Research Article

An exploration of the factors affecting the utilization of family planning services among youth (18-24 years) at community level in rural Budaka district, Uganda

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Abstract

Objective: This was a qualitative descriptive study exploring the factors that affect the utilisation of family planning services among youth 18-24years in rural Budaka district in Uganda. This article explores the factors affecting the utilization of family planning services among youth (18-24years) at community level in rural Budaka district, Uganda.

Methods: A purposive sampling method was used to select a sample of 26 participants for the study i.e. 6 female contraceptive user and 4 female non-user, 6 male contraceptive user and 6 non-user aged 18-24years respectively. Four focus group discussion were conducted respectively and these were gender specific to ensure more open discussion among participants. Four key informant interviews were conducted with service providers at IKI IKI health centre three i.e. 3 midwife and 1 village health worker.

Results: The findings from this study show that many of the participants who do not use was because of their religious and cultural belief which promote multiplication and replenish the earth and social stigma associated with no bearing children. Female youth also pointed out that their partners posed as a barrier to using contraceptive method. Findings from this study show that non-users of contraceptives was because of the side effects associated with some methods such as Depo-Provera injection and pills which cause excessive bleeding, interferes with menstrual cycle, barrenness, loss of libido, disfigured babies and fears of developing cancers. Provider’s biases when providing contraceptives to youth and stock out of family planning commodities were some of the issues raised that hinder family planning uptake by youth. On the other hand, the findings from this study indicate that majority of the youth who use contraceptive, did so to prevent unplanned pregnancies, sexually transmitted diseases including HIV/AIDS, to remain in school and finish their education and to space the birth of their children due to financial reasons.

Conclusion: This study revealed that a number of youth not using family planning methods were influenced by their societal culture norms associated with having many children, fears of side effects of using contraceptives, religious beliefs, provider’s attitude towards dispensing contraceptives to young people especially those not married and stock out of family planning methods. Many of the youth in this study, both the users and non-users knew what contraceptives was and where to find it. Consequently, to improve the utilisation of family planning services, providers must be trained on how to serve young people; regular stocking of a variety of contraceptives and distribution of contraceptives must be accompanied with adequate information. In addition, it is vital to organise awareness and educational campaigns of contraceptives by highlighting there advantages as this will dispel the misinformation and increase the access and use of contraceptive services.

Introduction

Globally there are 1.8 billion youth and almost 90 percent, live in low-income countries [1]. Moreover, they start to explore their sexuality between the ages of 15 to 24years. Furthermore, nearly all people become sexually active by their 20th birthday worldwide [1] and 75 percent of young women in sub-Saharan Africa, report engaging in sex by the time they are 20years old.
Studies have shown that those who engage in pre-marital sex are at risk of having high-risk sex [3]. That is to say, engaging in sexual activity with many people, having sexual intercourse without taking any precaution and using drugs and alcohol while engaging in sexual activity, hence predisposing them to sexually transmitted diseases HIV/AIDS inclusive and unplanned pregnancies [4].

The prevalence of unintended pregnancies, unsafe abortion, maternal mortality, injuries and sexually transmitted diseases HIV/AIDS inclusive the Human Immune deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) among youth are extremely high [5]. Moreover, it is reported that one out of 10 abortions globally and one out six birth occur in low income countries annually among women 15-19 years respectively [5]. In addition, every day half a million of youth get infected with a sexually transmitted infection [5]. About 12 million youth have HIV/AIDS and more than, 7000 youth are infected with HIV each day [6]. On the other hand, around 16 million adolescent girls 15 to 19 deliver annually, contributing to more than 10 percent of the total deliveries globally [7]. The reproductive options of youth have a vast effect on their health, education, employment opportunities and general transformation into adulthood [8]. Primarily, early childbirth is associated with high prevalence of maternal and childhood illness and death, reduced chances for schooling, poverty in the family due to lower income, large family sizes thus leading to population explosion [9].

Studies indicate that utilizing family planning services is good for women's health as well as imperative as an HIV prevention strategy [10]. Moreover, providing contraceptives to women in the whole population to prevent babies born with HIV indicated to be more cost effective than providing Nevirapine for mothers infected with HIV attending antenatal care [10].

A qualitative approach was adopted for the study, using focus group discussion and semi-structured interviews. Data was collected from youth residents and health workers in IKI IKI village in Budaka district in Uganda. Purposive sampling method was utilised to select the study participants on the basis of their location, sex, users and non-users of contraceptives and cadre-ships of health workers attached at IKI IKI Health facility [16].

Four focus group discussion were conducted and 4 one to one semi-structured interviews with health workers. Each focus group comprised of 6-4 participants. In order for the researcher to get the true lived experiences of the participants, focus group discussion were conducted based on two core groups; i.e. female participants and male participants of contraceptive users and non-contraceptive user. The research was conducted under ethical approval of the social science ethical committee of Nottingham Trent University. All the study participants were identified and contacted through health workers at IKI IKI health centre III in Budaka District. The participants discussed attitudinal (fear of side effects, cultural beliefs of having many children, religious beliefs, service providers attitude) and non-attitudinal (frequent stock out of family planning services, high cost of contraceptives) barriers to contraceptive use [13].

Methods

This study was underpinned by the Health belief Model (HBM) and some stages of the silence framework in the methodology and data analysis. Moreover, The Health belief Model proposes a small number of variable that can describe a significant percentage of difference in any behaviour within a given population [14]. Furthermore, following a behaviour depends on the attitudes people have about that behaviour. The pre-eminent predictor of individual's behaviour is the intent to execute that behaviour [15]. When someone plans to execute a behaviour, health belief model predicts they will do so, given that they have the required abilities and skills and as long as the environmental factors do not interfere with the performance of the behaviour [15]. The purpose of an individual to execute a behaviour is based on their attitude towards the behaviour, perceived belief related to the behaviour as well as self-efficacy associated with the behaviour [14]. Within the health belief model, attitude indicate how favourable or unfavourable an individual thinks his executing the behaviour will be. Moreover, perception of norms points out the social pressures an individual feels to perform the behaviour [14]. The social pressures associated with the behaviour points out the importance, if people value the behaviour or if peers are literally performing the behaviour [15]. Ultimately, self-efficacy entails an individual’s belief, if they can ably execute the behaviour, notwithstanding their real skillfulness [15].

The background factors like socio-economic status, relationship issues, and education can predicate attitudes, perceived norms as well as self-efficacy. This framework adopted the stage 3 of the silence frame work which clarifies themes during data analysis in the study.

A qualitative approach was adopted for the study, using focus group discussion and semi-structured interviews. Data was collected from youth residents and health workers in IKI IKI village in Budaka district in Uganda. Purposive sampling method was utilised to select the study participants on the basis of their location, sex, users and non-users of contraceptives and cadre-ships of health workers attached at IKI IKI Health facility [16].
commodities, distance to the health facility and existence of guidelines) issues that affect the utilisation of family planning services among the youth.

Focus group discussion with the youth lasted for 2 hours and the one–one interview with the health worker lasted for 1 hour and 30 minutes. All interviews and focus group discussion were audio taped and transcribed verbatim, and the transcribed data were subjected to the salience framework analysis stages [17].

Stage 1: After transcription, output from the interview and focus group discussion were analyzed by the researcher, and recurrent themes were identified as initial finding.

Stage 2: Stage 1 results were then reviewed by the research participants. Feed back on from the participants was used to critique, confirm or refute the finding in stage 1. A robust discussion of the silences (findings) was made.

Stage 3: The researcher reflected on the findings of stage 1 and 2, revisiting, reviewing and developing emerging research findings, which were then taken as the final research results of this study.

Results

Analysis of the data uncovered the attitudinal and no–attitudinal factors which affect the utilisation of family planning services among the youth.

The perception towards use of family planning methods by youth

Before discussing issues of quality of care, participants were asked first about their opinion on the use of modern family planning methods by youth between the ages of 18–24years. In the discussion on the use of family planning method, some youth were in support while others thought youth should not use family planning methods. The perception of some youth showed that married and those with children should use family planning services.

“Youth should not use family planning, it prevent them from having children later in life. For instance, if you have a large piece of land, who will cultivate this land if you do not have children. Also the use of contraceptives leads to deformed babies and children with low intelligence quotient”.

(Male participant FGD 4, Non–user).

Youth should not use family planning methods because it affects the uterus and they have to remove it. If a youth uses contraceptives before having children, it may be difficult later to have children when the uterus is removed. Family is good for older women who have produced the desired number of children and they wish to stop.”

(Female participants FGD 3, Non–user)

Youth perception towards availability and variability of family planning services

Majority of the youth, who participated in the focus group discussion, reported that the availability and variability of family planning services in the community was assured.

“Family planning methods such as pills, condoms and IUDs are always available at the health facility. Methods like tubal ligation and vasectomy are provide by Marie Stops Uganda, who conduct the procedure at the facility every after 3 month”.

(Female participants FGD 1, User)

Even the youth who do not use family planning reported that if you needed contraceptives, they could be obtained from the government health facility in IKI IKI. Further discussion on availability of services disclosed that even when methods are available, youth reported on missing out on the services sometime because the providers are too busy to attend to them.

“In case you need contraceptives, you can get them from IKI IKI health center 3 and drug shops in IKI IKI Town council. But if you have other commitments and you’re in a rush, you rather go to a drug shop for condoms because at IKI IKI health Centre three, clients are usually many and you have to wait for some time before being served”.

(Male participant FGD 4, Non-user)

Youth perception towards the accessibility of IKI IKI Health center in their community

Youth who do not use family planning services reported that the health facility was far away from their homes. This appeared to be a barrier to accessing these services for youth who stay far away from the health unit.

“From my home to IKI IKI health Centre three, I cover a distance of 3.728 miles about 6 kilometers and it takes me 3 and a half hours to reach the health facility. This distance is long”.

(Female participant FGD 3, Non-user)

On the other hand, youth who stayed in close proximity to the health facility, easily accessed family planning methods.

“It is not very far from my home to the health unit. I always walk to IKI IKI health Centre three and it takes me 30 minutes from my home”.

(Male participants FGD 2, Non–user)

Youth perception towards information given to clients

Respondents in this study reported receiving health education and counseling from government health workers and community health workers. Non–users also revealed receiving information from radio talk show on services provided in the area. Participants using family planning methods from IKIKI health Centre reported details on the family planning methods provided at IKI IKI health Centre. Respondents also pointed out that community health worker answered any queries before providing any method.

“The village health teams in my village inform us when
family planning products are available at IKI IKI health Centre. They also sensitizes us on how to use condoms to protect our lives from sexually transmitted diseases as well as unplanned pregnancies when I have intercourse with girl”.

(Male participant FGD 1, User)
I got information about family planning from school, radio talk shows and new paper articles”.

(Male participant FGD 4, Non-user)
Youth perception on the environment in which family planning services are given

All youth using family planning methods reported that the environment in which family planning was provided was conducive, clean and secluded. Through observation, I identified gaps such as lack of privacy during individual counseling session on family planning method available at the facility.

“The area where I receive family planning methods at IKI IKI health Centre is clean and conducive, the room is occupied by the health worker and you”.

(Female participant FGD 1, User)
On the other hand, all the youth who do not use family planning had never visited the area where family planning services are provided.

“I do not know the area where at IKI IKI health Centre three were youth get family planning services but my peers say that it is conducive”.

(Female participant FGD 3, Non-user)
Knowledge on contraceptives and were to get them

All participants had some knowledge on family planning methods. The participants not using modern family planning methods were able to name a few methods such as pills, intra-uterine devices, condoms and Depo-Provera injections. These youth also knew that these methods were available at IKI IKI health centre III and could be accessed by them. Many of the youth had obtained information on modern family planning methods either through health promotion campaigns in their communities and friends.

The Reasons for using modern family planning methods

Female youth using family planning methods reported that they had overcome discontentment from the community to start using family planning methods. These youth decided to use contraception for a number of reasons, which include, the benefits associated with child spacing, delaying next pregnancy, protection from sexually transmitted diseases including HIV/AIDS and contraceptive are free of charge.

“Me as a married youth, I and my partner always visit IKI IKI health Centre three for condoms when we run out of supplies and these are given freely by the health workers. They have helped us to space our children well”.

(Female participants FGD 1, User)
“Family planning method helps you to have children that you and you partner can provide for in terms of education and food”.

(P13 male participant FGD 4, User)
Female and male participants reported favorable interaction with service providers at the health facility.

“When I visit the health Centre for family planning services, the youth are health educated on the available methods of contraceptives. We are allowed to ask questions and receive answers as well as counseling services from the health worker on duty”.

(Female participant FGD 1, User)
The reasons for the non-use of modern family planning methods

Many youth both male and female had a strong fear of side effects. Some reported that these methods were against their religious beliefs. Low community awareness on the myths and facts around contraception is huge limiting factor to its use, hence youth decide to take their chances rather than suffer any possible effects caused by using family planning methods.

“Youth should not use family planning methods because they interfere with their menstruation cycles and also cause excessive bleeding”.

(Female participant FGD 3, Non-user)
Young should not use family planning, it prevent them from having children later in life. For instance, if you have a large piece of land, who will cultivate this land if you do not have children. Also the use of contraceptives leads to deformed babies and children with low intelligence quotient”.

(Male participants FGD 4, Non-user)
Concerns related to religion also played a role in making decision. These were reported by many of the youth who do not use contraception.

“Being a Muslim, it forbids me from using Contraceptives. God instructs us to multiply and replenish the earth”.

(Female participant FGD 3, Non-user)
The Community attitudes towards contraceptives

Many of the participants who do not use family planning pointed out that their communities were judgmental towards the use of family planning methods for cultural reasons. Individuals identified as being the most biased and negative
were mother in laws, grandmothers, parents and husbands (partners) i.e. (the older generation). Undesirable attitudes towards family planning was grounded on a number of factors including, it prevents having a lot of children when they are desired, causes barrenness, social stigma, cancers, excessive bleeding, deformed babies and affects the libido.

“My grandmother and mother discourage me from using family planning methods. They encourage me to produce many children because when you produce few children like two, when they both die, you are left alone with no legacy”.

(Female participant FGD 3, Non-User)

“In my culture when you pay dowry the woman is expected to deliver children as a symbol of appreciation for the dowry you paid. Therefore if you are married, you are not expected to use any family planning method”.

(Male participant FGD 4, Non–User)

Non-attitudinal factors

Community level provider’s perspective on provision of contraceptives: Existence of guidelines – Service providers at IKI IKI health center three were asked about the guidelines on family planning and in response to this question, all the health workers interviewed were not sure as to whether family planning guidelines were in existence or not. They did not know what guidelines said on the use of contraceptives by youth. Al the providers reported to use a family planning method flip chart for community health workers.

“We do not have a guideline targeting youth on use of family planning services. What we use here at IKI IKI health centre facility is a family planning method flip chart for community health workers” (Midwife 2).

Furthermore service providers where asked what contraceptive method do they recommend to youth to used, in response to this question health workers recommended condom use for the unmarried youth because they are associated with little or no side effects and act as a barrier in preventing sexually transmitted diseases including HIV/AIDS and unplanned pregnancy.

“I recommend condoms because they have few side effects and are very easy to use. I also recommend pills because they are taken daily after dinner and Depo-Provera injection for married youth for three months” (Midwife 3).

“I ways recommend using condoms; these protect them from sexually transmitted diseases including HIV/AIDS and also prevent boys from impregnating girls who are still in school” (Village health worker).

Health providers’ perception towards the existence of demand for family planning services among the youth 18–24 years

“The demand for family planning methods is high but there is stigma among youth, for instance, when married youth wish to use the services, they are often denied by their husband and some come in hiding to access the services” (Midwife 1).

“The demand for family planning among the youth is high. Health workers always offer health education at the outpatient department, antenatal, postnatal and young child clinic. These services have been embraced by youth who are in relationships and even those who have delivered and would wish to delay the next pregnancy” (Midwife 3).

With further probing on what influenced the demand for contraception among youth (18–24) years, service providers disclosed a number of factors in favour as well as against use of family planning methods. Some of the factors that triggered youth to use contraceptives stated by the providers included, fears of the consequences of unplanned pregnancies, perceived benefits of family planning methods, knowledge on family planning methods, fears of dropping out of school. On the other hand, health workers cited factors such as side effects, stigma, fears, myths, misconceptions, cultural and religious barriers and lack of consent from the partner’s which hinder the use of modern family planning methods.

“Some youth who use Depo-Provera injections experience side effects such as excessive bleeding. However, when they experience these side effects, they are encouraged to seek medical treatment. Those who suffer are those that conceal the problem and suffer in silence. In addition the youth also experience challenges of stigma from their parents and peer who are against using family planning products” (Village health worker).

“The fear of the side effect that are associated using contraceptives such as excessive bleeding and low libido which has an effect on their sexual relationship with their partners. This leads to broken marriages and failed relationships. Youth also fear secondary infertility they believe, results from using contraceptives” (Midwife 2).

Provider’s perception towards accessibility of contraceptives among the youth

Service providers were asked whether family planning services were accessible to youth 18–24 years in terms of cost of services and availability of contraceptives. The health workers at IKI IKI health centre three mentioned the family planning methods that were accessible to the youth. I.e. condoms, oral contraceptives (pill), IUDs and Depo–Provera as the main methods provide to the youth. Service providers also stated that for methods that they do not provide, they refer clients to Budaka health centre four and Mbale regional referral. The providers also mentioned that Marie Stop’s Uganda also offered permanent methods like vasectomy and tubal ligation every after three months at the facility. All providers stated that the family planning services were provided on a daily basis including weekends.

“We offer different methods as injections and condoms. The health facility also partners with Non–governmental organisation like Marie stop’s Uganda who provide long term methods like implants and Intra–uterine devices” (Midwife 1).
"The most common method are condoms, Depo-Provera injection and pill provided at IKI IKI health centre 3" (Village health worker).

Further discussion on the availability of family planning services revealed that the facility experienced stock out of family planning commodities in the month of April and May especially for Depo-Provera. Delivery of drug supplies including family planning commodities is by push system, the facility always has to wait until when the National drug store supplies them with new stock.

"Family planning commodities were stocked out for about 2 months (April and May.2018), when the national medical store delays to supply the health facility with new stock of contraceptives. During that period the demand was high and we referred the clients to the nearby health unit" (Midwife 1).

Furthermore, providers reported that contraceptive services were free of charge to all clients since IKI IKI health centre is a government aided health facility.

"The youth do not pay any money to obtain family planning services, IKI IKI health centre 3 is a government aided health facility and all the services are free" (Village health worker).

**Attitude related factors**

**Perception of service providers towards contraceptive use by youth:** All the health workers interviewed, were in agreement with the youth using contraceptives however, further probing revealed sentiments of bias. Service providers agreed that family planning methods helped youth from acquiring sexually transmitted infections such as HIV/AIDS as well as preventing unintended pregnancies hence enabling those in school to remain and complete their studies.

"Youth should use Morden contraceptives for example condoms can prevent unplanned pregnancies, sexually transmitted diseases and HIV/AIDS" (Midwife 3).

Further probing on whether youth in school or those unmarried should use contraceptives revealed mixed feeling from the health workers. However majority of the health workers reported that youth both in school and unmarried should use contraceptives to ensure that they safe and healthy with exception of one health worker who suggested the reduction on dispensing contraceptive to youth because it lead them to promiscuity.

"I do provide family method to adolescent and unmarried when they visit the health facility. This is done to reduce on the incidences of unplanned pregnancies among youth in our community" (Midwife 2).

Generally, health workers at IKI IKI three-health centre believed that sexually active youth needed to use contraceptives all the time especially if they were not ready to have children, and for protection from sexually transmitted infections.

"I feel it is appropriate for youth to use condoms to protect themselves from sexually transmitted diseases, HIV/AIDS and unplanned pregnancies" (Village health worker).

"In circumstance where a client is allergic to latex condoms, I recommend another method like pills or Depo-Provera injection" (Midwife 2).

Furthermore, providers reported that contraceptives among youth should be restricted to certain emergency. For example, providers said that youth should use emergency contraceptive pill only in cases of rape, incest and sexual assaults. Moreover, Sd effects of hormonal contraceptives, misuse and abuse of contraceptives were some of the reason cited as inappropriate for youth to use family planning methods.

"In cases of rape and sexual violence, I would provide emergency contraceptives to avoid any events that may arise" (Midwife 3).

**Provider’s attitude towards the relationship between using family planning methods and sexual behaviours among youth**

With exception of the village health worker, all the facility based health workers believed that contraceptive use among youth lead to promiscuity. They believed that that it was the compliant attitude developed by the youths using contraceptives that makes them worry less about HIV/AIDS and fear unplanned pregnancies more hence living recklessly.

"I believe youth using contraceptive increases promiscuity because these methods protect them from unplanned pregnancies and it is there main concern. Their sexual drive increases, become uncontrollable and tend to misbehave" (Midwife 2).

**Refusal to provide contraceptives to youth**

All the providers said that they had never denied a youth contraceptive services, even when the contraceptives were out of stock at IKI IKI health centre three, the health workers reported referring the youth to nearby health facility in Budaka or in Mbale.

"I cannot refuse to offer family planning methods to youth, provided they visit the health facility, the youth get the services they need" (Midwife 2).

The service providers interviewed reported religious and social norms together with side effects of using contraceptives. Providers mentioned that some religious norms did not agree with the use of Morden contraceptives. This did not apply to only the youth but to everyone within the community and it is the Muslims who were more affected since Islam is the largest religious denomination in Budaka district.

"Religion has been one of the factors hindering uptake of family planning services among members in the community. This area is occupied by Muslims who don’t believe in using contraceptives because it’s against their teaching of Allah, to produce, multiply and fill the earth" (Midwife 1).

"The fear of the side effect that are associated using contraceptives such as excessive bleeding and low libido which has an effect on their sexual relationship with their partners."
This leads to broken marriages and failed relationships. Youth also fear secondary infertility they believe, results from using contraceptives” (Midwife 2).

Suggested intervention to improve the uptake of family planning methods among youth

The health worker identified a number of measures to improve the uptake of contraceptives among youth at community level. These include, sensitization of the youth by fellow youth using contraceptives, ensuring privacy at the distribution points, consistent stock of contraceptives, client follow – ups and building the capacity of village health teams to provide a wider range of contraceptives including injectable. Furthermore, the providers also noted the need to strengthen the integration of family planning services with other services to appeal more to the youth.

“We the youth need privacy at distribution points when accessing these services and health educate them on the methods that are available at the health facility by fellow youth using contraceptives. This will increase on the number of youth using contraceptives” (Midwife 1).

“We the youth need health education and sensitisation on the family planning methods provided at the health facility. This should include information on the benefits and the side effects of the contraceptives provide to enable them to make the right choices”. (Village health worker)

“We need to build the capacity of community health workers to provide other family planning methods like the Depo-Provera injectable on top of the pills and condoms they provide now, since the CHWs live in the community with the youth and interact with them on a daily basis. I also recommend that integrated health outreaches to include provision of family planning services targeting youth” (Midwife 2).

“We should ensure that the privacy of youth is guaranteed to build their confidence to freely engage with the health workers on sexuality issues. Consistent stocking of family planning commodities and client follow up” (Midwife 3).

Discussion

The finding from this study indentified that majority of the youth who use contraceptives, did so to prevent unplanned pregnancies, sexually transmitted diseases including HIV/AIDS, to remain in school and finish their education and to space the birth of their children due to financial reason.

The finding of the study suggest that the desire to have many children develops out of shared beliefs that not all one’s children will grow to adulthood, hence having many children increases the chance that at least one can proposer and be fortunate. Moreover, Large families are important among Muslim and Bagwere Culture, that children are a blessing from God, the effects of intense pressure applied by family members, peers had a strong influence on family size, with female youth feeling coerced to live up to their husband’s family expectation to prove their value. The major goal of marriage is to have children and increase the family members [18]. This study identified that use of family planning among the Bagwere youth was associated with social stigma.

Among the female youth, the findings suggest their partners posed as a barrier to family planning services. Women who choose to use family planning services in Ghana, were isolated from the rest of the family leading to family conflict [19]. Moreover, although male partners play a key role in decision making, they always exclude themselves and lack of interest in reproductive health matters, mainly in patriarch rural communities. The findings also found that some youth were not using contraceptives because of the side effects associated with some family planning methods such as Depo-Provera injection and pills which interfere with the menstrual cycle, causes excessive bleeding, loss of , deformed babies, loss of libido, barrenness and fear of developing cancers. Family planning methods periodically object bio cultural opinions for example women believe that it is healthy to menstruate every month in some societies and thus using injectables contraceptives leads to irregular periods [20]. In Uganda a study found that both married and unmarried participants believed that pills could burn a woman’s eggs, rendering them infertile [21].

On providers perspectives on supply of Morden contraceptives, the findings discovered that stock out could last between 1 to 3 months especially for commodities like Depo-Provera injection. DFID Nigeria Human Development Team reported that stock out are associated with discontinuation of contraceptive use and are one of the major reason for Unmet need and high rate of Unplanned pregnancies in many countries [22].

The study identified provider’s positive attitude and willingness to dispense contraceptive to youth but there were concealed biases during service delivery. The study shows that even though providers were willing to provide contraceptives to young people, they believed that youth using contraceptives increases promiscuity because these methods protect them from unplanned pregnancies and it is there main concern. Their sexual drive increases, become uncontrollable and tend to misbehave. Similarly, provider’s attitude, pre-judgemental and opinions that symbolises what a provider honestly believes, their support or disagreement to provide as well as opinions that affects distribution of contraceptives [22].

Accessibility of family planning service by the youth was identified as a barriers especially to those who live more than 5 kilometres from the health facility. Youth have a challenge of transport expect when public transport is accessible [11].

Study limitation

This study had several limitation, which included; a small sample size, some parts of the transcripts from the Focus group discussion recorded in the local language were disjointed and some information may have been lost in the translation, and like most qualitative research, the findings are not generalizable to other population. There was some information bias since a few questions asked were related to sexuality. However, this
was minimized by working with a midwife locally known to the participants. This made the youth more comfortable during the discussion. Data collection was done during a rainy period and many of the youth were in the field during the morning hours. The author had to wait for them to finish cultivating their gardens and then conduct the interviews during the mid-morning. However, this study contributes to the growing body of evidence on the barriers to contraceptive use among youth in a rural setting in Uganda [23,24].

Acknowledgement

My sincere thanks go to all the youth who participated in my study in IKI IKI village in Budaka district, I heartily thank you for the open contribution in sharing your lived experiences on sexuality and family planning methods. I would like to thank the District Health Officer of Budaka and the Midwives of IKI IKI health centre for their support and participation in my study.

I am also grateful to my supervisor Prof. Mathew Nyasuhunu for his great contribution in carrying out this research project, particularly his guidance from the inception to the development of the write up, and has been instrumental in completing the project successfully.

Funding

This research received a research grant from the common wealth scholarship commission.

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