.0 Validity and Reliability of Instruments.....	23
3.8 Data Analysis.....	24
3.9 Research Procedure.....	24
<b>CHAPTER FOUR: PRESENTATION, ANALYSIS AND INTERPRETATION</b> .....	26
4.1 Introduction.....	26
4.2 Response Rate.....	26
4.3.0 Background Characteristics of community members.....	26
4.3.1 Gender of the Respondents.....	27
4.3.2 Education Levels of the Respondents.....	27
4.4.0 Verification of the Hypotheses.....	28

4.4.1 Hypothesis (H1) One.....	28
4.4.2 Hypothesis (H1) Two.....	39
4.4.2 Hypothesis (H1) Three.....	45
<b>CHAPTER FIVE: PRESENTATION, ANALYSIS AND INTERPRETATION.....</b>	<b>53</b>
5.1 Introduction.....	53
5.2.0 Summary of Findings.....	53
5.3.0 Discussion of the Findings.....	56
5.4 Conclusions.....	67
5.5 Recommendations.....	68
5.6 Contribution of Study.....	70
REFERENCES.....	71
APPENDIX A: Introductory Letter.....	75
APPENDIX A: Questionnaire.....	76
APPENDIX B: Interview Guide.....	78
APPENDIX C: Frequencies of the Respondents.....	79
APPENDIX D: Validity for the Questionnaire.....	84
APPENDIX E: Validity for the Interview Guide.....	85
APPENDIX D: Reliability of Instruments.....	86



## LIST OF TABLES

Table 1: Population, Sample Size and Sampling Technique.....	21
Table 2: Frequency and percentage distribution of gender of the respondents.....	27
Table 3: Education Level of the Respondents.....	28
Table 4: Chi-Square Test and Phi-Coefficient on Gender.....	29
Table 5: Gender and Men’s Approval of the Usage of Family Planning Methods.....	30
Table 6: Men Use Family Planning Methods.....	31
Table 7: Men and Women having Fears regarding the Side Effects.....	33
Table 8: Men Influencing Women’s use of Family Planning Methods.....	34
Table 9: Use of Contraceptives Affects the Existence of Harmonious Relations in Homes.....	39
Table 10: Cross-Tabulation on Men Preventing the Use of Family Planning Methods.....	37
Table 11: Men Fear that Women’s Use of Contraceptives makes them Uncontrollable.....	38
Table 12: The Correlation between Cultural Beliefs and Family Planning Methods.....	39
Table 13: Chi-Square Test and Phi-Coefficient on the Level of Education.....	45
Table 14: Education Levels Uptake of Family Planning Methods.....	46
Table 15: Adoption of the use family planning methods from unwanted pregnancies.....	48
Table 16: Small Family Being Ideal.....	49
Table 17: Access to Family Planning Information.....	51

## LIST OF FIGURES

1.8 Figure I: Conceptual Framework.....	8
---	---

## **ABSTRACT**

This study examines the community perception and usage of family planning methods in Kabale District. Specifically the study reviewed the influence of gender on the usage of family planning methods, the relationship between cultural beliefs and the usage of family planning methods and the influence of the level of education on usage of family planning methods. The study used a cross – sectional research design on a sample of 172 respondents. Data was collected by use of questionnaire and interview guide. Data was analysed both quantitatively and qualitatively. The findings of the study established that that gender influences the usage of family planning methods, there is relationship between cultural beliefs and usage of family planning methods and the level of education influences the usage of family planning methods. The conclusions of the study were that gender influences the usage of family planning methods, there is relationship between cultural beliefs and usage of family planning methods and that that level of education influences the usage of family planning methods. The study recommends that; there should be the closing of the gap between genders in the usage of family planning methods. There should be exclusion and integration of some cultural beliefs in family planning in order to enable appreciation of family planning methods. Besides, many people should be enabled to reach secondary and post secondary education to develop the ability to appreciate the importance of family planning.

# **CHAPTER ONE**

## **INTRODUCTION**

### **1.0 Introduction**

This chapter examined the community perception and usage of family planning methods in Kabale District. The independent variable was community perception and the dependent variable was usage of Family Planning methods. The chapter presents the background to the study which includes historical, theoretical, conceptual, and contextual, the problem statement, study objectives, research questions, research hypothesis, the conceptual framework the scope and the significance of the study

#### **1.1.0 Background of the study**

Governments in developing countries like Latin, America, Asia and Africa began to recognise the problems of high rates of population growth in 1960's. At global level Brackett (1978) noted that many governments launched programs to provide family planning information services but such programs required data whether people were aware of family planning, their attitudes about contraception views an out family size or having more children, and what factors were influencing fertility behaviour family planning studies in developed countries indicate that nearly all men have heard of contraceptives but this is not universally the case in all developing countries (United Nations World reports on developing countries, 1984).

In traditional Africa, a man's status was considered high depending on the number of wives and children he had. Because of the subsistence economies large families were regarded as a source

of agricultural labour while children were looked at as insurance/ support for their parents during old age. The size of a family was directly related to its production capability and consequently wealth, security and prestige. Thus there was limited adoption of family planning methods since people preferred large families (Isingo-Abanine, 1994).

In modern Africa, with increasing monetised economy the appeal for large families has changed mainly because of difficulties associated with managing such a family; items such as food, education, medical facilities are expensive but vital in society. Even the traditionally valued needs such as land and food became very scarce and expensive, with the increase in population. This means that other factors kept constant, the smaller the family, the fewer the people one has to provide for. As result, there has been a growing need for people to plan their families. Many African countries have started implementing population and family planning programs with the expressed objective of lowering their population growth rates, as a means of complementing their socio-economic development efforts aimed at improving the standard of living of their people. This growing need for population growth control led to the formation of family planning programs.

Unche (1993) and Vieira (1993) urge that for several decades, demographers in African have largely focused their attention on women's perception and behaviours in various areas of the reproductive realm. Men's role in family planning is often neglected. Although biologically men and women are partners in the reproductive process, greater emphasis has been placed on the role of women, who on account of their physiology bear the physical emotional strain of pregnancy and childbirth. Today's society demands greater understanding and empathy between

spouses, if they are to meet the new and difficulty challenges of modern life. This increases participation of men and women in family planning.

Family planning in Uganda began in 1957 with the foundation of the family planning association of Uganda, an affiliate of international parenthood federation now referred to as Reproductive Health Uganda (Reproductive Health Uganda strategic Framework, 2010). Uganda being a developing country with limited resources, this became a problem in 1998 government established the population secretariat under the ministry of planning and economic development. Since that time, government has been subjected to pressure put on it by population growth figures and as a result, family planning services are being provided by private clinics, community based organizations and Reproductive Health Uganda (National Bureau of Statistics 2010).

According to the 2011 Uganda Demographic Health Survey (UDHS), the country's total fertility rate has shown only a marginal decline from the level of 7.1 births per woman that prevailed for the last two decades to 6.7 births for the period 2010-2011. This rate is still very high compared to the world health survey which puts it at three children per. Therefore, with this high birth rate in Uganda there is need for change of attitude so as to increase the level of family planning usage. However, attempts have been made in Kabale District especially in sub-counties, for example the introduction of family planning methods in health centres at parish level and sub county level. Organisations like CARE International, Maries Stopes Uganda offer services in the area.

The high total fertility rate and ever-increasing population growth rate in Kabale has created a difficult economic situation and ever increasing poverty among the households. This has resulted in increased pressure on land and other social services, lack of quality education, and lack of health care services. Another undesirable situation among others includes lack of enough food, increased street children, high school dropout due to lack of school requirements and immigration to other parts of the country.

### **1.1.1 Theoretical background**

Theoretical framework that underpinned this study was derived from the theory of the Marxist perception theory (1959) presented by Macquillan (1982). The theory has several underlying assumptions of community perception and usage of family planning methods. The underlying assumption of this principal is that family planning is necessary for birth control for reasons of maternal and child health to free women to participate more actively in development of national resources for social construction. It asserts that, Sex, Cultural Beliefs, and level of education have the direct effect on usage of family planning methods. The Marxist perception theory pictures the world's problems as caused by exploitation of man rather than by an imbalance of man and material resources. He believes that if social ills and exploitation are removed, education and technology can solve the world's problems.

Malthus (1998) asserted that people's sex, cultural beliefs and level of education affect usage of family planning methods and hence population increase. The population has the tendency to increase beyond the means of subsistence and if not checked, goes on doubling itself every 25 years. Halpern (2006) studied strategies to improve adherence to hormonal contraceptive

regimens, while Lopez (2008) examined the use of theory in trials of communicating contraceptive effectiveness. Most trials included pregnancy prevention as an objective and the majority also focused on contraceptive use (other than condoms). For interventions to reduce unintended pregnancies among adolescents, DiCenso (2002) abstracted the theoretical basis, but not all the strategies addressed specific contraceptive methods.

According to Malcolm (1993), China's family planning model is the most rational and extensive experiment in any country in which community support is given to the whole spectrum of birth control activities and where social norms are created to exert social pressure and to give social support for small families.

### **1.1.2 Conceptual background**

Family planning refers to the deliberate effort of the couple or individuals to regulate fertility by delaying or spacing birth or limiting their number of children. It is a voluntary action of avoiding conception or a live birth in order to plan the number of children one will bear and when to have them (Family Planning Association of Uganda 1995). Family planning has been practiced in one form or the other throughout man's history but it was not publicly advocated until early 19<sup>th</sup> century. Family planning methods are divided into two categories: Traditional methods and modern methods of birth control. Traditional methods comprise of the use of herbs and the natural family planning techniques while modern methods use such techniques as condoms, intra-uterine devices; injections; sterilization, vaginal methods and spermicides. This was studied looking at the variables of gender, cultural beliefs and education levels.



Regarding gender this is Gender refers to the array of socially constructed roles and relationships, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis (Espen & Jolly, 2006). For cultural beliefs, these the ideas and thoughts common to several individuals that govern interaction – between these people, and between them, their gods, and other groups – and differ from knowledge in that they are not empirically discovered or analytically proved. In general, cultural beliefs become identical and commonly known through the socialisation process by which culture is unified, maintained, and communicated (Greif, 1994). And for education level, this refers to academic attainment of the individual (NICHCY, 2010).

### **1.1.3 Contextual Background**

The study looked at the community perception and usage of family planning methods in Kabale District. The variables of the study were gender, culture and education and how they influence the usage of family planning. Kabale district especially Ndorwa County where Kyanamira Sub County is located is a very highly populated area. The provisional results of the 2002 Housing and Population Census indicate that Kabale District has an average population density of 290/km<sup>2</sup>, and this density has increased by 34 people/km<sup>2</sup> since 1991 (Plumptre, 2004). For Ndorwa in particular which is in the Kabale catena, it carries the highest densities of population between 600 – 800 people per square mile and this is partly because of lack of use of family planning methods (Zirahuka, 1998). The fertility is very high, ranging from 7.99. This has led to the problem of high levels of poverty and famine (Banana, 2004). The high birth rates mean low use of family planning methods. This study tried to determine if perception of the people was responsible for their usage of family planning methods.

## **1.2 Statement of the Problem**

The Uganda government National Minimum Healthcare Package to Ugandans has a focus on family planning (The Republic of Uganda, 2011). The unmet need for family planning has reduced from 41% to 20% (Ministry of Health, 2010). Accordingly, If family planning methods are used to control birth rates, people would have access to quality services like; good education, quality medical care, nutrition and general improved livelihood. The high total fertility rate and ever-increasing population growth rate in Kabale has created a difficult economic situation and ever increasing poverty among the households. This may result in increased pressure on land and other social services, lack of quality education, and lack of health care services. Another undesirable situation among others may include lack of enough food, increased street children, high school dropout due to lack of school requirements and immigration to other parts of the country. Knowledge and perception of contraceptives are indicators most frequently used by national and international organisations to assess the success of family planning programmes. Though studies have been carried out in other developing countries, they have little relevance to Uganda and Kabale in particular. This is because these populations are not representative of the general population in Uganda. Therefore this study was geared at determining if perception of the people was responsible for their usage of family planning methods.

## **1.3 Purpose of the study**

The purpose of the study was to determine the influence of community perception on usage of family planning methods among people in (Kyanamira sub-county) Kabale district.

#### 1.4 Objectives of the study

- i. To determine how gender influences the usage of family planning methods.
- ii. To find out the influence of cultural beliefs on the usage of family planning methods
- iii. To find out how level of education influences usage of family planning methods

#### 1.5 Hypotheses

- i. Gender influences the Usage of Family Planning Methods.
- ii. Cultural beliefs influence usage of family planning methods.
- iii. The level of education influences usage of family planning methods.

#### 1.6 Figure 1: Conceptual Framework

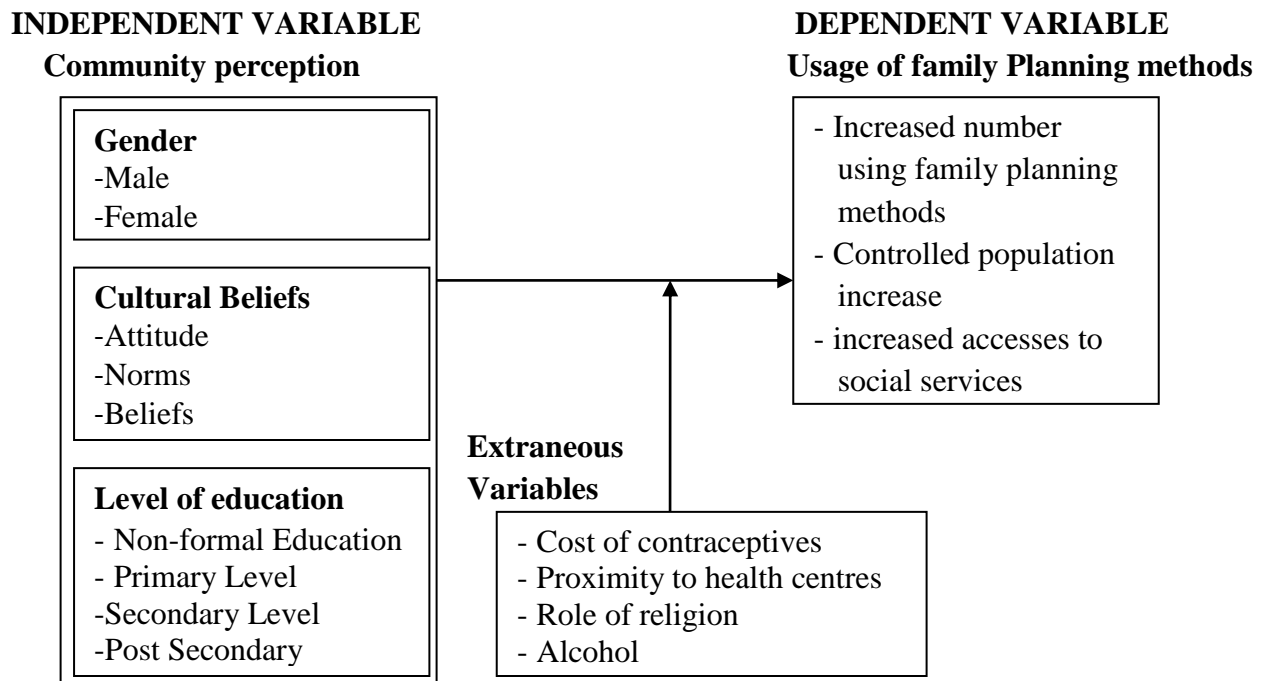


Figure 1: Conceptual framework showing relationship between Community perception and Usage of family Planning methods

*Source: Derived from Malthus (1998) as cited in Barifaijo et al (2010) and modified by researcher.*

The figure above shows that perception is independent variable and usage of family planning methods becomes dependent variable. Gender, cultural beliefs and Level of education are dimensions of community perception.

Community perception have direct effect on usage of family planning methods and the occurrence of community perception causes the usage of family planning and changes in people perception cause changes in usage of family planning methods.

However, there are extraneous variables which affect the usage of family planning which this study controlled by not including them in the instruments of the study and these are cost of contraceptives, proximity to health centres, role of religion and alcohol.

### **1.7 Significance of the Study**

The findings of the study may be used by policy makers in designing programs geared towards change attitude on usage of family planning services in Kabale District.

The study findings may act as an eye opener to the administrators of health centres in as far as family planning services are concerned. This is important if appropriate adjustments in methods used are to be undertaken.

Findings of this research are hoped to be used as a basis for further research and investigation by other researchers. The study will contribute to the existing knowledge about perception of contraception among the people so that married men and women can use it to control birth rate.

### **1.8 Definition of terms**

Here the key variables of the study are defined. These include family planning, Gender, cultural beliefs and education levels.

**Family planning:** This refers to the deliberate effort of the couple or individuals to regulate fertility by delaying or spacing birth or limiting their number of children. It is a voluntary action of avoiding conception or a live birth in order to plan the number of children one will bear and when to have them.

**Gender:** This refers to the array of socially constructed roles and relationships, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis.

**Cultural Beliefs:** These are the ideas and thoughts common to several individuals that govern interaction – between these people and between them, their gods, and other groups – and differ from knowledge in that they are not empirically discovered or analytically proved.

**Education Level:** This refers to academic attainment of the individual.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

The purpose of this chapter was to generate relevant information to the topic under study. It presents the views related literature. While reviewing literature gaps and trends on perception and usage of family planning were evaluated. Thus, what different authors and scholars have written on perception and usage of family planning have been presented. These are on gender, culture and education levels and how they influence family planning.

#### **2.1 Gender and Usage of Family Planning Methods**

Roudi and Ashford (2006) observed that the 2002 demographic and Health Survey for Egypt found out that 87 percent of the men approved the use of family planning, with the level of approval not varying much among men of different age groups or education levels or between rural and urban residence. Few Egyptian men were using condom, male sterilisation, withdrawal, or periodic abstinence. More than 18 percent of married men surveyed reported having used a male method of contraception in the past, but vasectomy is extremely rare even though 60 percent of the surveyed men indicated desiring to have no more children. The vast majority of the 50 percent of married couple practicing family planning used the Intrauterine Device (IUD) and the oral contraceptive pill. Men were more familiar with female family planning methods than male methods.

However, according to Schuler et al (1995), in Bangladesh there is fear of contraceptive technologies and procedures ( such as IUD insertion and sterilisation) and bad experiences in

using contraceptive methods often inhibit adoption of contraceptive methods, contribute to sporadic use and discontinuation and create ongoing anxiety among contraceptive users. Accordingly, both men's and women's fears about contraceptive technologies often relate to their perception that harmful side effects may result in economic losses. They often feel that their lack of economic resources makes contraceptive use more risky for them than for people who are better off.

Schuler et al (1995) further indicate that in using contraceptives, as in most of what they do, Bangladeshi women are extremely dependent and vulnerable. Women fear they will be blamed if something goes wrong. Divorce or desertion is the repercussion most feared by women who use contraceptives without their husband's consent. More commonly, women are subjected to verbal and physical abuse. In addition, many women perceive contraception as risky because they have heard about or experienced side effects. They know that they are dependent on others to pay for, arrange or provide treatment, and they feel uncertain that such treatment would be forthcoming if needed. Because women are not perceived as economically productive, their husbands and in-laws often feel that it is wrong for them to incur expenses.

Bawah et al (1999) explains that some women fear that their husbands' disapproval of contraceptive use can lead to withholding affection or sex or their preference for another wife. The threat of such disapproval is serious, especially in a polygamous society with weak conjugal bonds and a high degree of separateness among spouses. Sometimes family planning is perceived as a rival that interferes with harmonious spousal relationships. It may even be considered grounds for divorce. Women use contraceptives secretly to protect their interests and to maintain

peaceful family relationships. This is because of the fears that women have about their husbands' or family's reaction to their using contraceptives. Women hide contraceptive use not only from their husbands but also from other women in their community.

Women's obligation to bear children is the cornerstone of marriage in this rural society where wives are acquired through the payment of bride wealth in the form of sheep and cattle. Women are seen as their husbands' property or as that of their husbands' families, submerged within a corporate identity where individual preferences have no place. Their major function in life is to produce children for their husbands and the lineage. Any indication that women are taking control of their reproductive function suggests to men that women might not wish to live up to their reproductive obligation. The threat of such abrogation of responsibility causes profound anxiety (Bawah et al, 1999).

The tensions concerning family planning are also felt by men. Key themes relate to the concern that women will refuse to fulfil their reproductive and sexual obligations, that they will seek sexual satisfaction outside of marriage and possibly abandon their families, that contraceptive use creates conflict among multiple wives, or that a man will lose control of his household if he is not consulted. In more general terms, the possibility that women might act independently is perceived as a threat to the strong, deeply anchored, patriarchal traditions of these communities (Bawah et al, *ibid*).



## **2.2 Cultural Beliefs and Usage of Family Planning Methods**

Community norms determine individual childbearing preferences and sexual and reproductive behaviour. Community and culture affect a person's attitude towards family planning, desired sex of children, preferences about family size, family pressures to have children and whether family planning accords with customs and religious beliefs. Community norms also prescribe how much autonomy individuals have in making family planning decisions. Household and community influences can be so powerful that they can obscure the line between individual desires and community norms. For instance, in some culture, many women reject contraception because bearing and raising children is the path to respect and dignity in the society (Oladeji, 2008).

Isingo-Abanine (2004) explains that in Nigeria, men generally support the patriarchy system which place high value on high numbers of children and therefore cannot allow their wives to use contraceptives, while a couple may agree to use family planning methods, the kinship system may suppress this agreement. According to Agyei (2008), the attitude of the husband is subject to constant pressure from other family members. Hence, although husbands may agree that there are benefits in practicing family planning, they may not consider it worthwhile if it causes internal family conflict.

Desire to have children is among the factors that have been established to influence family planning use. Ntozi et al., (2001), report that many customs, taboos, rituals and norms apronatalist and that the elders recommended that a woman should not start practicing contraception before she had 6-8 live children including at least 2 sons. Mboup (2002), Ayad,

(2003) and Liboudo, (2003) indicate that that women do not use contraceptives because they want to have children.

And people choose contraceptive methods that are commonly used in their community because they know that it is socially acceptable to do so, and they tend to know more about these methods, Rogers and Kincaid (2004). Many women use the same family planning method that others in their social networks use, Godley (2001). The more widely used method is the more attractive. Entire communities may encourage one type of contraceptive based on the choices of early contraceptive users, rather than individual needs. Even when people are aware of the side effects or failures experienced by other users of a method, sometimes they still prefer it because it is familiar (Oladeji, 2008).

Community norm influences men's attitude towards family planning. If a man believes that other men in their family or work place approve use of condom, vasectomy and traditional methods, and also approve men's acceptance of responsibility for family planning, then they will take up family planning. The more a man considers family planning activities to be the responsibility of the woman, the less likely he is to participate in these activities. And the more a man believes that other men in the community approve family planning activities, the more likely he is to use contraceptive methods (Mostafavi et al, 2006).

### **2.3 Level of Educational and Usage of Family Planning Methods**

Economists consider a woman's education level to be a proxy for her shadow value of time. Since raising children is thought to be a time intensive good, as female education levels rise one

would expect to see families substitute out of children and into relatively less expensive, market purchased goods. Education may impart skills, like literacy, that can help to alter how women perceive their role in society. Highly educated women might have more bargaining power when making contraceptive decisions within their families. Educated women also choose to have fewer children. An extra year of female schooling reduces female fertility by about 5% to 10% (Gustavo, 2003).

In a study carried out by Radulović et al (2006), they indicate that one third of the women with Primary education estimate their knowledge as unsatisfactory, which makes the highest percentage. The women with primary education use less protection from unwanted pregnancy than women with secondary and higher degree. The state of knowledge about contraception, family planning, and methods for family planning in women with primary education is not satisfactory.

Educated women generally want smaller families and make better use of reproductive health and family planning information and services in achieving their desired family size. For instance, Moroccan women with at least some secondary education had, on average, half as many children as women with no education. Most women know something about modern contraception, but more-educated women tend to know about a wider range of available methods and where to get them (Roudi-Fahimi & Moghadam, 2003). Even men who have post secondary school education are more likely to participate in family planning activities. In general, increased education appears to have a positive effect on the odds of using contraceptive methods (Mostafavi et al, 2006).

Unwanted pregnancy increases as literacy level decreases, due to the lack of awareness and knowledge about contraceptive methods. There is a relationship between the level of education of husband and using conceptive methods in family. When the level of education of the husband is lower, using the family planning programme also decreases. High educational levels are associated with a reduction in the risk of having seven or more Children. Thus women's education represents a fundamental issue in reproductive health. That for instance, studies in several Arab Countries have shown that female education has a strong inverse relationship with fertility. And women from low socioeconomic backgrounds have added risk factors, which may explain their higher levels of inadequate contraception use due to less knowledge about contraception (Bagheri & Nikbakhsh, 2010).

Women with no formal education or with lower education levels have less access to family planning information through any mass media than those with higher education. Largely, women with secondary or higher education see a family planning message on television, but this is less for women with no formal education. Women with secondary or higher education read a family planning message in a newspaper or magazine. The pattern of exposure to family planning messages for men is similar to that by women. Education has a positive association with access to family planning information through the media (Etuk & Ekanem, 2003).

### **2.3 Summary of the Reviewed Literature**

This literature points out pertinent issues on gender, cultural beliefs and education levels and how they influence the usage of family planning methods. Relating to gender, it points out that men do not approve and use family planning methods, both sexes have fears regarding the side

effects of family planning methods, men influence family uptake of family planning, use of contraceptives affects the existence of harmonious relations in homes, men prevent the use of family planning methods and fear that women's use of contraceptives makes them uncontrollable. Regarding cultural beliefs, it is pointed out that community values the production of many children, decisions are taken by men in the home, there are taboos, rituals and norms regarding the production of children and there are contraceptive methods that are commonly used in your community which are socially acceptable. For education levels, it is indicated that people with higher levels of education prefer smaller families, use family planning methods to avoid unwanted pregnancies and have more access family planning information. However, the arising gap was that though studies had been carried out in other developing countries, they had little relevance to Uganda and Kabale in particular. This is because these populations were not representative of the general population and policies in Uganda. Therefore this attracted the gearing of efforts to investigating the perception and usage of family planning methods in Uganda and Kabale in particular.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

This chapter contains the methodology that was employed by the researcher in the study. It presents the research design, study population, sample size and selection, sampling techniques, study instruments and analysis, reliability and validity, ethical considerations and limitations.

#### **3.1 Research Design**

The study adopted a cross sectional research design. This design was chosen because it was appropriate in producing data required for qualitative analysis, allowing simultaneous description of views, opinions, perceptions and beliefs at a single point in time. It also allowed collection of views at a single point in time as it involved observation of all the population or a representative subset, at a defined time (Gay, 1996). It also allowed quantitative analysis as cross – sectional studies collect data using questionnaires (Chris, 2004). Two approaches of data collection and analysis were adopted. The qualitative approach focused on obtaining data in form of statements from those involved in the situation under review. The respondents gave suggestions, opinions or strategies for achieving the results. The analysis of qualitative data provided the basis for in – depth understanding of the situation under study. The quantitative approach focused on descriptive and inferential statistics obtained from the responses of the sample. This approach produced results in form of tables which provided the basis for discussion and conclusions about the findings.

### **3.2 The Study Area**

The area of the study was Kyanamira Sub County, Kabale District. Kyanamira Sub County has the seven parishes of Kanjobe, Kigata, Muyumbu, Nyakagyera, Nyabishare, Katookye and Kyanimira.

### **3.3 Study Population**

A study is the complete collection (or universe) of all the elements (units) that are of interest in a particular investigation (Amin, 2005). The population of the study was a total of 21113. Of these 21056 respondents were the total population of Kyanamira Sub County (community information system 2009) of males and females above 18 year of age and married ones and 57 key informants who were 36 staff of the health centres, 7 parish chiefs and 14 members of the Village Health Teams (VHTs).

### **3.4 Sample Size and Selection**

The sample comprised a total of 149 community members, resident in the Sub County drawn from four parishes were studied. All these were married people expected to use family planning methods. This size of the community members was determined by judgmental sample (Salant & Dillman, 1994). This was because of the vastness of the area to be covered and the heftiness of collecting questionnaire data from a large population of respondents who could not competently interpret and comprehend the questionnaire written in English and needed translation and interpretation. This population was considered large enough to give representative views. For the key informants, only 31.5% - 57% for the different categories were studied. These were

satisfactory percentages as Gay (1996) suggests a sample of 10% to 20% as being representative. The total sample for both community members and key informants were  $149 + 23 = 172$

### 3.5 Sampling Technique

The sample was selected using both simple random sampling and purposive sampling techniques. A simple random sample is a subset of individuals (a sample) chosen from a larger set (a population). Each individual is 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 individual has the same probability of being chosen for the sample as any other individuals (Yates, 2008). For purposive sampling, this was used because it helps in selecting typical and useful people that would give relevant data. Purposeful sampling selects information rich cases for in – depth study (Onen, 2005). Purposeful sampling was used in selecting the key informants.

**Table 1: Population, Sample Size and Sampling Technique**

Category	Population	Sample Size	Selection Method	Sampling Technique
Community members	21056	149	Judgemental	Random sampling
Health staff	36	11	31.5%	Purposive
VHTs members	14	8	57%	Purposive
Parish chiefs	7	4	57%	Purposive

Source: Yates (2008) & Onen (2005).

### 3.6.0 Data Collection Methods and Techniques

#### 3.6.1 Data collection methods

The study used both quantitative and qualitative research data collection methods. Quantitative research focuses is on carefully operationalising concepts and variables mean. Qualitative



research methods provide more emphasis on interpretation and providing predictive measures. This is through analysing statistics. For qualitative methods, these provide a depth of understanding. Data collected is more informative, richer and offers enhanced understandings. Qualitative methods focus on the meanings, traits and defining characteristics of events, people, interactions, settings/cultures and experience through the use of interviews and open response questionnaires (Tewksbury, 2009). Data was collected from the field using questionnaires and direct interviews and use of questionnaires.

### **3.6.2 Data collection techniques**

The research techniques used for data collection in this study include:-

#### **3.6.2.1 Questionnaire Survey Method**

This was the main research instrument. The questionnaire was preferred as an instrument of research because for some respondents it could be self administered, had identical set of items for all respondents, produces less errors, ensures confidentiality as respondents are free from the influence of the researcher especially those who filled it on their own and respondents had the chance to answer in their convenient time (Burns, 2000). Most items were based on a five-point Likert scale.

#### **3.6.2.2 Personal Interviews**

Interviews were carried out on community members and key informants for more qualitative data. The interview schedule used to elicit data was a semi – structured in depth interview with open – ended items. These were carried out on 38 (10%) community members and 23 key

informants. These were satisfactory percentages because Gay (1996) suggests a percentage of 10 – 20%. The method enabled the researcher to get intimate feelings of the respondents about the problem of the study, which the questionnaires could not obtain. The information was clear and detailed as it probed the opinions of the interviewees as presented in chapter four.

### **3.6.0 Validity and Reliability of Instruments**

#### **3.6.1 Validity**

Validity refers to truthfulness of findings, accuracy and quality of instruments used to obtain data about the phenomenon under study. Content validity which literally means the amount of substance in the study (Enon, 2002) was measured under this study. Content related validity (CVI) was considered. The researcher ensured the instruments had adequate traits through consultations with the researcher’s supervisor, colleagues and a research expert. The research expert helped in strengthening the validity of the research instruments. The test of content validity was established through inter judge with two research consultants. Each rated the items on a two point rating scale of Relevant (R) and Irrelevant (IR). The computation of CVI (Content Validity Index) was done by summing up the judges’ rating on either side of the scale and dividing by two to get the average.

The formula used was;

$$CVI = \frac{\text{Number of relevant items}}{\text{Total number of items}} \times 100$$

The CVI for questionnaire obtained was 84% (Appendix Seven). For the interview guide, it was obtained at 79% (Appendices E and F). The results proved that the instruments were valid since

they fell above 70% which indicates relationship (Fraenkel and Wallen: 1990). Adjustments were made to obtain high content validity after the judgement of the research consultants.

### **3.6.1 Reliability**

The strategies used to obtain reliability were; peer debriefing, prolonged engagement and audit trails. The researcher tried to be responsive and adaptable to the respondents, holistic and ensure professional immediacy. Data was systematically checked, focus maintained and there was identification and correcting errors (Morse, 2003). This helped to ensure establishment of accuracy of data collected.

Reliability was also obtained by carrying out a test of Reliability Analysis Scale (Alpha – coefficient) using SPSS 13.0. The instruments were found to be accurate in this study at .7637 (Appendix G) and there were few adjustments to improve them. SPSS applied was because of its easy and automatic applicability and fitted a two or more point rating scale. The instruments of the research were 14 questionnaires of the pilot study based on the Likert type five-point scale.

### **3.7 Research Procedure**

The researcher sought permission from Sub County Chief Kyanamira Sub County. Thereafter, he enlisted two research assistants and trained them in data collection. Consent was obtained from all the respondents participating in the. Anonymity was observed as all did not want their names taken. The researcher observed extreme confidentiality while handling the responses. Information was availed to the respondents that the research would not danger them directly or indirectly and that participation was voluntary.

### **3.8 Data Analysis**

Data was analysed using Statistical Package for Social Scientific (SPSS 13.0). In testing the first and third hypotheses of the study, cross tabulations were made to establish the independence between the variables of gender and education in the usage of family planning methods and then chi-square and phi-coefficient results established to determine the existence of independence and effect. Pearson's correlation coefficient index ( $r$ ) was also used for the second hypothesis. The index measures the degree and direction of the relationship between two variables X and Y; that is, influencing factors and sustainability respectively.

## **CHAPTER FOUR**

### **PRESENTATION, ANALYSIS AND INTERPRETATION**

#### **4.1 Introduction**

This chapter presents the analysis and interpretation of the findings of this study. The study aimed at determining community perception and usage of family planning methods in Kyanamira Sub County, Kabale District. The focus of the study was gender, culture and education and the usage of family planning methods.

#### **4.2 Response Rate**

The findings were derived from responses obtained by use of questionnaire and an interview guide from community members and key informants. A total of 160 questionnaires were presented to the community members but only 149 (93%) were retrieved completed with appropriate data. For the interviews, these were carried out on 15 (10%) community members and 23 key informants that comprised staff of the health centres, parish chiefs and members of the Village Health Teams (VHTs).

#### **4.3 Background Characteristics of the Respondents**

These were deemed important for the study because they helped in carrying out cross tabulations establishing independence between variables.

### 4.3.1 Gender of the Respondents

The gender distribution of the respondents was looked at. The purpose of this was to help in comparing the views of the different gender groups in the usage of family planning methods. The statistics are presented in the Table 2.

**Table 2: Distribution of Gender of the Respondents**

<b>Gender</b>	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>
Male	70	47.0	47.0
Female	79	53.0	53.0
<b>Total</b>	<b>149</b>	<b>100.0</b>	<b>100.0</b>

#### **Field data**

Table 2 above shows that majority respondents were females at 53.0% with the male respondents being 47.0%. Though the females were more than the males, the results indicate that both males and females equally participated because the difference margin is small 6.0%. Therefore the views represent attitudes of both male and female respondents. These statistics were important for cross tabulation in the analysis of the study.

### 4.3.2 Education Levels of the Respondents

The study then looked at the level of education of the respondents. Data was collected and is presented in Table 3.

**Table 3: Distribution of Education Levels of the Respondents**

<b>Education Levels</b>	<b>Frequency</b>	<b>Percent</b>
Primary education	85	57.0
Secondary education	36	24.2
Post secondary education	28	18.8
<b>Total</b>	<b>149</b>	<b>100.0</b>

**Field data**

According to Table 3, the majority respondents were those with primary education level 57.0%, followed by those with secondary level who were 24.2% and those with post secondary education were 18.8%. These results were important in carrying out cross tabulations to establish independence between the variables of education and usage of family planning methods.

**4.4.0 Verification of the Hypotheses**

**4.4.1 Hypothesis (H1) One: Gender influences the Usage of Family Planning Methods**

Hypothesis test was carried out on the Null Hypothesis (Ho) which stated that, gender has no influence on the usage of family planning. The results of this hypothesis were tested with chi-square and established phi-coefficient. Then there follows presentation of cross tabulations and backed by responses from the interviews.

**4.4.2 Hypothesis One Test**

Hypothesis testing was carried out using chi-square for independence to establish if there is independence in gender and usage of family planning methods. Phi-coefficient was also established to establish the extent of the effect. The results are presented in Table 4.

**Table 4: Chi-Square Test and Phi-Coefficient on Gender and the Usage of Family Planning Methods**

<b>Q</b>	<b>Question items</b>	<b>df</b>	<b>p</b>	<b><math>\chi^2</math></b>	<b>phi</b>	<b>Asymp. Sig</b>	<b>Ho</b>
1	Men approve the use of family planning	4	.05	15.865	.326	.003	Rejected
2	Men use family planning methods	4	.05	10.385	.264	.034	Rejected
3	Both men and women have fears regarding the side effects of family planning methods	4	.05	10.385	.264	.034	Rejected
4	Men influence women's use of family planning methods	3	.05	9.756	.256	.021	Rejected
5	The use of contraceptives affects the existence of harmonious relations in homes	4	.05	9.982	.259	.041	Rejected
6	Men prevent the use of family planning methods	4	.05	29.148	.422	.000	Rejected
7	Men fear that women's use of contraceptives makes them uncontrollable	4	.05	9.945	.258	.041	Rejected

Field Data

The results in Table 11 indicate chi- square values between of 9.982 and 29.148 at a calculated probabilities (Asymp. Sig) .000 – .041. Using the probability approach, and considering the results, gender influences the usage of family planning methods. This is because the calculated probabilities are lower than  $\alpha$  – level 0.05 level of significance.

#### **4.4.3.0 Cross Tabulations for Statistics of Hypothesis One**

Tables 5-11 are cross tabulations of the data, wherein the numbers in each cell represent the percentages of those who responded accordingly.



#### 4.4.3.1 Men’s Approval of the Use of Family Planning Methods

On this item, the study tried to establish the differences in approval of use of family planning between men and women. The results are presented in Table 5.

**Table 5: Cross-Tabulation of gender and Men Approval the Use of Family Planning Methods**

Item	Men approve the use of family planning					Total
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
Male	9	12	8	38	3	70
	47.4%	24.0%	50.0%	64.4%	60.0%	47.0%
Female	10	38	8	21	2	79
	52.6%	76.0%	50.0%	35.6%	40.0%	53.0%
Total	19	50	16	59	5	149
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Field Data

Table 5 shows that there is a difference in opinion between men and women on the men’s approval of family planning methods. Whereas generally women are the major users of family planning, they largely indicated that men did not approve the use of family planning. On disagreement 38 (76.0%) women disagreed while 12 (24.0%) men disagreed, 10 (52.6%) of the women strongly disagreed and 9 (47.4%) men strongly disagreed. However, 3 (60.0%) of the men strongly agreed with 2 (40.0%) women strongly agreeing, 38 (64.4%) of the men agreed and 21 (35.6%) of the women agreed. Respectively however, 8 (50.0%) of both men and women were undecided. These results show that there is difference in opinion on men’s approval of family planning methods with women largely indicating that the men did not approve of the family planning methods.

During the interviews with the respondents the majority of the response obtained 70% showed that many most men did not approve family planning methods. One male respondent stated that, “my wife may die from diseases such as cancer accruing from the use of contraceptives” while one female respondent stated that; “My husband thinks that the contraceptives are for prostitutes who do not want to have children to bother them. He is not bothered about the burden of looking after the children.”

In the responses of the key informants, all of them were generally in agreement. Their views generally indicated that men largely do not support family planning. One respondent said that, “many men think that contraceptives damage the sexuality of women and reduces enjoyment.” Another one indicated that, “men want to produce and have large families for the sustenance of the clan.” This thus means that men largely do not approve of family planning.

#### 4.4.3.2 Men and Women Use Family Planning Methods

This item looks at the differences in the use of family planning between men and women. This aimed at establishing which gender category uses family planning more than the other. Table 6 presents the results.

**Table 6: Cross-Tabulation of Men and Women Use Family Planning Methods**

Item	Men approve the use of family planning					Total
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
Male	9	12	8	38	3	70
	47.4%	24.0%	50.0%	64.4%	60.0%	47.0%
Female	10	38	8	21	2	79
	52.6%	76.0%	50.0%	35.6%	40.0%	53.0%
Total	19	50	16	59	5	149
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

**Field Data**

Data in Table 6 presents a comparison of statistics between men and women on the men use of family planning methods. On this item, still the majority of women that is 38 (76.0%) disagreed with only 12 (30.0%) men disagreeing. Still the larger number of women 10 (52.6%) strongly disagreed and 9 (47.4%) men strongly disagreed. Men were only more when it came to agreeing with the item that is 38 (64.4%) and 21 (35.6%) women agreed. The men 3 (60.0%) strongly agreed with 2 (40.0%) of women strongly agreeing. A critical analysis of these results shows that women generally believe that men do not use family planning methods.

During the interviews with the respondents, to the question concerning what family planning methods existed for men, different methods were pointed out. These include sterility, use of condoms and abstinence during safe periods of women and withdrawal among others. When asked about men's use for family planning methods was, several views were presented which however indicate that men do not largely use family planning methods. One female respondent stated that, "men say that they do not have full sexual satisfaction when they use condoms." Another stated that "men are selfish; they would want the women to take sterility but not them." The views expressed by women were generally the same views expressed by the men. In a response representing the general views of men, one respondent stated that, "Family planning methods are an affair of women. They are the ones to regulate the spacing of children through protecting themselves from getting pregnant." Similar views were presented by key informants. They generally indicated that most men lack information on family planning methods because they do not go to the dispensaries with the women nor attend sensitisation meetings on family planning.

#### 4.4.3.3 Men and Women Fears regarding the Side Effects of Family Planning Methods

This item looks at the fears men and women have regarding the side effects of family planning. The study on this looked at which gender category has more fears regarding the side effects of family planning than the other. The results are presented in Table 7.

**Table 7: Cross-Tabulation on both Men and Women having Fears regarding the Side Effects of Family Planning Methods**

Item	Both men and women have fears regarding the side effects of family planning methods					Total
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
Male	1	7	8	51	3	70
	11.1%	26.9%	53.3%	54.8%	50.0%	47.0%
Female	8	19	7	42	3	79
	88.9%	73.1%	46.7%	45.2%	50.0%	53.0%
Total	9	26	15	93	6	149
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Field Data

The statistics in Table 7 show that still there is a difference between men and women in the holding of fears towards family planning methods. On disagreement, the majority who disagreed were women 19 (73.1%) with only 7 (26.9%) men disagreeing and 8 (88.9%) women strongly disagreed with 1 (11.1%) man strongly disagreeing. However, 51 (54.8%) of the men agreed with 42 (45.2%) of the women agreeing and for both 3 (50.0%) strongly agreed respectively. Even more men were undecided, that is 8 (53.3%) with 46.7% women being undecided. These results mean that the magnitude of the fears to the family planning of men and women differ. With men having more fears towards family planning methods hence less likely to take up family planning methods. This is because the larger population of the males indicated that both Men and Women having fears regarding the side effects of family planning methods.

#### 4.4.3.4 Men’s Influence on Women’s use of Family Planning Methods

This item studies the influence of men on women’s use of family planning. This aimed at establishing if the men had a great influence on the female use of family planning. Table 8 presents the finding of the study.

**Table 8: Cross-Tabulation on Men Influencing Women’s use of Family Planning Methods**

Item	Men influence women's use of family planning methods				Total
	Disagree	Undecided	Agree	Strongly Agree	
Male	3	9	42	16	70
	100.0%	60.0%	42.0%	51.6%	47.0%
Female		6	58	15	79
		40.0%	58.0%	48.4%	53.0%
Total	3	15	100	31	149
	100.0%	100.0%	100.0%	100.0%	100.0%

Field Data

Statistics presented in Table 8 indicate that men influence women’s use of family planning methods. Both the men and women agreed. A few men disagreed that is only 3 (100.0%) men and no woman disagreed. Only 9 (60.0%) men were undecided and 6 (40.0%) women were undecided. However, the larger majority on both male and females agreed, that is 58 (58.0%) women agreed and 42 (42.0%) men agreed. Those who strongly agreed were 15 (48.4%) women and 16 (51.6%) men. Since the majority of the respondents of both men and men agreed that men influence women’s use of family planning, this means that gender influences the usage of family planning.

The responses obtained from the interviews support the cross tabulations above. When asked how the men influence the use of family planning methods, generally it was indicated that

women take the decisions of the men. If the men encourage them to take up family planning methods, they follow. When the men object to the family planning methods, the women oblige. During the interviews with the key informants, it was pointed men in most cases oppose the women use of family planning methods. One respondent pointed out that, “Some men cannot offer their wives money for uptake of family planning methods.” Another stated that, “men treasure a high number of children even a midst poverty and so refuse their wives from taking up family planning methods.” These views thus show that men influence women uptake of family planning methods.

#### 4.4.3.5 Use of Contraceptives and the Existence of Harmonious Relations in Homes

This item looked at the effect of family planning methods on the relations between men and women in the homes. This aimed at establishing if family planning helped men and women to have better relations or if it disturbed the harmony in homes. Table 9 presents the results.

**Table 9: Cross-Tabulation on the Use of Contraceptives Affects the Existence of Harmonious Relations in Homes**

Item	The use of contraceptives affects the existence of harmonious relations in homes					Total
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
Male	6	19	10	22	13	70
	60.0%	61.3%	55.6%	32.8%	56.5%	47.0%
Female	4	12	8	45	10	79
	40.0%	38.7%	44.4%	67.2%	43.5%	53.0%
Total	10	31	18	67	23	149
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Field Data

Data presented in Table 9 shows that the use family planning methods affects the existence of harmonious relations in homes. This was largely agreed to by the women 45 (67.2%) and even a

large number of men 22 (32.8%). Those who strongly agreed were 10 (43.5%) females and 13 (56.5%). Those who strongly agreed were 10 (43.5%) women and 13 (56.5%) women. For those disagreeing, 19 (61.3%) men and 12 (38.7%) women disagreed and 6 (60.0%) males strongly disagreed and 4 (40.0%). Those who were undecided were 10 (55.6%) males and 8 (44.4%). Looking at these results, it is seen that women are largely the ones that fear the rise acrimony in homes as a result of family planning methods because the majority of women were the ones in agreement.

During the interviews, views that agree with the statistical data above were presented. One female respondent stated that; “When I developed the problem of excessive bleeding following the use of pills, my husband blamed for being big headed by adopting family planning methods carelessly. Consequently, he ended up taking a second wife.” Another respondent stated that; “My husband insisted that I take sterility but later married another wife and this did not show the importance of family planning methods since more children were to come and we have never been happy again.”

The above views are similar to the views presented by the key informants. They generally indicated that men complain not enjoy sex when they use condoms, quarrel over sterility because they fear that their children may die in future hence become unable to produce other ones and some think that they women use family planning methods in order to have extra marital relations. Consequently, this destroys the harmony in homes.

#### 4.4.3.6 Men and the Preventing of Females the Use of Family Planning Methods

This item tried to establish is men played a role in preventing the usage of family planning methods. This aimed at establishing if men were among the factors for the low uptake of family planning methods. Table 10 presents the results.

**Table 10: Cross-Tabulation on Men Preventing the Use of Family Planning Methods**

Item	Men prevent the use of family planning methods					Total
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
Male	8	21	18	12	11	70
	66.7%	75.0%	66.7%	22.2%	39.3%	47.0%
Female	4	7	9	42	17	79
	33.3%	25.0%	33.3%	77.8%	60.7%	53.0%
Total	12	28	27	54	28	149
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Field Data

According to Table 10, the majority of 42 (77.8%) agreed but only a small number of men 12 (22.2%) agreed. Still a large number of women 17 (60.7%) strongly agreed and 11 (39.3%) men. However, a sizeable number of men 21 (75.0%) disagreed that men prevented the use of family planning methods but a small number of women 7 (25.0%) disagreed. Those who strongly disagreed were 8 (66.7%) and 4 (33.3%). This shows the difference between men and women in their outlook on the use of family planning methods. This is because largely the women indicated that men prevented the use of family planning.



#### 4.4.3.7 The Fear of Men that Women’s Use of Contraceptives makes them Uncontrollable

This item studied one of the reasons for men’s refusal of women from uptake of family planning methods, that is the fear that contraceptives uptake make men think that their wives are likely to become uncontrollable. Table 11 presents the statistics on the item.

**Table 11: Cross-Tabulation on Men Fear that Women’s Use of Contraceptives makes them Uncontrollable**

Items	Men fear that women's use of contraceptives makes them uncontrollable					Total
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
Male	5	22	8	32	3	70
	62.5%	61.1%	66.7%	38.6%	30.0%	47.0%
Female	3	14	4	51	7	79
	37.5%	38.9%	33.3%	61.4%	70.0%	53.0%
Total	8	36	12	83	10	149
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Field Data

The statistics presented in Table 11 show that men fear that women use of contraceptives makes them uncontrollable. However, this perception differs according to gender. This is because the larger number of women 51 (61.4%) besides a fair number of men 32 (38.6%) agreed. Those who strongly agreed were 3 (30.0%) men and 7 (70.0%) women. Then 22 (61.1%) men disagreed, 14 (38.9%) women disagreed, 5 (62.5%) men strongly disagreed and 3 (37.5%) women disagreed. These results show that the generally the majority of respondents for both men and women agree that men fear that women’s use of contraceptives makes them uncontrollable.

However, the fact that the women who are the common users of family planning methods indicate that men fear that women's use of contraceptives makes them uncontrollable, it indicates that men fear the women use of contraceptives in order to keep their control over them.

**4.4.3 Hypothesis (H1) Two: There is a relationship between Cultural beliefs and usage of family planning methods**

**4.4.4 Hypothesis Two Test**

Hypothesis (H1) Two was carried out on the Null Hypothesis (Ho) which stated that there is no relationship between Cultural beliefs and usage of family planning methods. The results of this hypothesis are presented using Pearson correlation coefficient between the index of cultural beliefs and usage of family planning methods.

**Table 12: The Correlation between Cultural Beliefs and Usage of Family Planning Methods**

		Cultural Beliefs	Usage of Family Planning Methods
Cultural Beliefs	Pearson Correlation	1	.521
	Sig. (2-tailed)	.	.000
	N	149	149
Usage of Family Planning Methods	Pearson Correlation	.521	1
	Sig. (2-tailed)	.000	.
	N	149	149

\*\* Correlation is significant at the 0.01 level (2-tailed).

Field data

Table 12 shows that the value of the coefficient equals to .521. This value is moderately positive, and it means that there is some relationship between cultural beliefs and usage of family planning methods. The sig. value for the correlation was equal to .000 which was less than the level of significance (.05) which led to the rejection of the null hypothesis that there is no

relationship between cultural beliefs and usage of family planning methods. Thus the results indicate that there is a significant relationship between cultural beliefs and usage of family planning methods. Here under the study looks at the descriptive statistics of each item studied independently.

#### **4.4.4.1 Community Valuing of Production of Many Children and Uptake of Family Planning Methods**

This item of the study correlated item 8 on if the community valued the production of many children with item 13 on if the treasuring of many children influenced the taking up of family planning methods. This aimed at establishing if the treasuring of many children influenced the taking up of family planning methods. The statistics on the item concerning community valuing the production of many children, the descriptive statistics are the higher percentage of 55% respondents agreed besides 5.4% who strongly agreed. Those who were undecided were 6.0%, 27.5% disagreed and 9% strongly disagreed. Since the majority were in agreement with the item, this means that the community values the production of many children. On the valuing of children influencing the usage of family planning methods presented in item 13, the descriptive results are the same as for item eight. The majority of 43.6% and 32.2% agreed and strongly agreed respectively. Only 18.1% disagreed and 6.0% strongly disagreed. This means that there is community valuing of production of many children and this influences the usage of family planning methods.

In the interviews with the respondents, they gave views that indicated that the community valuing of many children influenced the use of family planning methods. One respondent stated

that, “many children mean preservation of the clan, therefore I can take on family planning when I have at least six children.” Another respondent said that, “my husband was born alone and I have to produce enough children to compensate his lack of brothers and sisters.” One male respondent in particular said, “what if any of my children died how I would replace him if my wife carried out family planning.” These were the same views articulated by the key informants. They all indicated that as long as people had the food for their families, they did not care about family planning as they believe in having many children.

#### **4.4.4.2 The Taking of Decisions by Men and Uptake of Family Planning Methods**

This item concerned if cultural practice of decisions being taken by men in the home and influenced family planning methods uptake. When asked if the decisions were taken by men in the homes, the larger number of the respondents 49.7% and 21.5% agreed and strongly agreed respectively. Those who were undecided were 5.4% and those in disagreement were only 17.4% and 6.0% disagreeing and strongly disagreeing. Regarding if the taking of decisions by men influenced family planning methods, the majority of the respondents 53.0% and 10.7% agreed and strongly agreed respectively. Those who were undecided were 6.7% and 22.8% and 6.7% disagreed and strongly disagreed respectively. These statistics show that culturally men influence the uptake of family planning.

During the interviews, the respondents confirmed that men take decisions in the homes and thus influence family planning methods uptake. All the respondents including the key informants indicated that the decisions were taken by men. One female respondent stated that, “Of course I cannot do anything without the acceptance of my husband.” She further remarked that, “I have

not taken up family planning because he still wants more children.” One man said, “If my wife chose to take up family planning without consulting me, I would chase her way and marry another.” The views expressed here show that culturally family planning uptake requires the decision of the man.

#### **4.4.4.3 Taboos, Rituals and Norms Regarding the Production of Children and Uptake of Family Planning Methods**

The descriptive statistics on this item that is, there being taboos, rituals and norms regarding the production of children also agree with the results of the test statistics. The majority of the respondents 49.0% and 26.2% agreed and strongly agreed respectively. Those who were undecided were 7.4% and those not in agreement were 13.4% disagreeing and 4.0% strongly disagreeing. As to whether the norms regarding the production of children influence uptake of family planning methods, the respondents also were in agreement. The majority of the respondents 46.3% and 11.4% agreed and strongly agreed respectively. Those who disagreed were 26.8%, 4.7% strongly disagreed and 10.7% were undecided. This means that there are taboos, rituals and norms regarding the production of children influence uptake of family planning methods.

During the interviews, the respondents were asked to tell the taboos, rituals and norms regarding the production of children. Some of those pointed out included, fear of death in case one produced few children, having many children as old age security, having children as reincarnation of the ancestors, having young children to keep the family warm when the old ones start their homes and move away to find work and a wife who has many children is respected and

a guarantee for her to not to be divorced. Looking at these views, it becomes clear that taboos, rituals and norms regarding the production of children influence uptake of family planning methods.

#### **4.4.4.4 Existence of commonly used contraceptives in the communities and uptake of family planning methods**

The descriptive statistics concerning this item seeking if there were contraceptive methods that are commonly used by the communities which are socially acceptable hence influencing the uptake of family planning methods are in agreement with the results of the test statistics. The statistics indicate that culturally acceptable contraceptive methods are the ones largely taken on by the people. Those who agreed that there are culturally accepted methods were 50.3% and 22.1% agreeing and strongly agreeing respectively and 11.4 were undecided. Those in disagreement were only 10.7% disagreeing and 5.4% strongly disagreeing. On when these methods are the ones taken up by the people, still the results gave a similar picture. The majority of 61.7% agreed, 27.5% strongly agreed, 5.4% were undecided and only 5.4% were undecided. This means that there are culturally socially accepted methods of family planning and these are the ones taken up by the people.

During the interviews with the respondents including the key informants, it was pointed out that the available culturally acceptable methods of family planning were; separated beds in case a woman produced, long periods of breast up to three years, safe periods and the use of local herbs. It was pointed out that these are accepted forms of family planning because they do not harm the health of the mother as they do not have side effects. Apparently, modern methods of family

planning were feared because they were presumed to cause cancer, deformity in children produced after using them, excessive bleeding, obesity and body weakening of the body. This thus means that people take up contraceptive methods that are commonly used in the community and are socially acceptable.

#### **4.4.4.5 Peer Influence and the Uptake of Family Planning Methods**

On this item, the study looked at if there was up take of family planning methods by men in the community and if this made other men to take up family planning methods. The results on this indicate that there was little uptake of family planning methods by men and so few men taking up family planning methods. This is because the majority of 48.3% disagreed and 7.4% strongly disagreed with 9.4% remaining undecided. Those who agreed that there was uptake of family planning methods were only 28.2% and 6.7% strongly agreed. However, for the item concerning if uptake of family planning methods men has makes many to take family planning methods gave positive results. Most respondents 38.3% and 27.5% agreed and strongly agreed respectively. Those who disagreed were only 20.1% and 14.1% strongly disagreed. This means that if there is community uptake of family planning methods by community members, then many will end up adopting them.

#### **4.4.5 Hypothesis (H1) Three: The Level of education influences usage of family planning Methods**

Hypothesis test was carried out on the Null Hypothesis (Ho) which stated that, the level of education has no influence on the usage of family planning methods. The results of this

hypothesis were tested with chi-square and established phi-coefficient. Then there follows presentation of cross tabulations and backed by responses from the interviews.

#### 4.4.6 Hypothesis Three Test

Hypothesis testing was carried out using chi-square for independence to establish if there is independence between the level of education and usage of family planning methods. Phi-coefficient was also established to establish the extent of the effect. The results are presented in Table 13.

**Table 13: Chi-Square Test and Phi-Coefficient on the Level of Education and the Usage of Family Planning Methods**  
Field Data

According to Table 13, the results indicate chi- square values between of .667 and 127.909 at a calculated probability (Asymp. Sig) .000. Using the probability approach, and considering the

Q	Question items	df	p	$\chi^2$	phi	Asymp. Sig	Ho
1	Family planning is good for your family	8	.05	96.460	.805	.000	Rejected
2	Adopted the use of family planning methods to prevent unwanted pregnancy	6	.05	66.349	.667	.000	Rejected
3	A small family is ideal for you	8	.05	71.047	.691	.000	Rejected
4	You have access to family planning information	6	.05	127.909	.927	.000	Rejected

results, it is concluded that gender influences the usage of family planning methods. This is because the calculated probabilities are lower than  $\alpha$  – level 0.05 level of significance. Therefore the null hypothesis that the education level has no influence on the usage of family planning methods is rejected and the research hypothesis that the education level influences the usage of



family planning methods is accepted indicating independence of gender in the usage of family planning methods.

#### 4.4.7.0 Cross Tabulations for Statistics of Hypothesis Three

Tables 14-17 are cross tabulations of the data, wherein the numbers in each cell represent the percentages of those who responded accordingly.

#### 4.4.7.1 Female Education Levels and Uptake of Family Planning Methods

This item aimed at establishing which category of education level of women used family planning than the other. The levels of education presented were, primary education, secondary education and post secondary education. The statistics on the item are presented in Table 14.

**Table 14: Cross-Tabulation on the Female Education Levels and Uptake of Family Planning Methods**

Item	Family planning if good for your family					Total
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
Primary education	24	20	17	20	4	85
	100.0%	100.0%	100.0%	26.3%	33.3%	57.0%
Secondary education				36		36
				47.4%		24.2%
Post secondary education				20	8	28
				26.3%	66.7%	18.8%
Total	24	20	17	76	12	149
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Field Data

The statistics in Table 14 show that there is a difference in the perception of the usage of family planning between the people of the different levels of education. This is because all the respondents with post secondary education indicated that family planning was good for their

families. For the females with post secondary education, all the 20 (26.3%) while those with secondary education all the 36 (47.4%) agreed. However, those with primary education, the larger number of 24 (100.0%) strongly disagreed, 20 (100.0%) disagreed and 17 (10.0%) were undecided. These statistics thus show that there is use of family planning more in the highly educated category than in those with very low education.

The views obtained during the interviews realm with the statistics obtained above. During interviews one woman with post secondary education said, “A small family is good for me because I can easily afford it quality standards of living.” Another stated that, “we do not have enough resources to look after a big family and that is why I stopped producing after children.” However, during the interviews with the respondents from the category of primary education many of the views did not support family planning. One respondent stated that, “I would want to take up family planning, but what if my children died.” Another said that “producing many children is the security for my marriage as my husband cannot have the chance of divorcing me.” And another said that, “the family of my husband and even my mother cannot accept family planning, they want more children.” Related views were even expressed by the key informants.

#### 4.4.7.2 Education Level and Usage of family planning methods from unwanted or unplanned pregnancies

This item considered the usage of family planning methods to prevent unwanted or unplanned pregnancies. This aimed at establishing the category of the respondents that used protection from unwanted pregnancy than the other. The results are presented in Table 15.

**Table 15: Cross-Tabulation on adoption of the use family planning methods from unwanted or unplanned pregnancies**

Item	As a family you have adopted the use family planning methods from unwanted or un planned pregnancies				Total
	Strongly Disagree	Disagree	Agree	Strongly Agree	
Primary education	21	50	10	4	85
	70.0%	89.3%	24.4%	18.2%	57.0%
Secondary education	6		16	14	36
	20.0%		39.0%	63.6%	24.2%
Post secondary education	3	6	15	4	28
	10.0%	10.7%	36.6%	18.2%	18.8%
Total	30	56	41	22	149
	100.0%	100.0%	100.0%	100.0%	100.0 %

Field data

The statistics in Table 15 show the differences in the usage of family planning methods between the categories in the levels of education of the respondents. Accordingly respondents with secondary and post secondary education used family planning methods the more. For those with post secondary education, the majority of 15 (36.6%) agreed followed by 16 (39.0%) of those with secondary education. Only a small number of those primary education 10 (18.2%) agreed. Those who strongly agreed were 4 (18.2%) post secondary education, 14 (63.6%) of secondary education and 4 (18.2%) of primary education. However, a big number of those with primary

education 50 (89.3%) disagreed and 21 (70.0%) strongly disagreed. This means that people from the higher category levels of education use family planning methods the more.

#### 4.4.7.3 Education Level and the size of the Family

This item looked at the size of families preferred by the people in different category levels of education. On this the respondents were asked to tell if a small family was ideal for them. The results are presented in Table 16.

**Table 16: Cross-Tabulation on a Small Family being Ideal**

Item	A small family is ideal for you					Total
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
Primary education	11	53	10	7	4	85
	100.0%	89.8%	100.0%	15.6%	16.7%	57.0%
Secondary education		4		23	9	36
		6.8%		51.1%	37.5%	24.2%
Post secondary education		2		15	11	28
		3.4%		33.3%	45.8%	18.8%
Total	11	59	10	45	24	149
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Field Data

The statistics in Table 16 show that the highly educated prefer smaller families than the less educated. Whereas those with primary education were the majority respondents, on the need for small families those with higher education produced higher statistics. The larger number of those with post secondary education 15 (33.3%) agreed with the question item, 23 (51.1%) of those with secondary education agreed and only 7 (15.6%) of those with primary education agreed. Also, 11(45.8%) of those with post primary education strongly agreed, 9 (37.5%) of those with

secondary education strongly Agreed and only 4 (16.7%) of those with primary education agreed. However, a large number of those with primary education disagreed 53 (89.8%) and 11 (100.0%) strongly disagreed. This means that it is those with higher levels of education that look at small families as being ideal.

During the interviews, the preference for large families was re-echoed by the respondents with lower levels of education. One respondent who indicated that she had 9 children stated that, “a large family gives me comfort as I have those who will look after me in old age.” Another stated that, “many children provide company and the children do not feel loneliness and have those to defend them.” However, during interaction with those with secondary education and above, the desire for small families was expressed. One respondent stated that, “If you have a large family, you cannot afford it the basic needs of life.” Another stated that, “Times have changed, a small family is fashionable and those with large families are laughed at.” The views expressed above show that largely it’s those with higher levels of education that prefer smaller families the more.

#### **4.4.7.4 Education Level and Access to Family Planning Information**

This item considered the access to family planning information by respondents with different categories of education. This aimed at establishing the category of education level that has more access to family planning. The statistics are presented in Table 17.

**Table 17: Cross-Tabulation on access to Family Planning Information**

Item	You have access to family planning information				Total
	Strongly Disagree	Disagree	Agree	Strongly Agree	
Primary education					
	34	27	20	4	85
	100.0%	100.0%	29.4%	20.0%	57.0%
Secondary education			36		36
			52.9%		24.2%
Post secondary education			12	16	28
			17.6%	80.0%	18.8%
Total	34	27	68	20	149
	100.0%	100.0%	100.0%	100.0%	100.0%

Field Data

The statistics in Table 17 show that the different category levels of education have varied access to family planning information. All those with secondary and post secondary education agreed and strongly agreed that they had access to family planning information. However, for those with primary education, a large number of 27 (100.0%) and 34 (100.0%) strongly disagreed and disagreed respectively. This means that the primary education level category had less access to family planning information than those with secondary and post secondary education.

During the interviews with the respondents including the key informants, it was established that those with secondary and post secondary education had access to antenatal care information, some read news papers, listened to news on the radio and some of them participated in primary health care as members of Village Health Teams and some were teachers with access to health books. However, for those with primary education they do have access to this information and even some do not have capacity to comprehend the information. The only available sources of information are when they make antenatal care visits to clinics and health centres and from

village health team sessions in their villages and homes. Generally therefore, it's the highly educated women who have easy access to information.

**CHAPTER FIVE**  
**SUMMARY OF FINDINGS, DISCUSSION, CONCLUSIONS AND**  
**RECOMMENDATIONS**

**5.1 Introduction**

This chapter presents the discussion of the results derived from the data presented in Chapter Four. The discussion leads to varying conclusions and a number of recommendations that are presented later.

The study investigated the usage of family planning methods in Kabale District, Kyanamira Sub County. The investigations of the study were based on the objectives of the study that aimed at determining if gender influences the usage of family planning methods, finding out the influence of cultural beliefs on the usage of family planning methods and how level of education influences usage of family planning methods.

**5.2.0 SUMMARY OF FINDINGS**

**5.2.1 Gender Influences the Usage of Family Planning Methods**

The study established that gender influences the usage of family planning methods. This is because the study found that men unlike do not largely approve of family planning methods. Think that contraceptives are for prostitutes, they damage the sexuality of women, reduce enjoyment and large families help in the sustenance of the clan. Also men largely do not use family planning methods. Men believe that contraceptives like condoms deny them full sexual satisfaction and want the women to be the ones to take up family planning like sterility. Men



think that family planning methods are an affair of women. Besides, men have more fears than women towards family planning methods and so they are less likely to use them than the women. Men fear women uptake of family planning methods because they think family planning makes them uncontrollable hence a negative attitude towards family planning methods. Men argue that when women stop producing children, they become irresponsible and spend time moving up and down instead of attending to the family. They also believe that when women stop producing, they once again become younger and begin to want young men. They also keep attending meetings and workshops after another neglecting the homes.

### **5.2.2 The Relationship between Cultural Beliefs and the Usage of Family Planning Methods**

The study also established that there is relationship between cultural beliefs and usage of family planning methods. Apparently, there is community valuing of production of many children and this influences the usage of family planning methods. Accordingly, many children mean preservation of the clan, many children help to compensate where the husband lacks siblings and prevents complete loss in case of death of some of the children. Still family planning uptake requires the decision of men. Women cannot do anything without the acceptance of the men yet most men want more children. If a woman chose to take up family planning without consulting the man, it could even lead to divorce. Also taboos, rituals and norms regarding the production of children influence uptake of family planning methods. There are taboos rituals and norms like fear of death in case one produced few children, having many children being old age security, children being reincarnation of the ancestors, young children keeping the family warm when the old ones start their homes and move away to find work and respect for the wife who has many children. Then culture influences the uptake of socially accepted methods of family planning and

these are the ones taken up by the people. Such culturally acceptable methods of family planning are; separated beds in case a woman produces, long periods of breast up to three years, safe periods and the use of local herbs. These are accepted forms of family planning because they do not harm the health of the mother as they do not have side effects. Apparently, modern methods of family planning are feared because they are presumed to cause cancer, deformity in children produced after using them, excessive bleeding, obesity and body weakening of the body. And if there is community uptake of family planning methods by community members, then many will end up adopting them. This is because it means community approval hence becoming socially acceptable.

### **5.2.3 Level of Education Influences Usage of Family Planning Methods**

The study found out that the level of education influences the usage of family planning methods. People of different categories of education consider family planning differently with people of higher education considering its use the more. Educated people think that a small family is good to afford it quality standards of living, consider lack of adequate resources to look after a big family while the uneducated fear family planning because of fear of death of some of the children and many children are seen as security for my marriage the husband cannot have the chance of divorcing the wife with many children. Still, people from the higher category levels of education use family planning methods the more. This is because they have more knowledge about contraception, family planning, and methods for family planning. Besides, people with higher levels of education prefer smaller families the more than people of lower education. People with lower education think that, large families give comfort as they are insurance for old age. Many children provide company and the children do not feel loneliness and have

those to defend them. However, for the educated a small family makes it easy to afford basic needs of life. Above all, with modernity, a small family is seen as being fashionable and those with large families are laughed at. And people with less education have lower access to family planning information than those with secondary and post secondary education. It people with higher levels of education that have access to antenatal care information, newspapers, listen to radios, some participate in primary health care as members of Village Health Teams and some were teachers with access to health books. However, for those with primary education they do have access to this information and even some do not have capacity to comprehend the information.

### **5.3.0 Discussion of the Findings**

#### **5.3.1 Gender Influences the Usage of Family Planning Methods**

In the first place, the study found out that men do not largely approve use of family planning. Accordingly, men fear that their wives may die from diseases such as cancer accruing from the use of contraceptives. There even those who think contraceptives are for prostitutes who do not want to have children to bother them. For many men contraceptives damage the sexuality of women and reduce enjoyment. Above all, they want to produce and have large families for the sustenance of the clan.” This finding is in agreement with the findings of the study carried out by Roudi and Ashford (2006) in Egypt. They observed that few Egyptian men were using condom, male sterilisation, withdrawal, or periodic abstinence. This as with the finding of the study thus means that men do not largely approve of family planning methods.

The study established that largely men do not use family planning because they lack information on family planning. This is because they do not go to the dispensaries with the women nor attend sensitisation meetings on family planning. Whereas the men were aware of the different family planning methods such as sterility, use of condoms and abstinence during safe periods of women and withdrawal among others, they did not use them. Some men think that they may not have full sexual satisfaction when they use condoms. Others believe that Family planning methods are an affair of women. They are the ones to regulate the spacing of children through protecting themselves from getting pregnant.

The above finding that largely men do not use family planning methods is supported by other scholars. Roudi and Ashford (2006) in their study in Egypt found that slightly more than 18 percent of married men surveyed reported having used a male method of contraception in the past, but vasectomy was extremely rare even though 60 percent of the surveyed men indicated desiring to have no more children. Men were more familiar with female family planning methods than male methods. This as with the finding of the study shows that men do not use family planning methods as even they are not familiar with their methods of family planning.

It was also established that the fear of about the effects of family planning affect their use. This fear is shared by both men and women though the magnitude of the fears to the family planning of men and women differ. Men had more fears towards family planning methods hence less likely to take up family planning methods. This finding that the fear of about the effects of family planning affects their use is shared by other scholars. Schuler et al (1995) indicate that in Bangladesh there is fear of contraceptive technologies and procedures (such as Intrauterine

Device – IUD insertion, sterilisation) and bad experiences in using contraceptive methods often inhibit adoption of contraceptive methods, contribute to sporadic use and discontinuation and create ongoing anxiety among contraceptive users. Accordingly, both men's and women's fears about contraceptive technologies often relate to their perception that harmful side effects may result in economic losses. They often feel that their lack of economic resources makes contraceptive use more risky for them than for people who are better off. However, the only difference established by this study is that men have more fears than women towards family planning methods meaning that they are less likely to use them than the women.

The study then found out that men influence women uptake of family planning methods. Accordingly, women take the decisions of the men. If the men encourage them to take up family planning methods, they follow. When the men object to the family planning methods, the women oblige. During the interviews with the key informants, it was pointed men in most cases oppose the women use of family planning methods. Some men cannot offer their wives money for uptake of family planning methods. And above all, men treasure a high number of children even a midst poverty and so refuse their wives from taking up family planning methods.

Schuler et al (1995) agree with above finding that men influence women uptake of family planning methods. They indicate that in using contraceptives, as in most of what they do, Bangladeshi women are extremely dependent and vulnerable. Women fear they will be blamed if something goes wrong. Accordingly, divorce or desertion is the repercussion most feared by women who use contraceptives without their husband's consent. More commonly, women are subjected to verbal and physical abuse. In addition, many women perceive contraception as risky

because they have heard about or experienced side effects. They know that they are dependent on others to pay for, arrange or provide treatment, and they feel uncertain that such treatment would be forthcoming if needed. Because women are not perceived as economically productive, their husbands and in-laws often feel that it is wrong for them to incur expenses. Thus as with the finding of the study men influence family planning uptake by women.

The study then found out that family planning methods destroy the harmony in homes. For instance when women develop problems like excessive bleeding following the use of pills husbands blame them for being big headed by adopting family planning methods carelessly. Consequently, they end up taking second wives. Some women insist that women take sterility but later marry other wives and this thus does did not show the importance of family planning methods since more children come and the family is never been happy again. Generally men complain not enjoy sex when they use condoms, quarrel over sterility because they fear that their children may die in future hence become unable to produce other ones and some think that they women use family planning methods in order to have extra marital relations. Consequently, this destroys the harmony in homes.

The above finding that family planning methods destroy the harmony in homes is agreed to by other scholars. Schuler et al (1995) indicate that in using contraceptives, as in most of what they do, Bangladeshi women are extremely dependent and vulnerable. Women fear they will be blamed if something goes wrong. Divorce or desertion is the repercussion most feared by women who use contraceptives without their husband's consent. More commonly, women are subjected to verbal and physical abuse. This further supported by Bawah et al (1999) who explains that

some women fear that their husbands' disapproval of contraceptive use can lead to withholding affection or sex or their preference for another wife. That the threat of such disapproval is serious, especially in a polygamous society with weak conjugal bonds and a high degree of separateness among spouses. Sometimes family planning is perceived as a rival that interferes with harmonious spousal relationships. It may even be considered grounds for divorce. Women use contraceptives secretly to protect their interests and to maintain peaceful family relationships. This is because of the fears that women have about their husbands' or family's reaction to their using contraceptives. Women hide contraceptive use not only from their husbands but also from other women in their community.

The study established that men influence the use of family planning methods. This is in agreement with the finding of Schuler et al (1995). They state that in using contraceptives, as in most of what they do, Bangladeshi women are extremely dependent and vulnerable. Women fear they will be blamed if something goes wrong. Divorce or desertion is the repercussion most feared by women who use contraceptives without their husband's consent. Apparently, more commonly, women are subjected to verbal and physical abuse. Women know that they are dependent on others to pay for, arrange or provide treatment, and they feel uncertain that such treatment would be forthcoming if needed in case of side effects. Because women are not perceived as economically productive, their husbands and in-laws often feel that it is wrong for them to incur expenses.

Lastly, the study found out that men fear that women uptake of family planning methods makes them uncontrollable hence a negative attitude towards family planning methods. Some men

believe that when women stop producing children, they become irresponsible and spend time moving up and down instead of attending to the family. Others think that women once again become younger and begin to want young men. That because they don't have responsibility, they keep on attending one meeting and workshops after another neglecting the homes.

The finding above that men fear that women uptake of family planning methods makes them uncontrollable agrees with the views expressed by other scholars. Bawah et al (1999), states that the tensions concerning family planning are also felt by men. Accordingly key themes relate to the concern that women will refuse to fulfil their reproductive and sexual obligations, that they will seek sexual satisfaction outside of marriage and possibly abandon their families, that contraceptive use creates conflict among multiple wives, or that a man will lose control of his household if he is not consulted. In more general terms, the possibility that women might act independently is perceived as a threat to the strong, deeply anchored, patriarchal traditions of these communities. This as with the findings of the study shows that, men fear that the uptake of family planning by their wives makes them uncontrollable.

### **5.3.2 The Relationship between Cultural Beliefs and the Usage of Family Planning Methods**

The study found out that community values of production of many children and this influences the usage of family planning methods. Accordingly, many children mean preservation of the clan and many children are an insurance against the death of some of the children. This finding agrees with the views presented by Oladeji (2008). He states that community norms determine individual childbearing preferences and sexual and reproductive behaviour. Accordingly, community and culture affect a person's attitude towards family planning, desired sex of children, preferences about family size, family pressures to have children and whether family



planning accords with customs and religious beliefs. Community norms also prescribe how much autonomy individuals have in making family planning decisions. Household and community influences can be so powerful that they can obscure the line between individual desires and community norms. For instance, in some culture, many women reject contraception because bearing and raising children is the path to respect and dignity in the society. In here it is indicated that community demands like the need for many children can influence the uptake of family planning methods.

Culturally family planning uptake requires the decision of the man according to the study. This because men take decisions in the homes and thus influence family planning methods uptake. On anything to be done in the family, the consent of the man has to be sought. Some men could even chase away their wives if they took on family planning without consulting them. This finding that culturally family planning uptake requires the decision of the man is supported by other scholars. According to Isingo-Abanine (2004) in Nigeria, men generally support the patriarchy system which place high value on high numbers of children and therefore cannot allow their wives to use contraceptives, while a couple may agree to use family planning methods, the kinship system may suppress this agreement. This is also supported by Agyei (2008) who states that the attitude of the husband is subject to constant pressure from other family members. Hence, although husbands may agree that there are benefits in practicing family planning, they may not consider it worthwhile if it causes internal family conflict.

Also, there are taboos, rituals and norms regarding the production of children which influence uptake of family planning methods according to the study. Such include the fear of death in case

one produced few children, having many children as old age security, having children as reincarnation of the ancestors, having young children to keep the family warm when the old ones start their homes and move away to find work and a wife who has many children is respected and a guarantee for her to not to be divorced. Looking at these views, it becomes clear that taboos, rituals and norms regarding the production of children influence uptake of family planning methods. This finding is supported by Ntozi et al., (2001) who report that many customs, taboos, rituals and norms are pro-natalist and that the elders recommended that a woman should not start practicing contraception before she had 6-8 live children including at least 2 sons. This means that culturally family planning methods are not taken up because of cultural beliefs.

According to the study, there are culturally socially accepted methods of family planning and these are the ones taken up by the people. Available culturally acceptable methods of family planning include separated beds in case a woman produced, long periods of breast up to three years, safe periods and the use of local herbs. Accordingly, these are accepted forms of family planning because they do not harm the health of the mother as they do not have side effects. Apparently, modern methods of family planning were feared because they were presumed to cause cancer, deformity in children produced after using them, excessive bleeding, obesity and body weakening of the body. This thus means that people take up contraceptive methods that are commonly used in the community and are socially acceptable.

The finding that contraceptive methods that are commonly used in the community and are socially acceptable are the ones that are taken up is agreed to by other scholars. Rogers and Kincaid (2004) state that, people choose contraceptive methods that are commonly used in their

community because they know that it is socially acceptable to do so, and they tend to know more about these methods. This further supported by Godley (2001) who indicates that that many women use the same family planning method others in their social networks use. And Oladeji (2008) adds that the more widely used method is the more attractive. Accordingly, entire communities may encourage one type of contraceptive based on the choices of early contraceptive users, rather than individual needs. Even when people are aware of the side effects or failures experienced by other users of a method, sometimes they still prefer it because it is familiar.

Lastly the study found out that if there is community uptake of family planning methods by community members, then many will end up adopting them. This is in agreement with the views of Mostafavi et al, (2006) who state that community norm influences men's attitude towards family planning. If a man believes that other men in their family or work place approve use of condom, vasectomy and traditional methods, and also approve men's acceptance of responsibility for family planning, then they will take up family planning. The more a man considers family planning activities to be the responsibility of the woman, the less likely he is to participate in these activities. And the more a man believes that other men in the community approve family planning activities, the more likely he is to use contraceptive methods.

### **5.3.3 Level of Education Influences Usage of Family Planning Methods**

In the first place, the study found that there is use of family planning more in the highly education category than in those with very low education. This because, educated people believe that small families are good for they can easily be afforded quality standards of living. The

educated are worried of the resources required to look after large families. However, lowly educated people have fears like fear of death of the children, producing many children being security for the marriage and obeying demand by family elders for more children. All this shows different attitudes towards family planning methods by people of different levels of education.

The finding that people of different categories of education consider family planning differently is agreed to by other scholars. Gustavo (2003) states that economists consider a woman's education level to be a proxy for her shadow value of time. Accordingly, since raising children is thought to be a time intensive good, as female education levels rise one would expect to see families substitute out of children and into relatively less expensive, market purchased goods. Education may impart skills, like literacy, that can help to alter how women perceive their role in society. Highly educated women might have more bargaining power when making contraceptive decisions within their families. Educated women also choose to have fewer children. An extra year of female schooling reduces female fertility by about 5% to 10%. Therefore, this indicates that the level of education, determines the usage of family planning methods.

The study then found out that people from the higher category levels of education use family planning methods the more. This is in agreement with the study carried out by Radulović et al (2006), they indicate that one third of the women with Primary education estimate their knowledge as unsatisfactory, which makes the highest percentage. The women with primary education use less protection from unwanted pregnancy than women with secondary and higher degree. The state of knowledge about contraception, family planning, and methods for family planning in women with primary education is not satisfactory. This as with the finding of the

study thus shows people with higher levels of education use family planning methods than the people with low levels of education.

People with higher levels of education prefer smaller families according to the study. This is because for those with lower levels of education have beliefs like large families giving them as they have those who will look after them in old age. And many children providing company and the children not feeling loneliness and having those to defend them. However, those with higher levels of education feel that with smaller families, they can afford them basic needs of life. They also believe that times have changed and so small family is fashionable and those with large families are laughed at.

The finding above that it is those with higher levels of education that prefer smaller families the more is in agreement with the views of other scholars. Roudi-Fahimi & Moghadam (2003) explain that educated women generally want smaller families and make better use of reproductive health and family planning information and services in achieving their desired family size. With reference to Morocco, they indicate that Moroccan women with at least some secondary education had, on average, half as many children as women with no education. That most women know something about modern contraception, but more-educated women tend to know about a wider range of available methods and where to get them. This further supported by Mostafavi et al (2006) who state that even men who have post secondary school education are more likely to participate in family planning activities. Generally, increased education appears to have a positive effect on the odds of using contraceptive methods.

#### **5.4.0 Conclusions**

In the findings of the study, many important observations were made and the following conclusions drawn;

##### **5.4.1 Gender Influences the Usage of Family Planning Methods**

Gender influences the usage of family planning methods. Men unlike women do not largely approve of family planning, men largely do not use family planning methods and have more fears than women towards family planning methods and so they are less likely to use them than the women. Men also fear women uptake of family planning methods because they think family planning makes them uncontrollable hence a negative attitude towards family planning methods.

##### **5.4.2 The Relationship between Cultural Beliefs and the Usage of Family Planning Methods**

There is relationship between cultural beliefs and usage of family planning methods. Community values production of many children and this influences the usage of family planning methods. Family planning uptake requires the decision of men and women cannot do anything without the acceptance of the men yet most men want more children. There are also taboos, rituals and norms regarding the production of children influence uptake of family planning methods. Existence of socially accepted methods of family planning influence people to take them up and if there is uptake of family planning methods by community members, then many will end up adopting them. This is because it means community approval hence becoming socially acceptable.

### **5.4.3 Level of Education Influences Usage of Family Planning Methods**

The level of education influences the usage of family planning methods. Educated people think that a small family is good to afford it quality standards of living and consider lack of adequate resources to look after a big family. People from the higher category levels of education use family planning methods the more because they have more knowledge about contraception, family planning, and methods for family planning. They prefer smaller families the more than people of lower education for small families make it easy to afford them basic needs of life. And people with less education have lower access to family planning information than those with secondary and post secondary education hence less chances of using family planning methods.

### **5.5.0 Recommendations**

The study makes the following important recommendations from the findings of the study in relation to the observations made from the findings of the study according to the objectives;

#### **5.5.1 Gender Influences the Usage of Family Planning Methods**

In relation to this, it is recommended that there should be the closing of the gap between genders in the usage of family planning methods. This is because the existing programmes promoting the use of family planning methods have largely concentrated on women. Men should be followed up in the communities and constantly be sensitised about the importance of family planning methods and how to use them. The men also need to be accessed contraceptives like condoms and the other appropriate family planning methods for them. They need to have the knowledge about them.

#### **5.4.2 The Relationship between Cultural Beliefs and the Usage of Family Planning Methods**

Accordingly there should be exclusion and integration of some cultural beliefs in family planning in order to enable appreciation of family planning methods. The notions of the importance of many children should be dispelled and instead the importance of quality children enhanced through community sensitisation meetings, including family planning in the work of community health workers like the Village Health Team members and use of religious and local leaders. People should be helped to adopt quality life to dispel the fear of death of children. This can be through economic empowerment and government provision of enough health staff that are easily accessed by the people. There should also be increased women empowerment to influence decisions in homes such as the uptake of family planning. Socially accepted methods of family planning should be promoted such that they become widely used and even others be familiarised to become part of the culture of the people. The government should intensify the campaign promoting family planning methods such that more people in the communities can take them up as this will make many end up by adopting them.

#### **5.4.3 Level of Education Influences Usage of Family Planning Methods**

From the above item, it is recommended that there should be enabling of many people to reach secondary and post secondary education. Universal secondary education should be accessed to the larger sections of the population and post secondary education made affordable such that many people can take them up. This is because highly educated people have a better attitude towards family planning. People of primary education level have no access to family planning information and even some do not have capacity to comprehend the information.



## **5.6 Contribution of Study**

This study has a significant contribution to the existing pool of knowledge. It presents the literature and facts on Kyanamira Sub County Kabale District on the people's perception of family planning and their usage. The study points out that whereas family planning has largely concentrated on women, men should be followed up in the communities and constantly be sensitised about the importance of family planning methods and how to use them. It also identifies the need for excluding and integrating some cultural beliefs in family planning in order to enable appreciation of family planning methods. Besides it recommends that there should be enabling of many people to reach secondary and post secondary education. Universal secondary education should be accessed to the larger sections of the population and post secondary education made affordable such that many people can take them up. This is because whereas some governments access universal primary and secondary education to the larger sections of the population, post secondary education remains an impossible dream for the poor sections of the society.

## REFERENCES

- Amin, M. E. (2005). *Social Science Research: Conception, Methodology and Analysis*. Kampala: Makerere University.
- Angeles, G., Guilkey, D. K. & Mroz, T. A. (2003). *The Effects of Education and Family Planning Programs on Fertility in Indonesia*. Carolina: Carolina Population Center University of North Carolina.
- Banana, A.Y et al (2004). The Impact of population Density on Forest Management and Use in Uganda. Kampala: Uganda Forestry Research Institute and the Uganda Ministry a/Natural Resources
- Bawah, A. A., Akweongo, P., Simmons, R & Phillips, J. F. (1999). *Women's Fears and Men's Anxieties: The Impact of Family Planning on Gender Relations in Northern Ghana*. Studies in Family Planning, Volume 30 Number 1 March.
- Bagheri, A & Nikbakhsh, B. (2010). *Prevalence of Contraception Usage and Family Planning*. European Journal of Scientific Research ISSN 1450-216X Vol.44 No.3. EuroJournals Publishing, Inc. <http://www.eurojournals.com/ejsr.htm>.
- Burns, B. R. (2000). *Introduction to research methods*. London: Sage Publications.
- Enon, J.C., (2002). *Elementary Research and Statistics (Data analysis)*. Kampala: School of Education Makerere University.
- Esplen, E & Jolly, S. (2006). *Gender And Sex; A Sample of Definitions*. Brighton: Institute of Development Studies University of Sussex.
- Etuk, S. J, & Ekanem. A. D. (2003). *Knowledge, Attitude and Practice of Family Planning Amongst Women with Unplanned Pregnancy in Calabar – Nigeria*. Niger. J. Physiol. Sci. 18(1-2).

- Fraenkel R.F. and Wallen E.N. (1990). *How to design and evaluate research in education*: New York: McGraw-Hill publishing company.
- Godley, J. (2001). *Kinship networks and contraceptive choice in Nang Rong, Thailand*. *International Family Planning Perspectives*. 27(1).
- Greif, A. (1994). *Cultural Beliefs and the Organisation of Society; a Historical and Theoretical Reflection on Collectivist and Individualistic Societies*. *The Journal of Political Economy*, Volume 102, Issue 5. Chicago: The University of Chicago Press.
- Joppe, M. (2000). *The Research Process*. Retrieved October 8, 2010, from <http://www.ryerson.ca/~mjoppe/rp.htm>.
- Krejcie, R. V., & Morgan, D. W. (1970). *Determining Sample Size for Research Activities*. *The NEA Research Bulletin*, Vol. 38 (December, 1970)
- Lincoln, Y. S. & Guba, E. G. (1985) *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.
- Macquillan, K. (1982). *On the Development of Marxist Theories of Population*. *Canadian Studies in Population*, Vol. 9. Ontario: University of Western Ontario.
- Morse, J. (2003). Principles of mixed methods and multi-method research. In A. Tashakkori and C. Teddlie (Eds.), *Handbook of mixed methods in social and behavioral research* (pp. 189-208). Thousand, Oaks, CA: Sage.
- Mostafavi, S. F, Mehryar, A. H & Agha, H. (2006). *Socio-Cultural Factors Affecting Men's Use of Family Planning Methods in Iran*. *Journal of Social Sciences & Humanities of Shiraz University* Vol. 24, No. 2 (Ser. 47) (Special Issue Population and Development).
- NICHCY (2010) *Present Levels*. *National Dissemination Centre for Children with Disabilities* (Retrieved January 27, 2012).

- Ntozi, J. P. M., Kaberea, J. B., Mukiza, J. G ssekamatte-Sebuliba, J & Kamateeka, J .(1991), *Some aspects of determinants fertility in Ankole, Uganda finding of elders survey*. Kampala.
- Plumptre, A.J. et al. (2004). *The Socio-economic Status of People Living Near Protected Areas in the Central Albertine Rift*. Albertine Rift Technical Reports.
- Punch (2005) *introduction to social research*. London: SAGE publication.
- Oladeji, D. (2008). *Socio-Cultural and Norms Factors Influencing Family Planning Choices among Couples in Ibadan Metropolis, Nigeria*. European Journal of Scientific Research ISSN 1450-216X Vol.23 No.2. Olabisi Onabanjo University, Ago-Iwoye, Nigeria.
- Onen, D. (2005). *A General Guide to Writing Research Proposal and Report*. Kampala: Options press and publishers.
- Rogers, E.M. (1999). *Diffusion of innovation (First edition)*. New York, Free Press.
- Roudi-Fahimi, F & Moghadam, V. M. (2003). *Empowering Women, Developing Society: Female Education in the Middle East and North Africa*. Washington, DC: Population Reference Bureau.
- Salant, P and Dillman, D A 1994, *How to conduct your own survey*, John Wiley & Sons, Inc.
- Schuler, S. R., Hashemi, S. M & Jenkins, A. H. (1995). *Bangladesh's Family Planning Success Story: A Gender Perspective*. Articles on International Family Planning Perspectives Volume 21, Number 4, December.
- The Republic Of Uganda (2012) *The Background to the Budget 2011/12 Fiscal Year*. Kampala: Ministry of Finance, Planning and Economic Development.
- Tewksbury, R. (2009). *Qualitative versus Quantitative Methods: Understanding Why Qualitative Methods are Superior for Criminology and Criminal Justice*. Journal of Theoretical and Philosophical Criminology, Vol. Louisville: University of Louisville.

Yates, D. S., Moore, D., & Starnes, D.S., (2008). *The Practice of Statistics, 3<sup>rd</sup> Ed. Freeman.*  
ISBN 978-0-7167-7309-2.

Zirahuka, C. K. (1998). *The Food Crisis in Kabale District: A Case Study for Food Policy Reforms.* Kampala: Makerere Institute of Social Research.

## **APPENDIX A: INTRODUCTORY LETTER**

## APPENDIX B: QUESTIONNAIRE FOR COMMUNITY MEMBERS

### SECTION (A) BACKGROUND

Tick or write in the space provided the alternative of your choice.

1. Sex Male (    ) Female (    )
2. Education level
  - a. Primary (    )
  - b. secondary (    )
  - c. Post Secondary (    )

### SECTION (B)

Answer the appropriate column on what you feel about community perception and usage of family planning methods.

**Key:** =SD strongly disagree, D = Disagree, U =undecided, A =Agree, SA = strongly Agree.

S.No	Gender and Usage of Family Planning Methods	SD	D	U	A	SA
1	Men approve the use of family planning					
2	Men use family planning methods					
3	Both men and women have fears regarding the side effects of family planning methods					
4	Men influence women's use of family planning methods					
5	The use of contraceptives affects the existence of harmonious relations in homes					
6	Men prevent the use of family planning methods					
7	Men fear that women's use of contraceptives makes them uncontrollable					
	<b>Cultural Beliefs and Usage of Family Planning Methods</b>					
	<b>Independent variable</b>					
8	Your community values the production of many children					
9	Decisions are taken by men in the home					
10	There are taboos, rituals and norms regarding the production of children					
11	There are contraceptive methods that are commonly used in your community which are socially acceptable.					
13	There is uptake of family planning methods by men in the community					

	<b>Dependent variable</b>					
14	The treasuring of many children by your has influenced taking up of family planning methods					
15	The decision power being in the hands of men influence family planning methods uptake					
16	The taboos, rituals and norms regarding the production of children influence uptake of family planning methods					
17	People take up contraceptive methods that are commonly used in the community and are socially acceptable.					
18	The uptake of family planning methods by men in the community has made many men to take family planning methods					
	<b>Education and the usage of family planning methods</b>					
19	Family planning is good for your family					
20	You have adopted the use of family planning methods to prevent unwanted or unplanned pregnancy					
21	A small family is ideal for you					
22	You have access to family planning information					



**APPENDIX C: INTERVIEW GUIDE FOR COMMUNITY MEMBERS  
AND KEY INFORMANTS**

1. Do men approve of family planning methods?
2. What family planning methods exist for men?
3. How is men's use for family planning methods?
4. Why do men not like family planning methods?
5. Do men influence the use of family planning in families?
6. How do men influence the use of family planning?
7. Does the use of family planning affect the harmony of the family?
8. How do women become uncontrollable due to the use of family planning methods?
9. What are the culturally acceptable methods of family planning?
10. Why would you prefer to have a small family?
11. How is family planning information accessible to you?

## APPENDIX D: FREQUENCIES

### Gender of the Respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	70	47.0	47.0	47.0
	Female	79	53.0	53.0	100.0
	Total	149	100.0	100.0	

### Education level of the respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Primary education	85	57.0	57.0	57.0
	Secondary education	36	24.2	24.2	81.2
	Post secondary education	28	18.8	18.8	100.0
	Total	149	100.0	100.0	

### Men approve the use of family planning

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	19	12.8	12.8	12.8
	Disagree	45	30.2	30.2	43.0
	Undecided	16	10.7	10.7	53.7
	Agree	59	39.6	39.6	93.3
	Strongly Agree	10	6.7	6.7	100.0
	Total	149	100.0	100.0	

### Men use family planning methods

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	19	12.8	12.8	12.8
	Disagree	50	33.6	33.6	46.3
	Undecided	13	8.7	8.7	55.0
	Agree	55	36.9	36.9	91.9
	Strongly Agree	12	8.1	8.1	100.0
	Total	149	100.0	100.0	

Both men and women have fears regarding the side effects of family planning methods

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	9	6.0	6.0	6.0
	Disagree	22	14.8	14.8	20.8
	Undecided	15	10.1	10.1	30.9
	Agree	93	62.4	62.4	93.3
	Strongly Agree	10	6.7	6.7	100.0
	Total	149	100.0	100.0	

The fear of side effects affects the use of family planning methods

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	7	4.7	4.7	4.7
	Disagree	30	20.1	20.1	24.8
	Undecided	14	9.4	9.4	34.2
	Agree	93	62.4	62.4	96.6
	Strongly Agree	5	3.4	3.4	100.0
	Total	149	100.0	100.0	

Your community values the production of many children

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	9	6.0	6.0	6.0
	Disagree	41	27.5	27.5	33.6
	Undecided	9	6.0	6.0	39.6
	Agree	82	55.0	55.0	94.6
	Strongly Agree	8	5.4	5.4	100.0
	Total	149	100.0	100.0	

Decisions are taken by men in the home

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	9	6.0	6.0	6.0
	Disagree	26	17.4	17.4	23.5
	Undecided	8	5.4	5.4	28.9
	Agree	74	49.7	49.7	78.5
	Strongly Agree	32	21.5	21.5	100.0
	Total	149	100.0	100.0	

There are taboos, rituals and norms regarding the production of children

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	6	4.0	4.0	4.0
	Disagree	20	13.4	13.4	17.4
	Undecided	11	7.4	7.4	24.8
	Agree	73	49.0	49.0	73.8
	Strongly Agree	39	26.2	26.2	100.0
	Total	149	100.0	100.0	

There are contraceptive methods that are commonly used in your community which are socially acceptable

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	8	5.4	5.4	5.4
	Disagree	16	10.7	10.7	16.1
	Undecided	17	11.4	11.4	27.5
	Agree	75	50.3	50.3	77.9
	Strongly Agree	33	22.1	22.1	100.0
	Total	149	100.0	100.0	

There is uptake of family planning methods by community members

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	11	7.4	7.4	7.4
	Disagree	72	48.3	48.3	55.7
	Undecided	14	9.4	9.4	65.1
	Agree	10	6.7	6.7	71.8
	Strongly Agree	42	28.2	28.2	100.0
	Total	149	100.0	100.0	

The treasuring of many children by your has influenced taking up of family planning methods

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	9	6.0	6.0	6.0
	Disagree	27	18.1	18.1	24.2
	Agree	65	43.6	43.6	67.8
	Strongly Agree	48	32.2	32.2	100.0
	Total	149	100.0	100.0	

The decision power being in the hands of men influence family planning methods uptake

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	10	6.7	6.7	6.7
	Disagree	34	22.8	22.8	29.5
	Undecided	10	6.7	6.7	36.2
	Agree	79	53.0	53.0	89.3
	Strongly Agree	16	10.7	10.7	100.0
	Total	149	100.0	100.0	

The taboos, rituals and norms regarding the production of children influence uptake of family planning methods

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	7	4.7	4.7	4.7
	Disagree	40	26.8	26.8	31.5
	Undecided	16	10.7	10.7	42.3
	Agree	69	46.3	46.3	88.6
	Strongly Agree	17	11.4	11.4	100.0
	Total	149	100.0	100.0	

People take up contraceptive methods that are commonly used in the community and are socially acceptable.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	8	5.4	5.4	5.4
	Undecided	8	5.4	5.4	10.7
	Agree	92	61.7	61.7	72.5
	Strongly Agree	41	27.5	27.5	100.0
	Total	149	100.0	100.0	

The uptake of family planning methods by community members have made many to take family planning methods

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	21	14.1	14.1	14.1
	Disagree	30	20.1	20.1	34.2
	Agree	57	38.3	38.3	72.5
	Strongly Agree	41	27.5	27.5	100.0
	Total	149	100.0	100.0	

Family planning if good for your family

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	24	16.1	16.1	16.1
	Disagree	20	13.4	13.4	29.5
	Undecided	17	11.4	11.4	40.9
	Agree	76	51.0	51.0	91.9
	Strongly Agree	12	8.1	8.1	100.0
	Total	149	100.0	100.0	

As a family you have adopted the use family planning methods from unwanted or unplanned pregnancies

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	30	20.1	20.1	20.1
	Disagree	56	37.6	37.6	57.7
	Agree	41	27.5	27.5	85.2
	Strongly Agree	22	14.8	14.8	100.0
	Total	149	100.0	100.0	

A small family is ideal for you

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	23	15.4	15.4	15.4
	Disagree	59	39.6	39.6	55.0
	Undecided	10	6.7	6.7	61.7
	Agree	36	24.2	24.2	85.9
	Strongly Agree	21	14.1	14.1	100.0
	Total	149	100.0	100.0	

You have access to family planning information

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	34	22.8	22.8	22.8
	Disagree	27	18.1	18.1	40.9
	Agree	68	45.6	45.6	86.6
	Strongly Agree	20	13.4	13.4	100.0
	Total	149	100.0	100.0	

### APPENDIX E: VALIDITY FOR THE QUESTIONNAIRE

Judges	Relevant	Irrelevant
Judge 1	19	3
Judge 2	18	4

22

$$CVI = 19 + 18 = 37$$

$$37/2 = 18.5$$

$$18.5 / 22 = 0.84 \times 100 = 84\%$$

### APPENDIX F: VALIDITY FOR THE INTERVIEW GUIDE

Judges	Relevant	Irrelevant
Judge 1	10	2
Judge 2	09	3

12

$$CVI = 10 + 09 = 19$$

$$19/2 = 9.5$$

$$9.5/12 = 0.79 \times 100 = 79\%$$

**APPENDIX G: RELIABILITY ANALYSIS - SCALE (ALPHA)**

	Mean	Std Dev	Cases
Q1	3.1429	1.2315	14.0
Q2	3.1429	1.2315	14.0
Q3	3.9286	.8287	14.0
Q4	3.5714	.8516	14.0
Q5	3.3571	1.2774	14.0
Q6	3.3571	1.2774	14.0
Q7	3.3571	1.2774	14.0
Q8	3.0000	1.1094	14.0
Q9	3.4286	1.2225	14.0
Q10	3.3571	1.2774	14.0
Q11	3.7857	1.1217	14.0
Q12	2.0714	.2673	14.0
Q13	3.6429	1.3363	14.0
Q14	3.4286	1.0894	14.0
Q15	3.2857	1.2666	14.0
Q16	4.0000	.7845	14.0
Q17	1.4286	.5136	14.0
Q18	2.0000	.0000	14.0
Q19	3.0000	.0000	14.0
Q20	2.0000	.0000	14.0
Q21	2.0000	.0000	14.0

N of Cases = 14.0

Item Means	Mean	Minimum	Maximum	Range	Max/Min	Variance
3.2521	1.4286	4.0000	2.5714	2.8000		.4044
Item Variances	Mean	Minimum	Maximum	Range	Max/Min	Variance
1.2049	.0714	1.7857	1.7143	25.0000		.2828



Reliability Coefficients 17 items

Alpha = .7637      Standardised item alpha = .7220