

Delivering Family Planning Messages through Prenatal Care Clinics in Kumi District, Uganda

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Abstract

English:

Uganda has experienced a slight decline in total fertility rate from 7.1 to 6.9 over the last twelve years. This has created a national drive to strengthen family planning services in order to have a substantial decline in fertility. This paper presents findings of a cross-sectional study carried out in 15 health units among pregnant women attending prenatal care in Kumi district, Uganda in May 2001. The aim of the study was to find out whether prenatal care clinics were potential outlets for family planning messages. A total of 120 pregnant women visited 15 health units for prenatal care services during the survey. Results show that 37.9% of pregnant women receive health education when they attend prenatal care clinics, 30% are given explanations on pregnancy complications and 18.5% receive information on family planning. Findings show that majority of pregnant women, 58.1% are already discussing use of family planning with their husbands and partners; and 71% of the pregnant women intend to use family planning in future. These results imply that prenatal care clinics are potential outlets for family planning messages to pregnant women in this district. Since the current practice in Uganda is to give an integrated package of services to clients, it is recommended that a large study be carried out to investigate factors limiting provision of health education in prenatal care clinics as a basis for improving delivery of messages especially on family planning.

Spanish:

Uganda ha experimentado una disminución leve de 7.1 a 6.9 en la tasa de fertilidad durante los últimos doce años. Esto ha creado un movimiento nacional para fortalecer los servicios de planificación familiar de tal manera que se pueda obtener una disminución significativa en la fertilidad. Este artículo presenta los resultados de un estudio cross-seccional desarrollado en 15 unidades de salud entre mujeres embarazadas que asisten a las clínicas de cuidado prenatal en el distrito de Kumi, Uganda en mayo del 2001. El propósito de este estudio era determinar si las clínicas de cuidado prenatal eran centros potenciales para los mensajes de planificación familiar. Un total de 120 mujeres embarazadas visitaron 15 unidades de salud para los servicios de cuidado prenatal durante el estudio. Los resultados muestran que 37.9% de las mujeres embarazadas reciben educación en salud cuando atienden las clínicas de cuidado prenatal, 30% reciben explicaciones sobre las complicaciones del embarazo y 18.5% reciben información en planificación familiar. Los resultados muestran que la mayoría de las mujeres embarazadas, 58.1%, ya hablan sobre el uso de planificación familiar con sus esposos y compañeros, y 71% de las mujeres embarazadas planean usar planificación familiar en el futuro. Estos resultados implican que las clínicas de cuidado prenatal son centros potenciales para los mensajes de planificación familiar para las mujeres embarazadas en este distrito. Ya que la práctica actual en Uganda es darle a los clientes un paquete integral de servicios, es recomendable que un estudio largo se desarrolle para investigar los factores que limitan la provisión de educación en salud en las clínicas prenatales como base para la mejoría en la distribución de los mensajes, especialmente de planificación familiar.

Key words: Prenatal care, Family planning messages, pregnant women, Uganda

Introduction

Most countries in Sub-Saharan Africa have registered a decline in fertility levels, due to wide use of contraceptives, changes in nuptiality patterns, and general improvement in social-economic conditions. (World Development Report, 1993) Findings from recent Demographic and Health Surveys indicate that desired family size has significantly decreased, and

contraceptive use exceeds other proximate determinants in explaining fertility decline (Kirk and Pillet, 1998). In addition, countries with a higher proportion of educated women like Kenya and Zimbabwe have experienced a large reduction in fertility levels and family size.

Based on these observations (Segal, 1993), concluded that the explosion of contraceptive use in developing countries requires prodigious supplies of contraceptives in order to satisfy peoples' fertility

objectives. Previous efforts in Uganda have concentrated on training health workers and ensuring availability of contraceptive supplies at service delivery points. Thus contraceptive prevalence rate (CPR) increased from 5% in 1988, to 15% in 1995 and 23% in year 2000. The increase in contraceptive prevalence rate over time has been overshadowed by a parallel increase in the unmet need for family planning which increased from 25% in 1995 to 35% in year 2000 (Uganda Bureau of Statistics, 2001); a factor that can be attributed to a rapid increase in population size, high awareness on the use of family planning and social-economic pressures on large family sizes.

Although there is a high unmet need for family planning in Uganda, many barriers to family planning use have been documented (MoH, 2000b). These include, negative attitudes of service providers, lack of support from husbands and partners, lack of awareness among women, poor accessibility to services, inadequate family planning supplies and negative cultural beliefs. Such barriers have also been documented in Morocco where husbands have been found to be barriers to women's use of family planning; and there was a strong association between husband's fertility desires and the wife's use of family planning (Speizer, 1999). Among documented barriers for family planning use, negative attitudes of service provider's lead to missed opportunities for women who come to seek for health services.

An issue related to women's choices and barriers to family planning use, is the increasing number of Ugandan women who prefer injection methods because they are long lasting, convenient to them, and can be used without the knowledge of the male partners who may be negative to family planning use (MoH, 2000b). Currently, 25% of women in Uganda report that their husbands do not approve use of family planning and this is further reflected by the fact that 69% of men prefer to continue having children (Uganda Bureau of Statistics, 2001). Also related to women's choices of family planning methods is the promotion of both the male and female condoms for HIV prevention.

For example condom use among couples has increased from 9.6% in 1998 to 11.6% in 1995 to 13.0% in 2001, in Kampala district (MOH, 2002).. Condom use at last sex with a regular partner increased from 33.0% in 1995 to 62.4% in 1998 and 72.1% in 2001, in Kampala, the capital city. The observed increase in condom use and other factors have led to the decline in HIV prevalence in Uganda from 30% to

6.5% among sexually active young women (MOH, 2002).

Studies among the Ankole people of Western Uganda have attributed high fertility levels observed in this region to the high desire for children as a source of labour and bride price (Ntozi and Kabera, 1991). The same pattern is observed among the Teso community in Eastern Uganda. In this part of the country, girls are preferred to boys because girls bring riches to their families in form of bride price. In fact, a family can demand as high as 20 cows as bride price (Ntozi and Kabera, 1991). The demand for girls, quite often leads to polygamy and subsequent high fertility levels. The above findings are collaborated by a study in Cameroon which found that men's desires for more children compel them to get additional wives (Speizer, 1999).

Provision of family planning services is one of the priorities for the Ministry of Health in Uganda. Currently there are initiatives to improve skills of service providers in communication and counseling, ensuring availability of contraceptives supplies at service delivery points, advocating for men's involvement in supporting their partners and increasing community awareness on the importance of spacing children (MoH, 1999; MoH, 2000a).

This article presents results of an exploratory study carried out in Kumi district in the Eastern region of Uganda. The aim of the study was to assess whether prenatal care clinics have a potential of being outlets for family planning messages to pregnant women. The results of this study are important in three ways: First, there are few published studies in Sub-Saharan Africa documenting family planning attitudes and practices among pregnant women attending prenatal care clinics. Previous studies have targeted sexually active women, men and adolescents. Second, this article highlights the need to target pregnant women with family planning messages since they constitute a significant proportion of the population contributing to current fertility levels. Third, the study findings highlight the need to conduct research among pregnant women not only focused on current pregnancies, but on subsequent ones; and to document pregnant women's beliefs and perceptions on other areas of health promotion.

Methods

Study population

The study was carried out in Kumi district, Uganda. Kumi district is in the Eastern part of Uganda. The district is bordered by Soroti district in the West, Pallisa district in the South, Sironko and Kapchorwa

districts in the East and Katakwi district in the North. The total population of the district is currently estimated at 267,304 (Uganda Bureau of Statistics, 2002). The population is composed of indigenous Iteso and few other tribes from neighboring districts. Majority of people, 95% live in the rural areas. Illiteracy rate among the women is currently estimated at 65% (Uganda Bureau of Statistics, 2001). Use of services like prenatal care, delivery care, immunization and family planning in this district is low. In Uganda, few women utilize reproductive services. For example less than 40% attend the required number of antenatal care, less than 18% use modern methods of family planning and less than 38% deliver at health facilities (Uganda Bureau of Statistics 2001).

Study design

The study design was a descriptive cross-sectional survey carried out in a sample of 15 health units in Kumi district. The health units were selected using a stratified random sampling technique from a total of 23 health units in the entire district. Thus the sample constituted 65.2% of the total health units in the entire district. The sampling frame consisted of all the health units in the district; and these were stratified into four categories of hospitals, health centres IV, health centres III and Health centers II. Since the district had three hospitals one government and two non-governmental, the sample included one governmental hospital and one non- governmental hospital.

There was only one health centre IV which was included in the sample. The health centers III and II were selected using a probability proportional to the number of health units in each category. In total, two hospitals, one health centre IV, ten health centers III and two health centers II constituted the study sample.

In Uganda, a hospital is usually based at the headquarters of a district and normally serves a catchment population of about 300,000 people. Most districts have one hospital and few may have two or three. A health centre IV is located at a county level and serves a catchment population of 100,000 people. It has laboratory services, inpatient, and out patient services and a small theatre where basic operations like a cesarean section are performed.

A health centre III is located at a sub-county with a catchment population of 50,000 people. It has limited inpatient capacity but has a maternity unit. On the other hand a health centre II is located at a parish level and services a catchment population of 5,000 people. It has only outpatient services and serves as the first

primary level structure where family planning and other basic services are provided.

Data collection Procedure

Data was obtained from clients attending services at the 15 health units using a semi-structured questionnaire with fixed and open-ended questions. The questionnaire obtained data on socio-demographic variables, use of prenatal care, family planning, health education and perceptions on quality of care. The open-ended questions were used to assess perceptions on quality of care and future intentions to use family planning. Additional data on quality of care in antenatal care clinics was obtained using a structured observation checklist based on the Ministry of Health Quality of care standard guidelines.

The observation checklist enabled interviewers to assess service providers on how they adhered to national guidelines for providing antenatal care, family planning, health education and provision of basic drugs in antenatal care. The questionnaire administered to clients took approximately half an hour to complete by the interviewers. The interview procedure involved asking clients questions and responses recorded by the interviewers because the level of illiteracy in this community is high and people who could read and write are few.

Selection and training of interviewers

Interviewers were carefully selected to include midwives, clinical officers and social workers from health units, which were, not included in the study sample of health units to avoid bias. Interviewers were trained for a period of five days in interviewing techniques followed by practical sessions. In order to maintain high quality of data, the questionnaire was translated from English into Iteso the local language that is popularly spoken and understood in the whole district. The questionnaire and the observation checklist were pre-tested and revised by the entire research team.

During field work, midwives and clinical officers assessed the quality of service provision, while social workers interviewed clients who had received the services at the time of the survey.

Selection of study participants

All service providers in prenatal care and family planning clinics were assessed using the quality care observation checklist as they were attending to clients. A systematic procedure was designed to select clients and capture those who come to clinics in the morning and evenings since they could be different. The study also included different levels of health units since

clients attending hospitals could be different from those at lower health units.

In order to get the number of clients to be interviewed in a day, the total number of clients likely to attend was obtained from health unit records. If say 20 clients usually receive services at a health center III on a particular day, then in order to get five clients required for the interview, every fourth client who consents to participate in the study would be interviewed until the number required is obtained.

An explanation was made to the clients on the purpose of the interview and on the anonymity of the responses. Clients received an explanation that they had a right to accept or refuse the interview and this had no implications.

Data validation

While in the field, clients were randomly selected and re-interviewed to check for completeness of the questionnaires. If there were mistakes these would be corrected immediately while in the field.

Quantitative data was double entered using two clerks in order to check for completeness of the data.

Data analysis

Quantitative data was entered and analyzed using EPINFO version 6.0. Frequencies and tabulations were obtained and proportions calculated. Open -ended questions were analyzed manually and summarized along themes.

Results

A total of 120 clients who visited health units to seek for health services were interviewed. This represents approximately 20% of the total number of pregnant women expected to attend antenatal care in Kumi district (Uganda Bureau of Statistics, 2000).

Sixty-nine clients (57.5%) had come for curative services, 5 (4.2%) had come for family planning services, 14 (11.6%) had come to immunize their children and 32 (26.7%) had come for antenatal care. Sixteen clients, (13.6%) were males and 104 (86.4%) were females. Twenty-eight clients (23.2%) were aged below 15 years and 77 (67.0%) were aged 15 - 24 years. One hundred and five (87.3%) of the clients were married and 15 were single (12.7%). Twenty-nine clients (28.7%) had no education while 70 (69.3%) had attained primary education.

The majority of clients 116 (97.4%) said that service providers received them in a kind way; and this involved welcoming, greeting patients, offering seats, and having friendly conversations. Similarly, 97

Table 1. Social Demographic Characteristics of Clients Attending Services at Clinics (n=120).

Age Group	Frequency	
	n	Percentage
10-14	23	23.2
15-24	67	67.0
25+	10	9.8
Total	120	100.0
Sex		
Males	13	13.3
Female	87	86.7
Total	120	100.0
Education level		
No education	29	28.7
Primary	69	69.3
Secondary	2	2.0
Total	120	100.0
Marital status		
Married	87	87.3
Single	13	12.7
Total	120	100.0

(81.0%) clients felt that service providers took time to examine them; and 105 (87.2%) clients felt that privacy was maintained during examination. The majority of clients, 89 (74.4%) felt they were able to ask questions although 69 (57.3%) did not ask any. 37.9% of the clients had received health education. Fifty clients, (92.6%) said they had understood what was said during the health education sessions. 18.5% of the clients had received information on family planning while fifty three clients (44.4%) said that they had never been given information on family planning on previous visits. Fifty-five clients (45.8%) said they had never been given information on how to avoid sexually transmitted diseases. Overall, 88 (73.5% of the clients interviewed rated the services they had received as

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good and 35 (29.0%) of the clients thought the services they had received were fair.

Only 32 (26.7%) of the clients were pregnant women who had come to seek for prenatal care services. 23.2% of the pregnant women were aged 10-14 years and 67.0% of them were aged 15-24 years. The majority of pregnant women, 90.2%, who came for prenatal care services were aged below 25 years.

Pregnant women attending antenatal care received a variety of services from health units visited. 61.3% of the women had their blood pressure taken, while 54.8% received tetanus toxoid immunization. 77.4% of the women discussed with service providers where they would deliver their babies, and only 30.0% of the women were given information on complications of pregnancy. The majority of women 96.8%, were told when to come back for the next visit.

Table 4.0 shows family planning practices among pregnant women attending prenatal care clinics. A total of 58.1% of the pregnant women had discussed family planning with their husbands, 71.0% intended to use family planning in future and a small proportion of these women, 6.5% had used family planning before.

Discussion

The results of this study show that majority (97.4%) of women attending prenatal care in Kumi district are well received at health units, 81.0% were examined and 87.2% had adequate privacy maintained. Unfortunately, a big proportion of clients, 37.9% did not receive limited health education, especially information on complications of pregnancy and family planning. Few studies have documented family planning practices among pregnant women attending prenatal care clinics. Only one study carried out in Egypt investigating the impact of counseling pregnant women and their husbands on contraceptive use has been published. The study found that majority of couples who had received information on family planning, retained most information; and this improved their contraceptive use (Soliman, 1999). The results of this study show that majority (58.1%) of pregnant women in Kumi district are already discussing family planning with their husbands and their intention to use family planning is high.

Table 2. Table 2.0 Assessing Quality of Care received by clients attending health services (n= 120)

Quality of Care	Frequency	
	n	Percentage
Received in a kind way by the service provider	116	97.4
Felt the service provider took time to examine them	97	81.0
Felt privacy was maintained during the consultation	105	87.2
Received health education during the visit	45	37.9
Reported a service provider talking about family planning	22	18.5
Clients who did not ask questions they did not understand	69	57.3
Understood what was talked about during health education	111	92.6
Clients who had never been given information on family planning during the previous visits	53	44.4
Clients who rated services as good	88	73.5

Table 3. Services provided to pregnant women attending antenatal care clinics (n=32)

Service provided	Frequency	
	n	Percentage
Blood pressure was taken	20	61.3
Received tetanus toxoid immunization	17	54.8
Given information on complications of pregnancy	10	30.0
Discussed with service provider where to deliver	25	77.4
Told when to come back for the next visit	31	96.8

This provides potential for service providers to give family planning messages to women attending prenatal care in this district. Data in Table 3.0 further shows that few women (30.0%) receive information on pregnancy complications, thus compromising the quality of care received. Similar findings have been documented in a study carried out in Bamako, Mali, where prenatal care practices were found inadequate among women attending prenatal care during their last prenatal consultations (Sacko, 2000). Another study carried out in Rakai district, Uganda, found that when women are told that their pregnancies are normal and no information is given on pregnancy complications that may arise in the future, this discourages them from going to deliver at health units (Ammoti-Kaguna and Nuwaha, 2000). Majority (62.0%) of women in Uganda, prefer to deliver at homes unattended to by skilled health personnel (Uganda Bureau of Statistics, 2001).

Since most service providers get time to examine clients and perform other procedures adequately, it is possible to provide health education and allow clients to ask questions. All this depends on the training of service providers and on what they perceive as important to the client. Traditionally, communication in Ugandan health clinics has always been a one way phenomenon. Therefore if a client is to ask a question, the health workers must initiate the process. Moreover, most clients in this study were less educated and young, limiting their ability to feel confident and ask questions. It is important however to note that few of the clients who received health education understood what was

said; this implies that there is missed opportunity for clients attending routine services in this district.

Table 4. Family Planning Practices and Intention to Use Family Services Planning in Future among Pregnant Women Attending Antenatal Care Clinics (N=32)

Family Planning Practice	Frequency	
	n	Percentage
Women who had discussed family planning with partners or husbands	19	58.1
Women who are currently pregnant and intend to use family planning in future	23	71.0
Women who have ever used family planning before	2	6.5

Data in table 4.0 shows that majority of pregnant women and their partners are already discussing issues regarding family planning. This correlates with recent findings which show that 57% of women in Uganda are able to discuss with husbands and partners the use of family planning; and women aged 20-39 years are more likely to have frequent discussions with their husbands than young ones (Uganda Bureau of Statistics 2001). Similar findings have been documented in Egypt where counseling sessions given to couples led to joint discussions and encouraged women to use contraception (Soliman, 1999).

Intention to use family planning, 71%, observed among clients in this study is high compared to the 62% of sexually active women in Uganda who intend to use family planning in the future. This observation could be due to either the effect of a small sample size or the impact of a national campaign to increase awareness of family planning. Family planning messages are currently disseminated on both national and private radio stations with a wide coverage. The family planning messages include: advantages of family planning for the mother, the child and the family; the economic benefits for family planning to the family, the different methods of family planning available, places where to get the methods, and information to dispel rumors on the use of family planning.

The most important finding of this study is that few mothers, 37.9% received health education at antenatal clinics, and only 18.5% of the mothers received information on family planning. From in-depth

interviews, it was found that service providers do not give adequate health education to clients because of under staffing prevalent in most health units in Kumi district; and the heavy client load does not allow adequate time for provision of quality services. Another explanation is that some service providers do not regard health education as an important component of health care. This finding justifies the need for training service providers in health education, communication and counseling.

The study is however limited by a small sample size; and women who come to seek for health services may not be a true representation of all women in the district.

Women who come to health units are a selected sample and their beliefs and attitudes could be different from those who stay behind making it hard to generalize the results to the whole district. Nonetheless, the results of this study on knowledge, family planning practices and future intention to use family planning are consistent with findings from a larger community survey recently carried out in Uganda (Uganda Bureau of Statistics 2001).

In conclusion, results from this study indicate that most women attending prenatal care in Kumi district receive limited health education, especially information on complications of pregnancy and family planning. Yet most of the women are already discussing family planning issues with their husbands and partners and many of them intend to use family planning in future. Therefore prenatal care clinics could be potential outlets for family planning messages. A large study to investigate factors limiting provision of health education in antenatal clinics is recommended to form a basis for improving delivery of messages especially on family planning.

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