

Uptake of Family Planning Among Female Students of Masinde Muliro University of Science and Technology

Anne Asiko Okanga¹, Mary.C. Kipmerewo¹

¹Masinde Muliro University School of Nursing and Midwifery

Corresponding Author: Anne Asiko Okanga

Abstract: Female students in Kenyan Universities experience a higher risk of inopportune pregnancy compared to older women in community. Despite availability of contraceptives, the uptake among youths in Kenya is still low due to limited access to contraceptive services, myth, misconception and fear of side effects. Low contraceptive use among the youth has contributed to rapid increase in cases of unwanted pregnancy and abortions. The objectives of this study were: To determine the common methods of family planning used, assess the level of awareness on family planning methods used and to identify barriers to family planning uptake among female students of Masinde Muliro University of Science and Technology. This was a descriptive cross-sectional using a sample population of 361 female students aged 18-49 selected through convenient sampling. Structured questionnaire and focused group discussion were the instruments of data collection. The result indicated that the students do not use family planning methods at Masinde Muliro University of science and Technology. This was attributed to inadequate information on contraceptive methods, their indications and side effects; perception of fellow students towards those who attend the university clinic; attitude of some clinic staff towards students seeking FP services and lack of awareness of FP services being offered at the university clinic.

Date of Submission: 16-07-2018

Date of acceptance: 30-07-2018

I. Background of the Study

There has been increase in uptake of family planning services worldwide, with over 80 % of women of reproductive age in the world using various methods (Wood and Jewkes, 2006). According to UNFPA (2012) uptake of family planning services in third world countries increased from 1980-2005 but still remains low as compared to developed countries. In developing countries contraceptive use in Asia was 66%, 73% in Latin America and Caribbean, while only 22 % of the women of the reproductive age in Africa are reported to have used contraceptives in their lifetime (UNFPA, 2012).

Unprotected sexual intercourse can lead to an unwanted adolescent pregnancy, which is often considered a serious social and public health problem (Gomes *et al.* 2006:215; Mestadet *al.* 2011:493). Contraceptive usage by adolescents has been perceived to be influenced by various factors, including, socio-economic status, knowledge about contraceptives, attitudes about issues related to contraceptives, residential area, educational status, counseling received about contraceptives, attitudes of the contraceptive providers, cultural values, beliefs and norms according to the Department of Health (DoH 2001:11; Kanku& Mash 2010:564).

In Kenya family planning awareness is at 95% and 97% for men and women respectively due to massive campaigns. However the uptake of family Planning service remains very low. According to Kenya Demographic Health Survey (2013) the level of awareness on contraceptive varies among the different methods. Modern methods are more familiar to adolescents and young female adults than traditional methods; 95 percent of females know at least one modern method, and only 69 percent know a traditional method.

Although there is a safe and effective family planning method for every woman that can enable her to protect her health and that of her children, many young females do not use contraceptives. According to Williamson *et al* (2009) lack of awareness, lack of access, misperceptions and negative social norms are some of the factors that affect the use of contraceptive among young females.

Studies conducted in Kenya have shown that uptake of family planning among the female youths is affected by a number of factors. Okech *et al* (2011) reported factors among urban slum women include partner's approval, quality of the services, friendliness of the staff administering the services and the woman's knowledge about family planning services. On the other hand KDHS (2009, 2014) identified education, marital status, woman's income, and other demographic and socio-economic status as factors that affect utilization of family planning services. However the significance of these factors has not been determined among female university students in this region. The purpose of this study was to determine the level of contraceptives use amongst

female students at Masinde Muliro University of Science and Technology as well as examine the factors that influence the uptake of family planning services among this group of students.

Significance of the study

Collecting data about the uptake of contraceptives by youth is of importance in the prevention of teenage pregnancy, termination of pregnancy and transmission of sexually transmitted infections. The research revealed the factors and challenges faced by students trying to access contraception, and strategies to address them.

Methods

This was descriptive cross sectional survey utilized both qualitative and quantitative methods to collect data. The study was conducted at Masinde Muliro University of Science and Technology (MMUST) in 2013 June. The study area had a population of 10867 student and with 3445 female and 7422 males. The target population for this study was all female students taking courses at MMUST aged between 18-49 years. The inclusion criteria were female students aged between 18 to 49 years, who were attending the University Clinic for varied reasons. Exclusion criteria for the study were those below 18 years, those above 49 years and those who did not consent. The sample consisted of 361 female students selected from a convenience sample of female students attending the university clinic at any time of the day during the week. Data was collected through face-to-face interview using a structured questionnaire after obtaining an informed consent from the students. Qualitative data was collected through focus groups using interview guides.

Data analysis

Data analysis was done using the SPSS version 20.

II. Results and discussion

Three hundred and sixty one female students, aged 15-49 years participated in this study, as shown in table 1, Female respondents pursuing bachelors' degree constituted the biggest proportion (80%) while diploma student were (16%) and only (3%) graduate. Majority of female students were single (68.7%), while (27%) were married and small number 1.7% were widowed. A large proportion of the respondents (80%) were Christians while small proportion was Muslims.

Table 1: Socio-demographic Characteristics of Respondents

Variable	Category	Frequency	Percent (%)
Age in Years	Below 20	36	10
	21-30 years	253	70
	31-40 years	72	20
	Total	361	100.
Marital status	Single	248	69
	Married	98	27
	Widowed	6	2
	Divorced	6	2
	Separated	3	1
	Total	361	100
Religion	Christians	289	80
	Muslims	75	20
	Total	361	100

Awareness of family planning methods

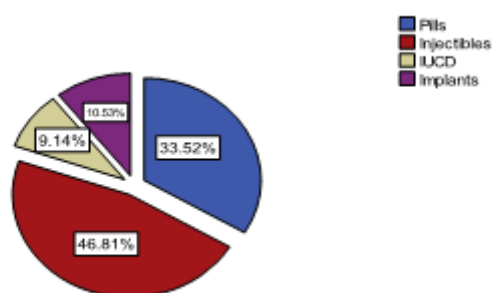
Knowledge of family planning methods is an important factor in making informed choice on the contraceptive use as well as the choice of the methods. Data on awareness shows that majority of the respondents (86%) had some information on family planning methods; while 70% reported that they got information from MMUST health clinic. This finding is not consistent with finding of qualitative data where the participant commended that they are not aware of family planning services at the university but corresponds with other researches that showed same findings. This could be that they know about availability of services but lack adequate information of various methods. Studies have reported varied finding, Paikoff (2009) reported most of the youth got information during antenatal clinic attendance, while Khalokho (2010) reported that adolescent's perceptions of risks of sexual activity and their consequences indicate a lack of knowledge of contraceptives. On the same, Casterline et al (2011) reported that lack of knowledge is an obstacle to contraceptive use in Punjab, Pakistan. In South Africa, Buga et al (2011), on analysis of sexual behavior and contraceptive use among school adolescents reported that though girls were sexually experience, they did not

use modern contraceptives. This therefore indicates that awareness alone does not influence uptake of family planning.

Use and Preference of Contraceptives among MMUST female students

The finding on use and preference of contraceptives indicate that sexually active female student prefer modern contraception. Majority (47%) prefers injectable, (33%) use oral contraceptive and smaller number (10%, 9%) uses implant and IUCD respectively. The respondents gave varied reasons for their preference as confidentiality, ease of use, cost and fewer side effects. Confidentiality is of particular importance to adolescents because they have the right to receive confidential contraceptive services without parental consent, while others do not want a long procedure. This could be that preference and use are influenced by individual perception and environmental factors.

Figure I: Contraceptive use and preference



Barriers to family planning

The respondents expressed factors that they identified as barriers to utilization of contraceptive in MMUST health clinic. Side effects are the main barrier among MMUST female students. The finding indicate about half of the respondents (53%) stopped using oral contraceptive pill due to side effects, while (43%) continued using. Watt (2011) found out that beliefs, negative perception are barriers to use of contraceptives, on the other hand Mwaba (2010) reported that adolescents are ashamed to use contraceptives, fear of parental approval and distrust on efficacy of contraceptive methods are barriers. Therefore adolescents should be give accurate information on all contraception methods including functions, side effective, indications, contraindication and interventions. Ochako et al ,(2015) reported myths and real side effects as a barrier to use. Another factor contributing to uptake is male partner's consent, (56%) of the respondents indicated that they were influenced by their partners on the use of particular family planning method. Almost equal number (49%) made their own choice. Insufficient variety of contraceptive influences the uptake of family planning among MMUST female students. Approximately half, (49%) of the respondents indicated that the methods of their choice were not available. This finding has been identified in other researches, therefore accessibility affects uptake of Family planning by the female student.

Focused Group Discussions

The discussion focused on the use of Family Planning by female students. The students raised concerns on ineffectiveness of some family planning methods and the side effects. Themes emerged from the analyzed data, lack of correct and adequate information including indications, contraindication and side effects: for instance distorted information by peers related to use of family planning. Students express concern about accessing correct information on contraceptive methods. One student reported that they get most of the information from fellow students:

One participant said ``some people say that when you are under family planning methods you bleed and bleed without stopping, others go without menstruation for as long as five months and others don't conceive even after they stop using that method

Another participant said.....'' if you use condoms, they tend to burst and you may get pregnant, if you use injections you become fat or slender as a result of hormonal imbalances that occur,even my aunty got pregnant even though she was on pills..''

Another significant barrier was the side effects of the family planning methods. One lady reported that: ..''....once the implant is inserted you undergo different changes, one develops some problems for instance you become moody, lose appetite and develop tendencies of disliking some people. ''

The participants commented on the cost implication of some methods of family planning, especially when they are not available in university clinic and even if they are available some student do not want to be associated with use of family planning. High costs for contraceptives methods can be a deterrent to use especially if not available in a publicly funded clinic

One participant said: *“for instance when you need the e.pills, you get it at 150 shillings and not many students can afford to buy the pills”*.

Most of the participants commended that the family planning method readily available at university clinic is condom and is not preferred by the students. One of the students said *“ my boyfriend will never allow me to wear a condom nor will he wear one..... he thinks I don't trust him whenever I tell him to use a condom.....he cannot eat a sweet in a cover....men are very chicky, they even tear it intentionally and you end up being pregnant...halafuanakuruka (denies responsibility), so you see, despite the services the rate of pregnancy and abortion is very common”*

Some of the students feel embarrassed to seek for FP services, due to attitude of staff in the clinic. According to Ziyani, et al (2009), attitude of health service providers contribute to non-use of contraceptives by adolescents because they feel intimidated hence denied access despite having knowledge about contraception.

One of them said. *“ etiumekujianini?...condom?(you've come for what?... Condom!) Instead some seek for the services in private clinics. For instance one student stated that “ I better go out there where nobody knows me, where no one asks for my name or registration number.....if I go to the university clinic I will feel that people know what am doing and you know the embarrassment as most students associate family planning with sex immorality...so wherever they see you at the clinic for the same they think of you as `loose and sleeping with anybody`”*.

Most of the students do not have the correct information of family planning methods. Some students learn from their friends. One student responded: *‘My friend told me that all the family planning methods cause infertility so I have to wait until get children then I start using it’*.

A student commended; *‘majority of us don't know that family planning services are offered at the university clinic. I usually come to the clinic for medical treatment but am not aware that they offer family planning services too. I have just been told now and I even don't know how much they charge, whether they are cheaper or expensive compared to other health facilities outside the university. I think they should find a way creating awareness of the services’*

Stigma around university female students' sexuality may affect uptake of family planning services, even where such services are readily available. Most of the participants reported fear, embarrassment and shyness about seeking family planning services. One of the participant commended that; *‘most of the students fear that fellow students might know and spread gossip concerning the use of family planning services and their sexuality.*

III. Conclusion

A large majority of the respondents were young adults aged 20-24 years, married and living with their spouses. Contraceptive knowledge was high, with almost every respondent being aware of at least one modern family planning method, although most of them had never used any of the method.

IV. Recommendations

In order to meet the needs of MMUST female students regarding their reproductive desires as well as addressing their contraceptive needs, the following are the recommendations:

- Counsellors and clinicians should sensitize clients more about the contraceptive program and address any concerns which may arise since a substantial number have a desire to use the contraceptives but fear the effects associated with its use.
- Counsellors and clinicians should sensitize clients more about the available contraceptive services at the clinic and make appropriate referrals for those that are not available.
- Future research on socio-cultural issues affecting decisions regarding uptake of contraceptives.

References

- [1]. Abraham W., Adamu A., and DeresseD.(2010) The Involvement of Men in Family Planning An Application of Transtheoretical Model in WolaitaSoddo Town South Ethiopia. *Asian Journal of Medical Sciences* 2(2): 44-50
- [2]. Bankole, A. & Malarcher.S (2010). Removing barriers to adolescents' access to contraceptive information and services. *Studies in Family Planning* 41(2): 117-124.
- [3]. Boonstra, H.D. 2007. Learning from Adolescents to Prevent HIV and Unintended Pregnancy. Institute. http://www.guttmacher.org/pubs/2007/09/19/IB_PNG2007.pdf
- [4]. Breheny M, Stephen C (2007). Barriers to effective contraception and strategies for overcoming them among adolescent mothers. *Public health nursing*, 21 (3): 220-227.
- [5]. Central Bureau of Statistics. Kenya Demographic Health Survey 2009.
- [6]. Department of Reproductive Health(2010). Research Agenda in Reproductive Health in Kenya. Available at www.ncpd.go.ke

- [7]. Jain A.K, (1998) Fertility reduction and the quality of family planning service, *Studies in Family Planning*, 20(1):1-16.
- [8]. Lebeso R.T., Maputle S.M., Ramathuba D.U. & Khoza L.B., (2013) 'Factors influencing the uptake of contraception services by Vatsonga adolescents in rural communities of Vhembe District in Limpopo Province, South Africa', *Health SA Gesondheid* 18
- [9]. MacPhail C, Pettifor AE, Pascoe S, Rees HV (2007). Contraceptive use and pregnancy among 15-24 year old South African women: a nationally representative cross-sectional.
- [10]. Mkhwanazi, N. (2010). Understanding teenage pregnancy in a post-apartheid South African township. *Culture, Health and Sexuality* 12(4): 347-358.
- [11]. Myer L., Mlobeli R., Di Cooper, Smit J., and Morroni C. (2007), Knowledge and use of emergency contraception among women in the Western Cape province of South Africa: a cross-sectional study. *BMC Women's Health* 2007, 7:14
- [12]. Nguyen H.N., Liamputtong P., Murphy G. (2006): Knowledge of contraceptives and sexually transmitted diseases and contraceptive practices amongst young people in Ho Chi Minh City, Vietnam. *Health Care Women International* 27:399-417
- [13]. Ochako R, Mbondo M, Aloo S, Kaimenyi S, Thompson R, Temmerman M and Kays M (2015); Barriers to modern contraceptive methods uptake among young women in Kenya: a qualitative study; *BMC Public Health*, 15:118 doi: 10.1186/s12889-015-1483-1
- [14]. Ohene S, Akoto I.O (2008). Factors associated with sexually transmitted infections among young Ghanaian women. *Ghana Medical Journal*, 42(3): 96-100.
- [15]. Ringheim, K. and J. Gribble. (2010). Improving the Reproductive Health of sub-Saharan Africa's Youth. Population Reference Bureau, Washington, D.C. Accessed on July 20,
- [16]. Senbeto E, Alene GD, Abesto N, Yeneneh H (2005). Prevalence and associated risk factors of induced Abortion in North West Ethiopia. *Ethiopian Journal of Health Development*, 19(1)37-44.
- [17]. Smith R., Ashford L., Gribble J., Clifton D. (2009). *Family Planning Saves Lives*, 4th edition. Population Reference Bureau.
- [18]. Tenkorang EY, Maticka-Tyndale E (2008). Factors influencing the timing of first sexual intercourse among young people in Nyanza, Kenya. *International family planning perspectives*, 34(4):177-188.
- [19]. UNFPA. 2012. State of the World Population 2012: Gender Inequality and Reproductive Health. <http://www.unfpa.org/swp/2003/english/ch2/page2.htm>
- [20]. Williamson L.M., Parkes A., Wight D., Petticrew M and Hart G.J (2009) Limits to modern contraceptive use among young women in developing countries: a systematic review of qualitative research. *Reproductive Health* 2009, 6:3
- [21]. Wood K., Jewkes R. (2006) Blood blockages and scolding nurses: barriers to adolescent contraceptive use in South Africa. *Reproductive Health Matters* 14:109-118.

Anne Asiko Okanga "Uptake of Family Planning Among Female Students of Masinde Muliro University of Science and Technology". *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, vol. 7, no.7, 2018, pp. 73-77.