

**THE UTILIZATION OF MODERN FAMILY PLANNING METHODS AMONG  
WOMEN OF REPRODUCTIVE AGE IN KISAU DIVISION, MAKUENI COUNTY**

**BY**

**Irene M. Mutea**

University of NAIROBI Library



0546048 0

**A PROJECT PAPER SUBMITTED TO THE INSTITUTE OF ANTHROPOLOGY,  
GENDER AND AFRICAN STUDIES IN PARTIAL FULFILMENT OF THE  
REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN GENDER AND  
DEVELOPMENT STUDIES OF THE UNIVERSITY OF NAIROBI**

**2012**

## DECLARATION

This is my original work and has not been presented for the award of a degree in any other institution.

Signature: th

Date: 28/11/12

**Irene M. Mutea**

**REG. NO: N69/76504/2009**

This project paper has been submitted for examination with my approval as the University supervisor

Signature: Shilabukha Khamati

Date: 25/11/12

**Mr. Shilabukha Khamati**

## **DEDICATION**

I would like to dedicate this book to my parents William and Pauline Mutea for their support during the process of compiling this project.

## **ACKNOWLEDGEMENT**

I am grateful to God for his guidance during the process of planning, implementing and compiling this project.

I would also like to thank my supervisor: Mr. Khamati Shilabukha for his supportive role and step by step guidance as well as his technical inputs into the document.

I would also like to thank the informants who agreed to take part in the interviews and provided valuable information that was used to inform the outcome of the study.

## TABLE OF CONTENTS

Declaration.....	ii
Dedication.....	iii
Acknowledgement.....	iv
Table of contents.....	v
List of figures/Tables.....	viii
List of abbreviations/acronyms.....	ix
Abstract.....	x
<b>CHAPTER ONE: BACKGROUND TO THE STUDY.....</b>	<b>1</b>
1.1 Introduction.....	1
1.2 Problem statement.....	1
1.3 Study objectives.....	2
1.3.1 Overall Objective.....	2
1.3.2 Specific objectives.....	2
1.4 Justification of the study.....	3
1.5 scope and limitations of the study.....	3
1.6 Definition of key terms.....	3
<b>CHAPTER TWO: LITERATURE REVIEW.....</b>	<b>4</b>
2.1 Introduction.....	4
2.2 Awareness of family planning methods.....	4
2.3 Factors affecting the utilization of family planning methods.....	5
2.3.1 walking time to the service delivery points.....	5
2.3.2 Religious affiliations.....	5
2.3.3 Education levels.....	5
2.3.4 Husband-wife communication.....	5
2.4 Assumptions of the study.....	5
2.5 Theoretical framework.....	6
2.5.1 The social networks theory.....	6
2.5.2 Relevance of the theory to the study.....	7

<b>CHAPTER THREE: METHODOLOGY.....</b>	<b>9</b>
3.1 Introduction.....	9
3.2 Research site.....	9
3.2.1 source of livelihood.....	11
3.3 Research design.....	11
3.4 Study population.....	11
3.5 Sampling procedure and sample size.....	11
3.6 Data collection methods.....	11
3.6.1 In-depth individual interviews.....	11
3.6.2 Key informant interviews.....	11
3.7 Data processing and analysis.....	12
3.8 Ethical considerations.....	12
<b>CHAPTER FOUR: PRESENTATION OF FINDINGS.....</b>	<b>13</b>
4.1 Introduction.....	13
4.2 Demographic characteristics.....	13
4.2.1 Age of respondents.....	13
4.2.2 Marital status.....	13
4.2.3 Level of education.....	14
4.2.4 Level of income.....	14
4.2.5 Religious affiliation.....	14
4.2.6 Distance to the health facilities.....	15
4.3 Knowledge of family planning methods.....	15
4.4 Utilization of family planning methods.....	16
4.5 Factors affecting the utilization of family planning methods.....	16
<b>CHAPTER FIVE: DISCUSSIONS, CONCLUSION AND RECOMMENDATIONS.....</b>	<b>18</b>
5.1 Introduction.....	18
5.2 Summary.....	18
5.3 Conclusion.....	19
5.4 Recommendations.....	19

5.5 Areas of further research.....19

References.....20

Appendices.....22

    Appendix 1: Indepth individual interview guide.....22

    Appendix 2: Key informant interview guide.....24

## LIST OF FIGURES

Figure 3.1: A map of Kenya showing Makueni District.....	13
Table 4.1: Level of income.....	19



## LIST OF ABBREVIATIONS / ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
AMREF	African Medical Research Foundation
APHRC	African Population and Health Research Centre
CPR	Contraceptive Prevalence Rate
FHI	Family Health International
FP	Family Planning
HIV	Human Immunodeficiency Virus
IUCD	Intra Uterine Contraceptive Device
KDHS	Kenya Demographic and Health Survey
KMTC	Kenya Medical Training College
KNBS	Kenya National Bureau of Statistics
LAPMs	Long-acting and Permanent Methods
MOH	Ministry of Health
MoPHS	Ministry of Public Health and Sanitation
NCPD	National Council for Population Development
RH	Reproductive Health
STD	Sexually Transmitted Diseases

## ABSTRACT

The Kenyan government has put in place strategies and policies to reduce fertility, increase contraceptive prevalence rate and reduce the unmet family planning needs (republic of Kenya, 2007b; Ian *et al*, 2009). Despite these policies, total fertility rates remains high at 4.6%, while CPR for all methods is at 46% while the unmet need for family planning services averages at 24% (KNBS ICF Macro, 2010). Therefore, the main objective of this study was to assess the factors influencing the utilization of family planning services by women of reproductive age in Kisau Division, Makueni County. In specific terms, the study intended to examine women's knowledge levels of family planning methods, to analyze the factors contributing to the utilization of family planning methods and examine constraints in the use of family planning methods among women in Kisau Division. The study used purposive and convenient sampling. The study used in-depth individual interviews and key informant interviews to collect data. Data was analysed based on the three thematic areas i.e. knowledge on family planning methods, factors and constraints affecting their utilization. The findings of the study indicate that that a majority of women under the study had knowledge of one more method of family planning at the same time, the level of use of family planning methods is average. Moreover, there was a relationship between levels of education; distance from health facilities, household's level of income and family planning methods knowledge levels and women's use/non-use of family planning methods. Fear of side effects based on information from friends, myths and misconceptions about contraceptives is another factor that influences for non-use of contraceptives. Lack of information on contraceptives, long distances to the service provision sites and the cost of contraceptives were also cited as reasons for non-use. In view of the findings, the study suggests that the government should provide contraceptives in smaller private clinics that are close to people. The government should also ensure provision of accurate information on family planning methods to help women make informed choices and reduce the cost of family planning services especially LAPMS which are costly.

## CHAPTER ONE: BACKGROUND TO THE STUDY

### 1.1 Introduction

All individuals and couples have a basic human right to decide freely and responsibly the number, spacing, and timing of their children. Fulfilling this right is an important intervention for improving maternal and child health, preventing HIV infections, and improving the overall well-being of entire families. Yet, only a small proportion of women in Africa who want to space or limit their pregnancies are using any form of family planning (FHI, 2007).

Kenya's contraceptive prevalence rate (CPR) in 2008-2009 was 46 percent, up from 39 percent in 2003 (KNBS ICF Macro, 2010). There has been a steady rise in CPR from 7 percent in the late 1970s to 17 percent in 1984, 27 percent in 1989, 33 percent in 1993, 39 percent in 1998 and 46 percent in 2008. This steady rise has been attributed mainly to the country's fairly strong family planning programme, which has had a good balance of public and private sector involvement. There has also been a substantial shift in method mix from traditional and less effective methods to more effective modern methods (modern methods at 39 percent, traditional methods at 6 percent). Kenya has also continued to experience a fertility transition from a high of 8.1 births per woman in 1978 to 4.6 (KNBS ICF Macro, 2010).

### 1.2 Problem statement

To attain a balance between resources and population, Kenyan policy promotes family planning as an entitlement that is based on informed and voluntary choice (KNBS ICF Macro, 2010). To this end the Kenya government has put in place various strategies and policies to facilitate the use of family planning services as a step towards reducing the fertility rates, increasing contraceptive prevalence rate (CPR) and reducing the unmet family planning needs (Republic of Kenya, 2007b; Ian *et al.*, 2009). Despite these policy measures, total fertility rate still remains high at 4.6 percent, while CPR for all methods is at 46 percent. On the other hand, the unmet needs for family planning services average at 24 percent (KNBS ICF Macro, 2010).

The national reproductive health policy (2007) recognizes that the number of couples and other unmarried sexually active individuals who need family planning will grow by 200,000 per annum from 2005-2015. A major challenge is the trend in the patterns of use of modern

contraceptives which shows a general increase in the use of short-acting methods and a decline in the use of LAPMs despite the proven advantages of LAPMs being more effective in preventing pregnancy, more convenient to use as well as being more cost effective (Republic of Kenya, 2009)

At the household level, the high fertility rate may be contributing to the pressure on resources in society, rising cost of living, ill health, poor nutrition and limited educational opportunities, this ultimately trapping women in a vicious poverty cycle. In the case of rural areas, total fertility rates are always higher compared to their urban counterparts (KNBS ICF Macro, 2010).

Although studies have shown that education, marital status, woman's income, and other demographic and socio-economic factors affect utilization of family planning services, the significance of these factors and provider factors have not been determined for each specific area in the country. The study analysed the utilization of modern family planning methods amongst women of reproductive age in Kisau Division, Makueni County.

In order to address the above objective, the study was guided by the following research questions:

- i) What is the level of women's knowledge on family planning methods in Kisau Division?
- ii) What are the factors contributing to the use/no use of family planning methods?
- iii) What are the constraints encountered in the use of family planning methods among women in Kisau Division?

### **1.3 Study Objectives**

#### **1.3.1 Overall objective**

To assess the utilization of family planning methods by women in Kisau division.

#### **1.3.2 Specific objectives**

- i) To examine women's knowledge of family planning methods in Kisau division.
- ii) To analyse the factors contributing to the utilization of family planning methods in Kisau division.

- iii) To examine constraints in the use of family planning methods among women in Kisau division.

#### **1.4 Justification of the study**

The findings of this study have academic implications for the future consumption and provision of modern family planning methods in Kisau Division of Makueni County. Academically, the study will contribute to the body of knowledge about the level of utilization of family planning methods in Kisau Division. It will also form a basis for others to develop their studies based on the gaps identified. Practically, the study will assist in documenting the level of utilization of family planning methods in Kisau division. If adopted by policy makers the study findings may help in the formulation of future public health policies aimed at improving the provision and uptake of modern family planning methods. These will improve the provision of reproductive health services especially to women of Kisau Division.

#### **1.5 Scope and Limitations of the Study**

The study was carried out in Kisau Division, Makueni County. It focused on the utilization of family planning methods among women of reproductive age (15-49 years old) in Kisau division, factors contributing to the use of family planning methods and the constraints preventing their use.

The study was limited by the sample size used, which is small, and therefore the results cannot be generalized to the whole country.

#### **1.6 Definition of key terms**

**Family Planning:** It is the process of child spacing so that the couple has the number of children they want at the time desired, i.e. when wanted, expected and welcomed.

**Knowledge:** This is the state of being well informed, having the facts and being aware about a certain issue.

**Reproductive age:** This is the period of child-bearing age which ranges from 15 years to 49 years.

**Contraceptive prevalence rate (CPR):** Is the percentage of women between the ages of 15 and 49 who are practising, or whose sexual partners are practising, any form of contraception.

## CHAPTER TWO: LITERATURE REVIEW

### 2.1 Introduction

This chapter reviews the literature that is relevant to the research problem. It looks at the level of awareness of family planning methods from an overall and Kenyan perspective. This review is outlined according to the following sub-headings; level of awareness of family planning methods, factors contributing to the utilization of family planning methods and the barriers to the use of family planning methods. The chapter also outlines the assumptions of the study and the theoretical framework guiding the study.

### 2.2 Awareness of family planning methods

Knowledge of family planning methods is seen as a prerequisite for making a decision to initiate contraceptive use. There is a near universal knowledge on family methods in Kenya, with 95 percent of women and 97 percent of men aged 15-49 having the knowledge of at least one family planning method. Modern methods are more familiar to women than traditional methods, 95 percent of women know at least one modern method and only 69 percent know a traditional method. With a near universal knowledge in family planning methods and a 46 percent contraceptive prevalence rate knowledge does not seem to translate to use (KNBS ICF Macro, 2010).

Among the modern family planning methods short-acting methods are more known in comparison with the long-acting and permanent methods (LAPMs). Knowledge on short-acting methods is over 80 percent while that of LAPMs is at 60 percent (KNBS ICF Macro, 2010). Short-acting methods are more popular because of their availability in rural/small clinics and because they can be provided by unskilled workers and do not require specialized equipment making them popular in rural areas (FHI, 2007). The more information clients have on a variety of FP methods, the more they are likely to start/continue using FP methods. Where service providers are able to counsel clients on a variety of methods, they are more likely to meet the client needs (Miller *et al*, 1998).

## **2.3 Factors affecting the utilization of family planning methods**

### ***2.3.1 Walking time to the service delivery points***

Women who live closer to the facilities tend to use modern FP methods more than their colleagues who have to walk for an hour or more. According to the KDHS (2008-2009) women gave lack of access/service delivery points being too far as a reason as to why they were not using contraceptives ((KNBS ICF Macro, 2010)

### ***2.3.2 Religious affiliation***

Religion has been documented to be the most controversial factor influencing use of modern FP methods. The Roman Catholic Church for example, advocates abstinence or use of natural methods for FP, as the use of modern methods is against the religious beliefs (KNBS ICF Macro, 2010)

### ***2.3.3 Education levels***

The level of education plays an important role in the use of modern FP methods. The proportion of women using the modern FP methods tends to increase with increasing level of education (KNBS ICF Macro, 2010).

### ***2.3.4 Husband Wife Communication***

Spouse discussion and agreement in the use of modern FP methods are important psychological backing to women which might influence their final decision. Men's support or opposition to their partners' practice of FP has a strong impact on using the methods in many parts of the world. As such, studies on factors related to contraception use have noted discussion of FP among partners to be the most important determinant of accepting modern FP methods. 6% of the women interviewed during the Kenya demographic health survey (2008-2009) gave husband/spousal opposition to the use of contraceptives as the reason they are not using contraceptives ((KNBS ICF Macro, 2010)

## **2.4 Assumptions of the Study**

In the study, the following assumptions were made:

- There is low knowledge on family planning methods among women in Kisau Division

- Women are limited by social factors in the use of family planning methods
- There are no constraints in the utilization of family planning methods among women in Kisau Division.

## **2.5 Theoretical Framework**

The study was guided by the social network theory. The Social network theory views social relationships in terms of nodes and ties. It was propounded by J. Barnes (1954) who was interested in analysing social relations in what he referred to as small world's problem and the six degrees of separation. He described relations in terms of nodes, which are the individual actors within the networks, and ties are the relationships between the actors. According to him, there can be many kinds of ties between the nodes. In its most simple form, a social network is a map of all of the relevant ties between the nodes being studied. The network can also be used to determine the social capital of individual actors.

### **2.5.1 The social networks theory**

According to this theory, the attributes of individual actors -whether they are friendly or unfriendly, smart or dumb matter-are influenced by those around them. In this network, the attributes of individuals are less important than their relationships and ties with other actors within the network. Thus, we can use social networks to examine how individuals interact with each other, characterizing the many formal and informal connections that link people of varying statuses together. These networks provide ways for individuals to gather and share information and even utilise that information. Therefore, in terms of human behaviour this theoretical framework assumes that interpersonal connections influence a person's behaviour.

Casual observations suggest that individuals do not make decisions in social isolation, but in interaction with each other. This is the basis of the community. It is through the 'community' represented by social networks that people assess whether the change in behaviour being undertaken is acceptable or not. That is why decisions to limit one's family size do not occur in a vacuum but within a context. Studies show that women chat with each other about family size and family planning (Rutenberg and Watkins, 1997; Entwisle *et al*, 1996).



### 2.5.2 Relevance of the theory to the study

Theoretical analyses of contraceptive choice and fertility dynamics show that social interactions can help to explain patterns of fertility change or contraceptive behavior that are otherwise difficult to reconcile with standard individual-centred explanatory frameworks (Behrman *et al*,2002).

Focus on family planning is increasingly shifting away from treating individuals as acting independently of each other to examining the centrality of social networks in the decision-making process. In the view of social network approaches, behaviors enacted by an individual are embedded in a social process. In this social process, interactions among and between individuals are not only influencing preference and defining the situation but also driving the process of deciding whether something is wrong, whether anything can be done about it, what should be done, and how it should be evaluated. How people come to accept or adopt certain behaviour, in this case family planning should be viewed as a process of social influence and learning more than as individual action.

What happens at the family level is, therefore, the result of a wider social process that is initiated, negotiated, and agreed upon within social networks. Studies have shown that women who talk more with other women are more likely to know women who use family planning and tell them about its' advantages (or disadvantages) than a woman who is more socially isolated; because they prefer to talk with women like themselves, they all have characteristics that make them similarly likely (or unlikely) to use family planning (Behrman *et al*, 2002, Rutenberg and Watkins 1997; Entwisle *et al* 1996).

However, as people start embracing new ideas, they get more educated. As a result people are likely to behave as those with whom they interact. Therefore social influence through social networks may impede or facilitate adoption and practice of new ideas, in this case family-planning methods.

A further elaboration of social networks may help us to analyse contraceptive behaviour in regard to influence through social learning. In this regard, we may then examine the ways in

which players in the social process impose certain constraints on the behaviors of others through the exercise of authority vested in social norms. In analyzing adoption of family planning methods, social interaction would avail information about family upbringing, cost of living, and other related issues.

In applying this theory, the study examined family planning methods utilization and use among women who express a desire to limit or space children. The study also examined how women learn about contraceptives and how communication with other members of the society might provide a sense of change, soften strongly held beliefs, and enable fertility behavior to be modified. The way couples interact with kin, neighbors, peers, community leaders, health professionals, and state authorities, have a bearing on their fertility behavior.

## **CHAPTER THREE: METHODOLOGY**

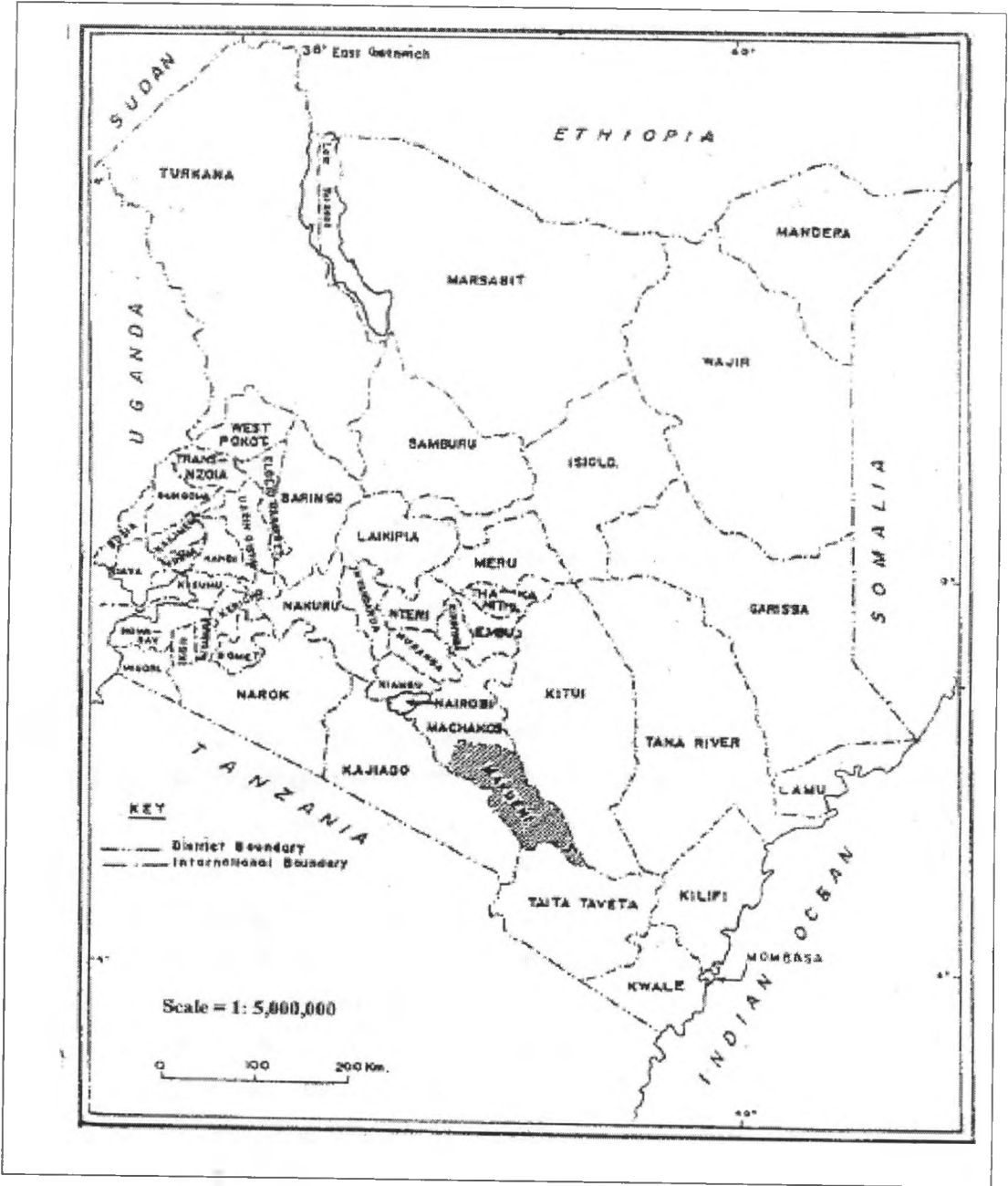
### **3.1 Introduction**

This chapter highlights the procedure which was used in conducting the study and includes the study site, research design, study population, sampling procedure and sample size, data collection methods, data processing and analysis ethical considerations .

### **3.2 Research site**

The study was carried out in Kisau Division, Makueni County, Eastern Province. Kisau Division has an approximate population of 53,349 and comprises three locations namely Kisau with a population of 16,652, Kiteta with a population of 20,407 and Waia with a population of 16,290. There are 27,949 females in the division (KNBS, 2010). There are 3 health facilities that offer family planning services in Kisau Division. These are Mbumbuni dispensary in Kisau location, Tawa health centre in Kiteta location and Waia dispensary in Waia location.

Figure 3.1 a map of Kenya showing Makueni district



Source: *Journal of Ethno biology and Ethno medicine*, 2006.

### **3.2.1 Source of Livelihood**

The area relies heavily on rain fed agriculture and livestock keeping which fails because of lack of sufficient rains. There is heavy reliance on maize and beans which fail because they require long rains to produce.

### **3.3 Research design**

This was a qualitative descriptive study. The study utilized key informant interviews and in-depth individual interviews as the main methods of data collection. Data was collected by administering the interview guides to the informants, analyzed based on the three thematic areas of the study and presented through a narrative.

### **3.4 Study Population**

The target population in this study was all women within the reproductive age bracket (15-49 years) living in Kisau Division. The unit of analysis was the individual woman.

### **3.5 Sampling Procedure and Sample Size**

This study used purposive and convenient sampling with a sample size of 18 women. The women were interviewed as they attended baby wellness clinics. The key informants chosen for the study were the ones who provide reproductive health services in the clinics within the research site.

### **3.6 Data Collection Methods**

#### **3.6.1 In-depth interviews**

In-depth interviews were used to capture the knowledge on family planning methods, factors affecting their utilization and constraints to their utilization. This allowed women to express themselves and their ideas about family planning in their own words. The interviews were carried out in a clinic/dispensary setting. An in-depth interview guide was used.

#### **3.6.2 Key informant interviews**

Key informant interviews were carried out with health professionals to capture their knowledge and attitude towards family planning methods. This method was also used to capture the utilization levels, accessibility and barriers to the uptake of family planning methods. Three

health professionals from two clinics within the research site offering family planning services at the facility levels were interviewed. A key informant interview guide was used (**Appendix 2**).

### **3.7 Data processing and analysis**

Data was analyzed based on the three thematic areas of this study. These are level of knowledge for family planning methods, the factors and constraints affecting the utilization.

### **3.8 Ethical Considerations**

Informants gave consent to be interviewed after being given enough information on the nature of questions to be asked and the purpose of the study. They were also informed of their right to withdraw from the study at any stage in the interview process. Respondents were assured of confidentiality of all the information through the use of aliases for the respondent's names or the use of one name for each respondent.

## **CHAPTER FOUR: PRESENTATION OF FINDINGS**

### **4.1 Introduction**

This chapter presents the findings of the study. The study sought to address the following objectives; level of women's knowledge on family planning methods in Kisau Division, the factors contributing to the use/no use of family planning methods and the constraints encountered in the use of family planning methods among women in Kisau Division. The chapter covers the demographic characteristics of the study population and its impact on the utilization of family planning methods, their knowledge of contraceptives, the actual utilization of family planning methods and the factors affecting the utilization.

### **4.2 Demographic Characteristics**

This section provides a brief description of the socio-demographic factors of the study population which may have a bearing on the utilization of family planning methods.

#### **4.2.1 Age of the respondents**

The majority of the respondents interviewed were aged between 18-25 years followed by those aged between 26 and 35. There were no women aged below 18 years or above 45 years in the study.

A very young population of women seeking FP services implies early sexual encounter which in turn leads to child bearing at a very young age. Women who begin childbearing early in life are less likely to attain adequate education than those who delay childbearing until their late 20s (McCauley et al., 2005). This also has a bearing on the economic capability of such mothers to have sufficient knowledge on FP services as well as the economic capability for them to afford the services

#### **4.2.2 Marital status**

The study sought to establish the marital status of the women included in the study. The study revealed that 22 of the respondents were married while only 3 were single. With majority of the respondents being married implies that the decision on the use of FP methods may not have been made solely by the woman but in consultation with the husbands most of whom are the sole providers for the family and major decision makers in the family.

### 4.2.3 Level of education

The study revealed that majority of women was educated up to primary level. 20 respondents had attained some form of primary education, four had attained secondary education while only one had received college education. Information on contraceptives is written in technical language and a certain level of education is needed for proper understanding of the benefits of contraceptives.

### 4.2.4 Level of income

The study sought to establish the household's monthly income as it indicates the women's ability to meeting the cost of family planning services. Twenty of the respondent's households had a monthly income of less than ksh.2000, four of them earn between Ksh.2001-5000, while only earns between Ksh.5001-20000. These findings show that most of the women under study come from households living on less than a dollar in a day and are therefore faced with the challenge of meeting family needs including health care needs, contraceptive utilization being among them.

The major indicators of poverty in Kenya are unemployment; low coverage in water services; general decline in access to health care services; increased pressure on the environment and increased number of people living below minimum level of dietary energy consumption (Republic of Kenya, 2008). The number of people living in absolute poverty is at 56%, hence majority of Kenya's population are unable to access basic social services including contraceptives.

**Table 4.1: level of income**

Approximate income per month(Ksh.)	Number
Below 2000	20
2001-5000	4
5000-20000	1

### 4.2.5 Religious affiliation

All the respondents interviewed were Christians hence religious affiliation had no bearing on the choice to use/not to use contraceptives. The respondents revealed that the church does not



provide information on family planning and therefore has no influence on their choice to use or not use contraceptives.

#### **4.2.6 Distance to health facility**

The study also sought to establish the distance from the women's households to the nearest facility that offers FP services. This was meant to ascertain whether distance to the facilities that provide FP services was a barrier to their utilization. Nine of the respondents live less than 10km away from the nearest service provision site, three live between 11-20km, a further four live between 21-30 km away and nine more live more than 31km away. Majority of women have to walk for long to get to the service provision points while some have to find transport as the distance is too long to walk resulting in an increased cost of accessing contraceptives. This is in sync with a study carried out by the Kenya National Bureau Statistics in 2010 which revealed that lack of access to the family planning services as a result of the facilities being too far was a factor contributing to non-use by women (KNBS ICF Macro, 2010).

#### **4.3 Knowledge of family planning**

Respondents were asked to state which type of family planning they had heard of. The study established that over twenty two of the clients interviewed had heard of a family planning method. Of these, ten said that they had heard about the pill while seven had heard about the injectable contraceptive, condoms and IUCD follow at four each. Only two of the respondents said they have never heard of any method. This shows that most of the respondents have some knowledge of one or more types of family planning methods.

Twenty three of the respondents interviewed had knowledge of at least one or more method of family planning. Only fourteen of the respondents interviewed had ever used/were on any type of contraceptive with six of those saying they are on/have ever used the pill and five on the injectable. This implies that majority of the women in the study area may not be or may not have been using contraceptive to delay pregnancy. The knowledge levels against the actual use of family planning methods by women under the study almost corresponds to the national statistics of 94.6% against a 46 % (KNBS ICF Macro, 2010).

#### **4.4 Utilization of Family Planning Methods**

The study sought to establish the actual utilization of family planning services by women of Kisau Division, Makueni County. In particular the researcher wanted to establish the type of family planning methods used before by the women and/or their spouses. The study established only fourteen of the respondents or their spouses had used/were using a family planning method out of whom six had used the pill while the other five had used the injectable method, Depo-Provera. This shows that these two methods are most commonly used by the women in the study population.

According to the informants, these two methods are cheap and easily available in the local health facilities. According to the key informants, other methods such as the IUCD's and sterilization are not offered because the providers lack adequate skills to offer the services as well as lack of equipment needed to offer the services.

#### **4.5 Factors Affecting Utilization**

The study sought to establish the factors affecting utilization of family planning methods in Kisau Division, Makueni County. The respondents reported that the main factor influencing utilization of family planning methods was the perceived side effects such as nausea, bleeding as reported by friends. Eleven of the respondents said that the fear of experiencing some of the side effects kept them away from using contraceptives. In addition six cited the lack of information, five cited far distances from health facilities while three cited costs as other key reasons that influenced their utilization of family planning services. Most clients had no accurate information on how the various methods work their side effects and where they can be obtained.

According to the key the key informants' majority of the women live far from the health facility and this hampers regular attendance for these services. They also said that the facilities are highly understaffed hence could not offer the family planning services for a full seven days a week, preferring to offer only on weekdays and more intensively only on market days(Tuesdays and Fridays-Tawa sub-district hospital, Wednesdays-Mbumbuni health centre). The high work load thus does not provide an environment to offer comprehensive or quality services.

Rumors, myths and misconceptions about the side effects of contraceptives prevents a good number of women from using contraceptives. The clients interviewed said that lack of information was a largest influencer on the uptake and utilization of family planning services. The key informants said that a lot of women relied on information from friends, relatives and communities at large and such information was not correct or authentic. As such myths and rumours about side effects have been spread among women. The key informants also stated that IUCD was not preferred as it was rumored that it can get lost in the body and partners complain of discomfort.

The key informants also reported that there is lack of trained personnel to offer Long Acting and Permanent Methods (LAPMS) (IUCD insertion, implant and female sterilization. As such this is a missed opportunity since LAPMS provide long term protection against unwanted pregnancies especially for women travelling from far, and the eligible women in the study area are not benefiting.

## CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

### 5.1 Introduction

This chapter presents summary, conclusion, recommendations of the study and recommendations of areas for further research

### 5.2 Summary

A qualitative descriptive study design was used to obtain information from the women and key informants. An in-depth individual interview guide was used to obtain information from the women while a key informant interview guide was used to gather information from the key informants. The study used purposive and convenient sampling to identify participants of the study.

The study revealed that a majority of women under the study had knowledge of one more method of family planning at twenty three out of the twenty five interviewed which concurs with the KDHS findings that 95% of women have knowledge of at least one method of family planning (KNBS ICF Macro, 2010). The level of use of family planning methods was at 14 out of the 25 interviewed which is slightly above the national CPR of 46%. Knowledge is clearly not a pre-requisite to use of contraceptives as there is a big difference between the number with knowledge on contraceptives and the number that is using contraceptives.

Socio-economic and demographic factors were used to determine their influence on use/non-use of contraceptives. The study established that there was a relationship between levels of education; distance from health facilities, household's level of income and family planning methods knowledge levels and women's use/non-use of family planning methods.

Fear of side effects based on information from friends, myths and misconceptions about contraceptives is the the most cited reason for non-use of contraceptives. Lack of information on contraceptives, long distances to the service provision sites and the cost of contraceptives were also cited as reasons for non-use. Key informants said that they are sometimes too busy to offer family planning counseling because clients only come when the services are being offered and the workload is usually too high.

### **5.3 Conclusions**

Findings from this study indicate that non-use of family planning methods was strongly associated to education level, income and long distances from the service provision sites. The main factor contributing to non-use of contraceptives is the fear of side effects with information provided on contraceptives could be wrong especially the one from friends as it's based on myths or someone else's experience which may not apply to other individuals. Lack of information on contraceptives, and long distances to the service provision points as well as cost are the other determining factors.

All these factors should be considered when designing interventions aimed at increasing contraceptive utilizations.

### **5.4 Recommendations**

The study sought to establish from the respondents suggestions towards improving uptake of family planning services in the study area. These include:

- Given that many women live far away from the government facilities, the government should avail family planning services in smaller private facilities that are closer to the people. Long acting and permanent methods should also be made more available.
- Information: information is power. Efforts should be made to ensure women have the correct information on family planning and the various methods to enable them make an informed choice.
- Reduce the cost of family planning services: Most families and especially women are poor. Cost of services hinders utilization; hence this needs to be removed. The cost of LAPMS is high hence out of reach for majority of the women.

### **5.5 Areas of further research**

- Further research is needed to establish the impact of uncontrolled population growth to the economy
- There is the need to establish the actual utilization of FP methods in the entire Makueni district to guide programming
- To explore the role of community based health workers in provision FP services

## REFERENCES

- Barnes, J. 1954. The strength of weak ties: A network theory revisited. In P.V. Marsden and N. Lin. (Eds.) *Social structure and network analysis*. Beverly Hills CA: Sage, pp. 105-130.
- Entwisle, Barbara, Ronald R. Rindfuss, David K. Guilkey, Aphichat Chamrathirong, Sara R. Curran, and Yothin Sawangdee, 1996. *Community and Contraceptive Choice in Rural Thailand: A Case Study of Nang Rong*. *Demography*, 33:1 .
- FHI. 2007. *Addressing unmet need for family planning in Africa: the case for long-acting and permanent methods*. Nairobi: FHI.
- Granovetter, M.S. 1982. Class and Committees in a Norwegian Island Parish. *Human Relations*, 7: 39-58.
- Ian, A., Alex, E. Bongaarts J. and Townsend. 2009. *Kenya's Fertility Transition: Determinants and Implications for Policy Programmes*. Nairobi: Population Council
- Behrman Jere R., Hans-Peter Kohler and Susan Cotts Watkins. 2002. Social Networks, Family Planning and Worrying about AIDS: What are the Network Effects if Network Partners are not Determined Randomly?
- Kenya National Bureau of Statistics (KNBS) and ICF Macro. 2010. *Kenya Demographic and Health Survey 2008-09*. Calverton, Maryland: KNBS and ICF Macro.
- Kenya National Bureau of Statistics (KNBS), 2010. *2009 Kenya Population and housing Census*. Nairobi: Government printer.
- McCauley, A., Salter, C., 2010. Social and economic consequences of early childbearing. Population information program center for communication programs. The John Hopkins University school of Public Health

Ministry of Planning and Vision 2030, Kenya, 2008. Millennium Development Goals:kenya Progress Report 2008. Nairobi, Kenya.

Republic of Kenya.2007a.*National Reproductive Health Policy*.Nairobi, Government Printer.

Republic of Kenya.2007b.*Kenya Vision 2030, the Popular Version*, Nairobi: Government Printer.

Republic of Kenya. 2009. *National Reproductive Health strategy*, Nairobi, Government Printer.

Rutenberg, Naomi and Susan C. Watkins. 1997.The Buzz Outside the Clinics: Conversations and Contraception in Nyanza Province, Kenya.*Studies in Family Planning* 28:(4),: 290-307.

**APPENDICES**

**Appendix 1**

**IN-DEPTH INDIVIDUAL INTERVIEW GUIDE**

Good morning/afternoon/evening, I am ..... from Nairobi University, department of Gender and Development Studies. I am conducting a survey on the utilization of family planning methods. You have been selected because you are using/have used family planning methods. This interview will take 45 minutes. Everything you say will be treated confidentially. No names will be attached to any information you provide.

1. Knowledge of family planning methods.

a) which methods have you heard of

- i) Female sterilization
- ii) The pill
- iii) IUD
- iv) Injectables
- v) Condoms
- vi) Lactation Amenorrhea method (LAM)
- vii) Emergency contraception
- viii) Rhythm method
- ix) Any other method

2.) Have you/your partner ever used any type of contraceptive to delay/prevent pregnancy?

- a) Yes
- b) No

3) Which family planning method are you or have you ever used?-(indicate the ones mentioned)

.....  
.....

4) Source of information on family planning methods

- a) public sector(government hospital/health center/dispensary)



b) Private medical sector (faith based, church, mission hospital/health center,

Pharmacy/chemist, nursing/maternity home

c) Any other source.....

5) Distance of the source family planning method from your home

6) Available methods of FP

7) Factors affecting the utilization of modern family planning methods

6. Problems in the utilization of family planning methods

7. Opinions/suggestion on family planning methods

8. Age

9. Marital status

10. Level of education

11. Level of income

12. Religion

## Appendix 2

### KEY INFORMANT INTERVIEW GUIDE

Good morning/afternoon/evening, I am ..... from Nairobi University, department of Gender and Development Studies. I am conducting a survey on the utilization of family planning methods. You have been selected because of your technical knowledge in the field of family planning as well as your interaction with family planning clients in this area. This interview will take 45 minutes. Everything you say will be treated confidentially. No names will be attached to any information you provide.

1. Knowledge on family planning methods
2. Sources of information
3. Available methods of FP
4. Factors affecting the utilization of family planning methods in this area
5. Constraints to the utilization of family planning methods
8. Attitudes of family planning recipients and providers towards family planning
9. What informs the attitudes?