

THEME: Family Planning in Africa: Who, and where are the under-served?

ABSTRACT TITLE: A comparative analysis to understand equity in family planning access between Private and Public facilities across client demographic characteristic.

AUTHORS: Nakaweesa Rosette, Strategic Information and Learning Department (SIL) Population Services International (PSI); Baker Lukwago, PSI; Peter Buyungo, PSI;

PRESENTING AUTHOR: Nakaweesa Rosette.

PRESENTING AUTHOR'S EMAIL ADDRESS: rnakaweesa@psiug.org

Background: According to the 2019 estimates, the population of Uganda is around 44,253,554 people, with 50.74% being female and a population growth rate of 3.26% annually giving rise to an increase of 1.5 million people each year (worldpopulationreview.com). This is attributed to the high fertility rate of 5.4 births per woman according to UDHS 2016. To check on this high fertility rate, several family planning methods have been developed these include IUD, Implants, Injectables, Orals and among others.

However, the use of family planning methods has been influenced by factors like age, marital status, economic status, education level, religion and location among others which can be accessed in Public and private facilities.

The UDHS 2016 shows that 51% of the sexually active un-married women are using family planning methods and 32% have an unmet need for family planning compared to 39% of the married women who use FP methods while 28% have an unmet need, hence there is need to emphasize the use of family planning method among unmarried, it further shows that family planning methods are more embraced in urban areas at 57.5% compared to 48.8% in rural areas, then among the educated between 38-51% use a family planning method compared to 26% among the non-educated. It also emphasized that different age groups have different unmet needs for family planning, i.e. 15-19 at **30.4%**, 20-24 at **29.3%**, 25-29 at **26.9%**, 30-34 at **29.8%**, 35-39 at **30.3%**, 40-44 at **26.9%** and 45-49 at **22.4%**.

There is variation in the numbers of people who access family planning services in private and public facilities as indicated in the Women of Reproductive Age (WRA) facility exit survey 2015 & 2018 conducted by Population Services International- Uganda (PSI-U).

Methodology: A cross-sectional study design using quantitative methods of data collection was used in 2018. A total of 45 sub-counties countrywide were selected using the probability proportionate to size (PPS) approach. In each sub-county, five health facilities i.e. 2 public and 3 private facilities were selected for administering exit interviews. A sample of 1858 Women of reproductive age (WRA) 15-49 years exiting public and private health facilities (irrespective of service sought) were interviewed. This facilitated representation of study population by age, education level, location, religion, marital-status and socio-economic status. The assumption was

that, users of private health services which are paid for may be slightly of a higher socio-economic status compared to users of public health facilities.

Key findings: Basing on the demographics above, the survey revealed the following relationships;

- **Education level:** Most people who had at least secondary level of education access family planning services more from private facilities with **62.4%** compared to 43.9% in public. While most of those with primary level of education and below access family planning services from public at 56.1% compared to 37.6% in private facilities.

Education level		Health facility		Total
		Public	Private	
Primary & no education	Count	291	132	423
	% within qn7new	56.1%	37.6%	48.6%
	% of Total	33.4%	15.2%	48.6%
Secondary & Above	Count	228	219	447
	% within qn7new	43.9%	62.4%	51.4%
	% of Total	26.2%	25.2%	51.4%
Total	Count	519	351	870
	% within qn7new	100.0%	100.0%	100.0%
	% of Total	59.7%	40.3%	100.0%

- **Location:** Most people in urban areas access family planning services from private facilities at 73.5% compared to **61.5%** in public facilities. While most people in rural areas access their family planning services from public facilities at 38.5% compared to 26.5% in private facilities.

Location (If town council/municipality/city then urban or else rural)			Health facilities		Total
			Public	Private	
Rural	Count	200	93	293	
	% within qn7new	38.5%	26.5%	33.7%	
	% of Total	23.0%	10.7%	33.7%	
Urban	Count	319	258	577	
	% within qn7new	61.5%	73.5%	66.3%	
	% of Total	36.7%	29.7%	66.3%	
Total	Count	519	351	870	
	% within qn7new	100.0%	100.0%	100.0%	
	% of Total	59.7%	40.3%	100.0%	

- **Age:** More youth (15-24 years) access family planning services from public facility at 43.5% compared to 37.3% in private facilities, more adults (25-39 years) access family planning services from private facilities at 56.4% compared to 49.7% in public and more old people (40-49) access their family planning services from public at 6.7% compared to 6.3% in private facilities.

Age category		Health facilities		Total
		Public	Private	
Youth (15-24)	Count	226	131	357
	% within qn7new	43.5%	37.3%	41.0%
	% of Total	26.0%	15.1%	41.0%
Adults (25-39)	Count	258	198	456
	% within qn7new	49.7%	56.4%	52.4%
	% of Total	29.7%	22.8%	52.4%
Old (40-39)	Count	35	22	57
	% within qn7new	6.7%	6.3%	6.6%
	% of Total	4.0%	2.5%	6.6%
Total	Count	519	351	870
	% within qn7new	100.0%	100.0%	100.0%
	% of Total	59.7%	40.3%	100.0%

- **Religion:** This does not greatly influence the number of people who access family planning service either public or private facilities.

Religion		Health facility		Total
		Public	Private	
Catholic	Count	185	119	304
	% within qn7new	36.1%	35.0%	35.7%
	% of Total	21.7%	14.0%	35.7%
Protestant	Count	165	106	271
	% within qn7new	32.2%	31.2%	31.8%
	% of Total	19.4%	12.4%	31.8%
Muslim	Count	100	71	171
	% within qn7new	19.5%	20.9%	20.1%
	% of Total	11.7%	8.3%	20.1%
Pentecostal/other Christians	Count	62	44	106
	% within qn7new	12.1%	12.9%	12.4%
	% of Total	7.3%	5.2%	12.4%
Total	Count	512	340	852
	% within qn7new	100.0%	100.0%	100.0%
	% of Total	60.1%	39.9%	100.0%

- **Marital status:** This also does not greatly influence the number of people who access family planning service from either public or private.

Marital Status		Health facility		Total
		Public	Private	
Married/living with a partner	Count	404	262	666
	% within qn7new	77.8%	74.6%	76.6%
	% of Total	46.4%	30.1%	76.6%
Not married	Count	115	89	204
	% within qn7new	22.2%	25.4%	23.4%
	% of Total	13.2%	10.2%	23.4%
Total	Count	519	351	870
	% within qn7new	100.0%	100.0%	100.0%
	% of Total	59.7%	40.3%	100.0%

Conclusion: There is need to sensitize people in rural areas and the youth (15-24 years) to embrace family planning services in both public and private facilities to check on the high population growth rate. Religion and marital status seem not to influence people when choosing facilities from where to access family planning services.