

# The paradigm shift for family planning in Uganda

Roselline Achola looks at the lessons for frontline health workers



Ugandans view family planning (FP) in different ways. Some say it is an attempt to render women infertile. Some say it is intended to wipe out the entire population or as means for total ban of children by government and the international community. Some scholars have attempted to explain the concept but many people hesitate to believe them.

According to Uganda Ministry of Health (MoH, 2008), FP is a basic human right for an individual/couple to exercise control over their fertility, make informed decision on the number of children they want to have, when to have the first and last pregnancy and the space between the pregnancies.

But despite this simple and straightforward definition, to some people the meaning of FP still has different connotation. This has called for a reconsideration of the new name and logo for FP in Uganda, a rebranding that is still under consultation with different stakeholders.

Experience working with communities has exposed me to discussions where the elites, semi-literate and illiterate engage differently on the issues of FP. One professor in a meeting made submissions and referred to FP saying 'I cannot allow my wife to take those things of yours given the number of months she has taken

bleeding and denying me the conjugal rights... This is unbearable to any man.' he added. Another political leader was quoted as saying that the number of votes counted most for him, and he thus urged the population to desist from using FP in order that he could have more voters.

Another was a district leader who kept proclaiming that no one should adhere to any advert by the Ministry of Health on family planning use. He said, 'Fellow men, remain African and produce until all the eggs are finished from your wives.' According to African tradition, men valued more children because the more children one had the more prominent he would be. Children were considered security for the family as no one would attack a family with many sons, while children were also considered source of labour. From these cultural beliefs and norms, some men took this as serious advice and others remained confused.

A retired primary teacher who had eight children approached me for advice. After a long discussion, I suggested to him to go for vasectomy in the nearby hospital. He replied, 'My sister, I went to a hospital and found my former pupil who was the Medical Officer on duty and he told me that I should not tamper because my life will never be the same. He insisted that vasectomy was bad because it renders men impotent.' Vasectomy, a method of family planning which is ideal for men who have many children, is perceived as a form

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of castration and is associated with stigma by people regardless of their education or profession.

Sentiments have also come from some religious and cultural leaders who encourage many children to expand their followers. This has not spared teenage girls, who are married off before the age of 18 and expected to start bearing children immediately. According to a report identifying fertility hotspot in Uganda,<sup>3</sup> marriage is highly regarded for procreation, to the extent that any married woman who goes a year without a baby is regarded a disgrace to the family. Thus, some family members will soon identify another girl to bear the husband children.

Let us appreciate that government operates 54% of all health facilities that offer FP services in Uganda (MoH 2014). The other 46% are operated by partners (private not-for-profit and private for-profit). However, according to the National Health Accounts report (MoH, 2016), households still meet 49% of the costs of health financing and donors contribute 35%; funding from government is 15%. Shortages of human resources for health have affected the scale-up of FP service delivery regardless of the region.<sup>1</sup>

So, what can be done to promote FP? The answer is simple. We need to do 'business unusual' to ensure universal access to family planning information and services within our means.

As front-line providers, it is important to note that quality of care offered to clients determines business continuity. Many studies have revealed that provider bias is one of the factors that affect uptake of FP (Kabagenyi et al., 2014). It is also important to note that education greatly influences use of contraceptives because women with higher education level are more likely to use contraceptives (51%) than those with no education (22.6%).<sup>5</sup> Male involvement, peer influence, myths and misconceptions, gender-based violence and number of living children also influence FP use. This implies a need to offer appropriate services that take into account rights-based principles.

### The history of family planning in Uganda

The concept of family planning has evolved over time globally, but its usage has been very slow in Africa. India was the first to initiate FP services to control its growing population. In 2012, over 200 million women in developing countries wished to avoid further pregnancies but lacked access to their preferred choice of FP options. Among women of reproductive age in developing countries, 57% (867 million) were in need of contraceptive access because they were sexually active but did not want a child in the near future. Of these, 645 million (74%) were using modern methods of contraception, and the remaining 222 million were not using any method at all. This represents a significant unmet need for modern methods (UNFPA fact sheet 2012).

In Uganda, FP was one of the health programmes conceived in the early 1950s after the country realised the problem of rapid population growth. This was through the establishment of Family Planning Association of Uganda (FPAU), now known as Reproductive Health Uganda. Uganda realised that there were high

Indicators	1991	2002	2014
Total population (mil.)	16.6	24.2	34.6
Avg. annual growth %	2.5	3.2	3.0
Urban population %	10.0	12.1	21.4
Poverty levels %	56	35*	19.7*
Life expectancy at birth	48	50	63

population growth rates, which prompted discussions for the Five-Year Development Plan (1972–1977). By 1981, the government considered integrating FP services into MCH programmes and other medical units as a key pillar in the reduction of maternal and child mortality and morbidity.

In 1988-1989, modern Contraceptive Prevalence Rate (mCPR) in Uganda was 3%, with half of the users receiving their supplies from the FPAU and private sources. However, with the integration of FP services into other medical services and involvement of other players, the mCPR increased to 15% in 1995, 18% in 2000, 24% in 2006, 26% in 2011 and 35% in 2016.<sup>6</sup>

### Why is family planning important?

Family planning is considered one of the main pillars of safe motherhood and a cost-effective intervention that reduces maternal and child deaths. It is also a fundamental human right. Though contraceptive use has increased over the past few decades globally, Uganda is one of the countries that has experienced low uptake over time. In Uganda, three out of ten women who would like to stop or delay the next birth are not using any method of contraception,<sup>6</sup> exposing them to unintended pregnancies. Family planning also helps to control population growth. For example, with a population of 34.6 million<sup>7</sup> and annual growth rate of 3% per annum, Uganda is the third-fastest growing country in the world, with over 50% of the population below 15 years. This has created high child dependency ratio and placed a heavy burden on the few working adults, hindering investment at family level and slowing down economic growth. Table 1 illustrates the trends of Uganda's key population indicators to highlight on the magnitude of the problem and why frontline health workers ought to do business unusual to reach out to everyone who wants to access FP information and services.

In addition to increasing population, lack of access to FP may exacerbate poor health outcomes for mothers and new-borns. Increasing access to FP is crucial for achieving the Sustainable Development Goals, particularly Goal 3 of good health and wellbeing, and specifically goal 3.7, to ensure universal access to sexual reproductive health care services, including FP.

During this unprecedented struggle to contain the global pandemic of Covid-19, it is imperative that all stakeholders including frontline health workers maintain the conducive environment that will enable accessibility, affordability, availability and acceptability and quality services for women of reproductive age. Everyone should follow the national SRH/FP guidelines not only to observe preventive measures for coronavirus

infection but also to ensure continuity of SRH/FP services to women and girls especially during the lockdown to prevent unintended pregnancies.

## The paradigm shift

To date, FP has gained popularity due to strong political will and national commitments. The engagement with Members of Parliament, evidence-based advocacy and development of different strategies, policies, frameworks, guidelines and plans have positioned FP high on the national agenda. The investment in FP has demonstrated good economic returns. For example, for every one US dollar invested in FP, \$3 is saved from treatment of complications related to unintended pregnancies (WHO, 2010). Family planning is also considered an integral part of sexual and reproductive health and rights for empowering individuals, families and communities. Today, FP services are provided by government health facilities and non-governmental institutions including both not-for-profit and for-profit institutions. Other services include mass campaigns, social franchising, outreach services and static clinical services with focus on choices not chance and continuous discussion on the benefits of FP.

Uganda's achievement in FP and reproductive health is the success of evidence-based advocacy and the political will by the president of the Republic of Uganda. The paradigm shift the country is enjoying is by the President, H.E Yoweri Kaguta Museveni, who said, during the First National Family Planning Conference held in Kampala in September 2014, that:

'Family Planning is good for the health of the mother, good for the health of the baby, for the health of the family and the nation as a whole.'

This did not leave FP environment the same. It turned around the entire environment and paved way for FP programming with many achievements thus far. The FP2020 London Summit equally placed FP high on the agenda as the President made commitments in 2012 on three strategic issues of conducive environment, increased financing and steward leadership. Another commitment was also made during the 2017 London summit that focused on Innovative financing, expanding range of contraceptives, helping young people to thrive and reaching the hardest to reach including humanitarian settings.

During the ICPD@25 in Nairobi, the President again reaffirmed his commitment to galvanising change and drive the country's vision for socio-transformative change as Uganda continues to implement the Sustainable Development Goals (SDGs). He added, 'We re-commit to continue promoting Universal Access to all methods of Family Planning and to reduce the unmet need for family planning from 28% to 10% by 2022. Specifically, the Government of Uganda re-affirms the



commitments that we made at the Family Planning Summit in London, in July 2017 to increase financial support towards reproductive health and family planning supplies and commodities to the last mile.'

## Achievements

The enormous benefits for FP include harnessing the Demographic Dividend by reducing dependency ratio and increasing the number of working adults who can save and increase per capita Gross Domestic Product (GDP) to \$9,500. This will help Uganda attain a transformed society from peasant to modern and prosperous country as per the vision 2040 (NPA, 2014). In HIV prevention, especially prong two, FP has been very crucial in reducing mother-to-child transmission of HIV and it is the centre of focus for eMTCT programme. In order for government to reap the benefit, families have to embrace FP in order to have manageable number of children and free from HIV infection. If teenage pregnancy among adolescent girls is reduced, the dependence ratio will also reduce, influencing the saving culture of the few working adults. Reduced teenage pregnancy will also keep girls in school who will become educated women who will nurture the country. The saying goes, when you educate a woman, you educate a nation.

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