

Topic: *Influence of Baylor Uganda program and activities on improving access to family planning services in Kamwenge District.*

Authors: *Fredrick Tumwine¹ and Hosea Opedes*

Introduction: The level of development of an economy relies on the status/trends of her Population and human health. In sub Saharan Africa, most economies are grappling when it comes to managing the characteristics and number of their population. According to UBOS, 2018; Uganda has a high dependency ratio (103:100), 55 of the population below 18 years, 69 of the households depending on subsistence farming as a main livelihood and 80 involved in agriculture, adoption and effective use of family planning is key. The Uganda Demographic Health Survey (2016), highlights that total demand for family planning among the married women increased from 54 in 2000-01 to 67 in 2016 whereby only 52 of demand is satisfied by modern methods. Furthermore, 64 of the married females who were not using any method intended to do it in future.

In South Western Uganda, Kamwenge district reveals interesting demographic characteristics. The total fertility rate is at 6.9, with children below 18 years accounting for 57 of the population. According to Birungi et al., (2016) non routine family planning counselling and education, inadequate staff skills on family planning, contraceptives stock outs and fears, myths and misinformation as barriers responsible for low uptake of family planning services in Kamwenge District. The objectives of this study were: to establish the current forms of family planning methods; barriers to proper uptake and use of family planning methods and asses the role of Baylor Uganda in improving access and use of family planning methods in Kamwenge District.

The district population was 201,700 according to the 1991 national population census. The next census in 2002, put the population in the district at 263,700, of whom 51.5 were female and 48.5 were male. In 2014, the population of the district was 332,000. According to Uganda Bureau of Statistics, (2017); in 2016, Kamwege district had a population estimates of 442,600 of which 56,938 (13) were refugees. By May 2017 the district hosted 62,250 refugees. Kamwenge is one of the districts with one of the highest population growth rates in the country (3.91) during the period 2002 to 2014 compared to the national average of 3.03 (UBOS, 2016). The increasing population has resulted in the increase in population density from 82.69, 114.7 and 172.8 persons per square km in 1991, 2002 and 2014 respectively (Tumwine and Opedes, 2018).

In regards to data sources and methodology; primary data for this paper was derived from a survey that was conducted in Kamwenge district in January 2017. Comprehensive questionnaire was used in data collection from house hold farmers. A total of 300 female respondents were interviewed. The respondents were sampled from three sub-counties of Kibale and Kitagwenda counties namely Busiriba and Bihanga and Ntara respectively. Six Focus Group Discussions (FGDs) and Key Informants that included Health workers provided additional detailed information. An interview guide was used in the collection of information

¹ **Corresponding Author:** Fredrick Tumwine Ruguma / +256 778 863 404 / tumwrug@gmail.com

from the technical people working under Baylor Uganda in the Kamwenge hospitals. Primary data was supplemented with, secondary data that was accessed from statistical abstracts from Uganda Bureau of Statistics (UBOS). The data was entered, processed and analyzed using IBM-SPSS 23. Quantitative results like descriptive statistics such as frequencies and percentages were generated using Microsoft Excel spread sheets. The qualitative information was presented together with quantitative data since they tend to explain each other's idea and further make the paper comprehensive.

The field findings are presented in Tables 1 to 5 below. Table 1 shows the level of intake and use of family planning in relation to respondents' marital status and age group. Overall, the married group of women were the most users of family planning methods across all the age groups. Also the 31-50 years age group were the most users (28.8) of family planning methods across all the groups of marital status.

Table 1: The cross tabulation of marital status and age group of women in regards to the use of family planning methods in Kamwenge District

Marital Status	Age group					
	15 to 30		31 to 50		51 plus	
	Count	Percent	Count	Percent	Count	Percent
Never Married	2	33.3	0	0.0	1	16.7
Married	46	19.2	74	31.0	14	5.9
Divorced / Separated	1	33.3	0	0.0	1	33.3
Widowed	0	0.0	3	15.8	3	15.8
Total	49	18.4	77	28.8	19	7.1

Table 2 illustrates the percentage response of women in relation to their preferred modern family planning methods in Kamwenge District. Injectable (44.6%) and implants (21.4%) were the most preferred modern family planning methods.

Table 2: Cross tabulation of the household respondents preferred family planning methods in Kamwenge District.

Age Group	Preferred Family Planning Methods						
	None	Injectable	Implants	Pills	Withdrawal	Female Sterilization	Male condoms
15-30	3.6	14.3	5.4	3.6	0.0	5.4	0.0
31-50	7.1	28.6	16.1	1.8	1.8	1.8	1.8
51+	1.8	1.8	0.0	1.8	1.8	1.8	0.0
Total	12.5	44.6	21.4	7.1	3.6	8.9	1.8

Table 3 illustrates the role of education in influencing the use of family planning methods in Kamwenge District. The results still affirms the role of education in determining the level of

use of family planning methods. The higher the level of education, the higher the uptake of family planning methods especially the modern methods. The results show that even those who stopped in Primary took family methods seriously as compared to those who never attended any formal education.

Table 3: The influence of education on the choice and use of family planning methods among the age groups in Kamwenge District

Highest Level of Education	Age group					
	15 to 30		31 to 50		51 plus	
	Count	Percent	Count	Percent	Count	Percent
No formal Education	4	6.5	7	11.3	5	8.1
Primary	31	19.5	49	30.8	12	7.5
S.1 - S.4	13	32.5	19	47.5	1	2.5
University / College	1	16.7	2	33.3	1	16.7
Total	49	18.4	77	28.8	19	7.1

Tables 4 displays the barriers to effective utilization of the family members faced by the women in Kamwenge District in regards to access to modern family planning methods. Biased sensitization of community members in regards to family planning, discouragement due to side effects, negative traditional belief and role of religion in discouraging family planning were key to barriers reported.

Table 4: Barriers to effective uptake of family planning methods in respect to respondents age groups in Kamwenge District

Age group	Barriers to the use of family planning													
	Biased Sensitization on family planning		Low income		Role of Religion		Discouragement from Elders		Fear of Polygamy		Side effects / health problems		Traditional beliefs on family planning	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
15 to 30	26	33.3	1	1.3	0	0.0	0	0.0	1	1.3	0	0.0	0	0.0
31 to 50	17	43.6	3	7.7	3	7.7	0	0.0	12	30.8	3	7.7	1	2.6
51 plus	4	5.1	0	0.0	0	0.0	0	0.0	7	9.0	0	0.0	0	0.0

Table 5 present the strategies proposed by the women in Kamwenge District in regards to family planning methods The respondents disclosed the use of all forms of media, more education of the girl child and construction of more health facilities to improve access to health services as key strategies of tackling the barriers to effective use of family planning methods in Kamwenge District.

Table 5: Strategies of enhancing sustainable uptake and use of family methods in line with the age groups in Kamwenge District.

Age group	Strategies of improving access and use of family planning methods											
	Sensitization using Media		Education		More H/C be constructed		Male Methods be used		Couples should visit H/C for more Information		More F.P methods be introduced	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
15 to 30	43	32.8	0	0.0	2	1.5	0	0.0	3	2.3	0	0.0
31 to 50	56	42.7	0	0.0	8	6.1	1	0.8	1	0.8	1	0.8
51 plus	12	9.2	3	2.3	1	0.8	0	0.0	0	0.0	0	0.0
Total	111	84.7	3	2.3	11	8.4	1	0.8	4	3.1	1	0.8

In bid to increase access and use of modern family planning services, Baylor Uganda in Kamwenge District, provides women several services. These include facilitating their movement to and from the health centres especially for pregnant mothers for them to consistently access antenatal services, training expectant mothers on child health care and advising on the modern family planning services. Expectant mothers are also provided with child delivery materials that are put together in what is locally called “Mama Kit”. From the reports accessed, Baylor Uganda has continued to record an increasing number of women/mothers who came for their services. The women are also educated on advantages of using family planning methods.

Also there exists barriers to access and use of family planning methods in Kamwenge District, results show that majority (50) of the women across all age groups utilize on modern family planning methods. Specifically, women rely on implants and injectables are main modern family planning methods. There is need for joint effort from government, development partners and researchers in advocating effective utilization of modern family planning methods in rural areas.

References

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