



Children by choice, not by chance:

How to ensure effective uptake of family planning strategies in Northern Uganda

Summary

This brief advocates for a change in family planning strategies in Northern Uganda. The government of Uganda updated its commitment at the Family Planning Summit in London, UK on July 11, 2017 and vowed to reduce the unmet need for family planning to 10% and to increase the modern contraceptive prevalence rate among all women to 50% by 2020. Yet, contraception use remains low – a 2018 survey by Makerere University's School of Public Health on regional up take of contraceptives in northern Uganda highlighted that only 37.5% of every 100 women aged between 15 to 49 reported to use a modern family planning method (2018). Although recent years have seen an increase from 35% in 2016 to 37.5% in 2018 (MSPH, 2018), with barely one year remaining to 2020, Uganda is likely going to miss important family planning goals as set out by the previous named Family Planning Summit in London and the broader Sustainable Development Goals.

Having unplanned children is holding parents trapped in a vicious poverty cycle – many having access to little resources for basic needs of their children and young girls are dropping out of school, and forfeiting a chance of the chance to potentially better paid employment, because of early and unplanned pregnancy. Poor child spacing also leads to poor child health which can lead to low mental development and low child immunity.

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Methodology

The brief is based on primary ethnographic research conducted in both rural and urban area of Gulu, Pader, Lamwo and Kitgum districts in Northern Uganda. The research endeavoured to understand whether people plan to have their children, and reported on themes such as sexuality, notions of home and childhood. The researcher interviewed 80 people in rural settlements in Acholi district and 50 people were asked whether they plan to have their children.

Key considerations and recommendations

The brief highlights critical gaps in the current family planning strategies of the Government of Uganda and advocates for culturally appropriate provision of services. It recommends an alternative family planning strategy to ensure that people have children by choice and not by chance:

- It acknowledges that many women and men in rural Uganda still do not have access to high quality and effective family planning methods because of poverty and other financial challenges. Through family planning ambassadors the Government should provide free family planning to people who have no money to receive the treatment from health centres and this will help in closing the socio-economic and education status gap.
- Policy makers should increase institutional capacity of the public and community based services, and as such we advise the set-up of delivery points to increase choice of contraceptive method and ensure quality of care at all levels. To finance such process, we would promote partnerships with the private sector to support family planning ambassadors to deliver services on bicycles so they can reach a large number of people in different communities.

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- Services and related communication campaigns should be focused on planning rather than prevention. Children are very important in the context of Uganda as “for a home to be home it should have a child”. People should not be prevented from having the number they want but it should be emphasized that they should first plan and consider the child’s health before conceiving. Such a strategy should give power to people to make their own choices through giving people reasons to use family planning.
- Communication efforts should include the broader community as barriers for modern contraception include social norms. Community members will not only be educated, trained and sensitized by health worker but also by community family planning ambassadors and this sensitization and training will not only be done in health centres. It is, namely, vital to integrate family planning with non-medical services like Village Saving Groups and traditional dance groups which dance the Larakaraka, an important cultural event.
- Additionally, we propose an additional focus on school-based education, in particular for teenagers. Lack of sex education perpetuates high adolescent birth rate and we should be sensitizing teenagers about the consequences of teenage pregnancies through curriculum-based sexuality and reproductive health education programmes linked with community interventions.
- The information should reach the local community through direct channels and in a simple way such that everyone in the community can understand. In these contexts, information moves from one person to another quickly and meaning and interpretation keeps changing, meaning the strategy will direct community members to the appropriate, scientific source of information. Messages will include statements around this, for example: “be original, be ambassador of your own don’t ask your friend”.
- Community, religious and cultural leaders should be involved in disseminating information around family planning because they are important role models in many communities. The strategy will involve religious and traditional leaders with a built skillset needed to appropriately communicate to teenagers, women and men the use of family planning and even abstinence from sex.
- It is vital to involve men and boys in policy and programming for family planning because men are key when it comes to decision making, and their decisions can determine whether a woman will use or not use family planning. Policy makers should fund initiatives that set up men only groups in the community, train them to cascade knowledge to peers with the intention to, over time, reach the whole district. This will not only close the information gap but involve the local community to train themselves, which will make family planning more acceptable by the community hence creating demand.

Findings

Contraception use in Acholi is low due to a range of reasons including: lack of access to family planning information; lack of trust in the effectiveness of available methods; lack of ability to make decisions around family planning methods; and social norms. Current policy and strategies focus mostly on increased supply through improvement of health structures and the expansion of its reach and provision of services rather than increasing demand, and it is critical that the two are done in conjunction.



There is a critical information gap leading to negative perceptions and attitudes toward family planning. 70% of women interviewed received information about family planning from friends and not from professional healthcare providers. This is problematic as the information provided to women is not always unbiased nor correct: across the research settings and groups of women, 92% (46/50) of the women interviewed reported to have a negative perception toward family planning methods and 86% (40/46) of women reported to have obtained this negative perception because of talking to friends (who often themselves have not used family planning methods).

The study tracked the information movement from four women and discovered on average 3-5 people will be told about family planning care from them. For example, a woman is told about family planning by a medical professional in a hospital, who tells her friend, and her friend tells another friend, and so on. The 2018 Makerere University School of Public Health survey confirms these trends and concludes that for every 100 women in Northern Uganda who visited health facilities only 71% are told about modern methods of family planning and their effects.

Policy and strategy frameworks that ignore socio-economic and education levels are key barriers for the effective uptake of family planning services, whilst the use of modern methods varies greatly according to a women's social and economic status. The percentage of non-modern method users is particularly high in rural areas compared to urban (23% vs. 39%), and increased with women's social and economic status. In the 2011 Demographic Health survey only 13–16% of Uganda's poorest and least educated married women used modern contraceptives, compared with 38–39% of the wealthiest and most educated women. The research also recorded various negative perceptions and attitudes towards family planning methods. For example in an interview with a 32 year-old woman who explained the challenges she faces in accessing family planning methods: *"sometime your day's elapses and when you go to get another round of family planning injections and you find out that you don't have any money..."*

Reasons for non-use of contraception include perceptions around the lack of quality and effectiveness of family planning methods and a fear of negative side effects. For example, some respondents complained about the lack of effectiveness of family planning methods available on the local market. A housewife of 24 years old reported: *"I got pregnant yet I was using family planning. So I asked myself what was the use of family planning if people are still having unplanned children which I call it children by chance despite using family planning so there is"*. Lack of trust in family planning was also expressed by a 40-year-old subsistence farmer from a village not far from Gulu town: *"I don't trust family planning and I will not use it because my wife was using it but she still got pregnant"*. Another respondent, a 30-year-old female resident of Pader town feared that using family planning would cause infertility: *"family planning is causing barrenness in women..."*.

The research brought forward reasons for non-use of contraception related to the lack of decision-making power around issues of reproduction and sexuality. Existing policy strategies assume women have decision-making ability to use family planning independently, yet in northern Uganda important decisions are made by men. Not involving men directly creates a big gap. For example, female respondents reported that having children was not a choice at all. Women also explained that male partners influence whether a woman will practice contraception or not. A woman, 34 years old, a peasant farmer from a village near Gulu town, highlighted that family planning is often expensive and her husband does not always support her: *"sometimes I want to ask my husband for money to go for family planning but I fear because he does not support it"*. During a participant observation exercise in Lacekocot Health Center III in Pader district, a man beat his wife as he pulled her from the waiting line where she was waiting for free family planning services organized by an NGO because *"family planning is for prostitutes"*.



A last reason for the lack of contraception was related to social norms and religious beliefs. For example, a woman from Kitgum reported that “*family planning is making children to misbehave...*”. She means to say that her children are having sex at an early age, which she believes is improper. The policy and strategy ignore cultural and age related stigma that is related to the use of family planning. For example, the research highlighted that most men associate those who use family planning with unfaithful people, prostitutes and “*dako ma pe mito bedo I hot*”: “*for women who not yet ready to settle with men*”. Young boys and girls reported that contraceptives are only for married women. One of the respondent, a man from a village not far from Gulu town answered that he and his wife did not plan to have children because: “*Iutino obedo mic palubanga...*”, which translates into: “*children being gifts from God*”. He proceeds to explain that: “*sometime you may want a child and God does not give you yet some time. He can give you even if when you don’t want*”. Ignoring the role of religious and cultural leaders in promoting family planning uptake is a critical mistake in the quest to have children by choice and not by chance.

Conclusion. This article advocates the need to educate, train and sensitize communities to the consequences of unplanned children, so that the community develops reasons to accept modern family planning methods. Taking into account the above trends, we propose training, education and sensitization of not only women but also other important groups of people who can increase demand for family planning so that women and families have children by choice, not by chance. By focusing on planning rather than prevention, this strategy will not only promote family planning but reduce early child pregnancies and reduce poverty, because having many unplanned children keeps parents trapped in the vicious circle of poverty due to strained resources.

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