

# [Uptake of family planning services among students at msu](https://assignbuster.com/uptake-of-family-planning-services-among-students-at-msu/)

DETERMINANTS OF BEHAVIOUR STUDY INTO FACTORS RELATED TO UPTAKE OF FAMILY PLANNING SERVICES AMONG COLLEGE STUDENTS AT MSU

CHAPTER 1

1. INTRODUCTION

Family planning is the action taken by individuals to prevent or delay pregnancy and is achieved through the use of contraceptive methods. Family planning services include confidential advice about methods of contraception, confidential advice about STIs, pregnancy tests, diaphragms, IUDs, insertion or removal of the contraceptive implants, condom distribution and education both to females and males. Some services have dual advantages (assist in child spacing and also in protection against STIs), example is condom.

1. Background

The world’s total fertility rate has dropped dramatically, from 5 children per woman in the early 1950s to 2. 1 children per woman today, largely owing to more widespread use of modern contraceptives, especially in the developing world. (Creanga et al. 2011), this shows a tremendous success of the program over the years. Having seen that there is now high sexual activities in colleges, family planning was introduced in colleges with the aim of reducing unwanted pregnancies, and STIs occurrences. Also from a global perspective, use of modern contraception has risen slightly, from 54% in 1990 to 57% in 2012. From a regional perspective, the proportion of women aged 15–49 reporting use of a modern contraceptive method has risen minimally or plateaued between 2008 and 2012. In Africa it went from 23% to 24%, in Asia it has remained at 62%, and in Latin America and the Caribbean it rose slightly from 64% to 67%.(WHO) this showing appreciation of use of modern contraceptives.

Family planning has been seen to assist in pregnancy-related health risks in women, reducing rates of unintended pregnancies, family planning also reduces the need for unsafe abortion, helping to prevent HIV/AIDS, empowering people and enhancing education, reducing adolescent pregnancies, slowing population growth (“ WHO | Family planning,” n. d.). However under family planning there is modern family planning and natural family planning, both involves methods for achieving and avoiding pregnancy. NFP involves methods that are based on observation of the naturally occurring symptoms and signs of the unfertile and fertile phases of a woman’s menstrual cycle whilst modern FP does not involve observation of the fertile and infertile phases of the woman cycle but involves the use of drugs, devices and surgical procedures in an attempt to reduce pregnancy. Modern contraceptives involve methods like the pill, injectable, implants, IUDs, male and female sterilizations, condoms, the diaphragm, spermicides whilst natural family planning methods involves methods like withdrawal( coitus interuptus) where a man withdraws his penis from his partner’s vagina, and ejaculates outside the vagina, (WHO) periodic abstinence, the billings method.

NFP has been seen to have other advantages compared to modern FP in the sense that NFP does not have any side effects, it is inexpensive, it fosters mutual communication between the wife and the husband, boyfriend and girlfriend, it is environmentally friendly and it promotes marital chastity but however both they prevent pregnancy.

1. Geographic setting

MSU is a university in Zimbabwe found in the midlands province in a central town known as Gweru. Narrowing down to its precise location, it is 10Km south east of Gweru which is the provincial capital for midlands province. MSU was established in the year 2000 with a strategic goal of establishing a fully semesterised university with 10 faculties, 18000 students, 900 teaching and 400 support staff with the requisite service and infrastructure by the year 2015. The vision of the university is to be a unique, development oriented, pace setting and stakeholder driven university that produces innovative and enterprising graduates. MSU is currently found at the former Gweru teachers college (main campus) and off campus at the Batanai complex in Senga Township, Telone training centre and part of the Institute of manpower planning and development.

MSU is a fully semesterised and modularized university which enrolls twice every year thus in March and August for four and five year program with third level being of work related learning in industries and other relevant work places. MSU has got an undergraduate school, post graduate school and a visiting school where those visiting students attend classes for a week per month and they complete their studies in 3 years. MSU is honesty, integrity, and hard work driven and has a passion for excellence which is tempered by self-discipline and care for others, it is also driven by sensitivity to gender equality and equity, needs of the disadvantaged, African culture and devotion to self-sufficiency and professionalism.

adapted from university website: www. msu. ac. zw

1. PROBLEM STATEMENT

Despite the high numbers of condoms being distributed monthly at MSU, high numbers of STIs are still being reported at the school clinic. In 2011 a total of 286 were treated for STIs at the school, in 2012 a total of 790 students reported with an STI at the school clinic. In 2013 a total of 616 students reported with an STI at the school clinic. There is also presumed occurrences of unwanted pregnancies around the school.

Table 1: statistics for the uptake of family planning services at the school in the year 2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Method | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| Progesterone only pills | 24 | 32 | 38 | 24 | 160 | 24 | 14 | 50 | 5 | 26 | 8 | 4 |
| Combined oral pills | 30 | 2 | 36 | 12 | 40 | 12 | 28 | 35 | 26 | 12 | 56 | 8 |
| Depo | 10 | 10 | 19 | 14 | 20 | 14 | 15 | 20 | 15 | 9 | 10 | 3 |
| Male condoms | 2000 | 1000 | 1700 | 4000 | 2500 | 4000 | 2000 | 2500 | 6500 | 1800 | 3800 | 100 |
| Female condoms | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 180 | 104 | 270 | 0 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

Table 2: statistics for the uptake of family planning services at the school in the year 2012

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Method | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| Progesterone only pills | 4 | 132 | 16 | 14 | 96 | 8 | 14 | 72 | 160 | 18 | 4 | 0 |
| Combined oral pills | 12 | 12 | 88 | 55 | 20 | 3 | 28 | 104 | 40 | 116 | 88 | 0 |
| Depo | 3 | 9 | 8 | 36 | 15 | 4 | 15 | 14 | 20 | 9 | 3 | 0 |
| Male condoms | 100 | 0 | 0 | 2000 | 0 | 3000 | 2000 | 0 | 2500 | 3200 | 10000 | 3000 |
| Female condoms | 100 | 0 | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 40 | 0 | 0 |

Table 3

2013 STIs statistics at the school from Jan – Dec

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Condition | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| STIs | 0 | 14 | 131 | 122 | 58 | 28 | 0 | 30 | 68 | 49 | 116 | 0 |

Table 4

2012 STIs statistics at the school from Jan – Dec

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Condition | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| STIs | 1 | 34 | 80 | 120 | 90 | 28 | 18 | 68 | 108 | 163 | 80 | 0 |

It will therefore be necessary to explore the factors that influence uptake of contraception or family planning services by students at MSU

1. SIGNIFICANCE OF THE STUDY

The findings of the study will help in identifying gaps/loopholes in service delivery and service uptake by students therefore contributing to the addressing of these loopholes.

The findings of this study will help or is important in the following:

Coming up with interventions to assist in the

Prevention of teenage pregnancy

Prevention of transmission of sexually transmitted infections

* Reveal the factors associated with the uptake of family planning services by MSU students
* Reveal the challenges faced by students trying to access family planning services
* Help come up with strategies/recommendations to curb or address the challenges

CHAPTER 2

1. LITERATURE REVIEW

Many studies have been done with the aim of finding the factors as to why people adopt to family planning services. Several studies have achieved this goal of identifying the factors that contributes to the uptake of family planning services, be it socio economic, cultural, behavioral, religious.

1. Studies relating to behavioral factors affecting uptake of family planning services

Below is a detailed review of the studies which highlighted factors which determine/influence uptake of family planning be it negatively or positively.

In a study by Kibret, 2003 it was indicated that students had high knowledge of contraceptives and where to get them but level of usage of contraceptive was low. Reasons were lack of access to services, carelessness, unplanned sexual intercourse and pressure from sexual partner of which these factors reduce the uptake of FP and not only that a study by (Anochie and Ikpeme, 2003) indicated that students in the developing world exhibit little knowledge and little exposure to contraceptives implying that if students in the developing world have little exposure to contraceptives they might have the knowledge about the contraceptives but not comprehensively because if exposed to the contraceptives they might not be able to know how they are used, thus supporting the study by Kibret, 2003 but the study didn’t comment comprehensively as to why these students in the developing world exhibit little knowledge to contraceptive use.

Another study by (Orji et al., 2005) highlighted the most commonly used contraceptives by undergraduates students and indicated that condoms were the most commonly used contraceptive. However the study did not give a complete description of why it is the commonly used compared to other contraceptives.

(Lebese et al., 2013) then looked at a study on the factors influencing the uptake of contraception services by Vatsonga adolescents in rural communities of Vhembe district in Limpopo province, South Africa. The findings revealed that adolescents were aware of the availability of contraception services although they lacked comprehensive knowledge about contraception and contraceptives which lead to negative attitudes towards using the services, also cultural health beliefs and attitudes were also identified as barriers to the uptake and use of contraceptives. This study also supports the study by Kibret, 2003 and (Anochie and Ikpeme, 2003) that knowledge is there but there is no comprehensive knowledge and understanding of contraception.

(Dangat and Njau, 2013) conducted a study on knowledge, attitude and practice on family planning services among adolescents in secondary schools and provided ample evidence for the reason against use of FP services amongst this group. Out of the 316 respondents interviewed, 171 (54, 8%) mentioned the issue of FP causing infertility, some thus 101 (32, 2%) said it reduces sexual pleasure, 91 (29%) said it’s a behavior that promotes promiscuity, 88 (28, 3) mentioned the issue of causing diseases to the reproductive organs, 82 (26, 8%) mentioned the issue of that the behavior shows a trend of multiple sexual partnership, 67 (21, 5%) mentioned the issue of causing severe bleeding, some from the study thus 46 (14, 6%) said it causes death, 151 (48, 1%) from the study group said FP causes damage to the uterus. Generally this study tried to capture students view on the factors that reduces uptake of family planning in schools.

The same study showed that a greater population of the school was being encouraged to take family planning services by their parents 187 (59, 2%) and a smaller proportion was being encouraged by their religious leaders, further study should be done so as to try and explore the reason as to why religious leaders has a smaller proportion than parents.

According to a study by (Kiragu and Zabin, 1995) of contraceptive use among high school students showed that certain beliefs reduce the uptake of FP services by students. The findings pointed misconceptions such as some amongst the students believe that a girl cannot be pregnant if the girl washes her genitals after sex thus 2, 7% males , 1. 4% females gave an incorrect response whilst 16, 3% males, 26, 3% females gave a I don’t know response to the question and also that a girl does not get pregnant if the girl jumps up and down after having sex 5, 6% males , 2, 6% females gave an incorrect response to the question whilst 28, 1% males, 36, 4% females gave a I don’t know response to the question, some students didn’t even know that using a condom could prevent STIs thus 11, 2% males, 21, 1% females gave an incorrect response whilst 16, 8% males , 35, 6% females gave an I don’t know response to the question. Another question was that a girl cannot get pregnant if she has sex standing up 8, 8% males , 5, 0% females gave an incorrect response to the question whilst 26, 1% males , 39, 2% females gave an I don’t know response to the question. Another issue was on the question that a girl can get pregnant even if she has sex only once 18, 7% males, 11, 2% females gave incorrect responses whilst 11, 3% males , 14, 5% females gave an I don’t know response to the question. This shows a trend of knowledge gaps at the school as far as FP and sexual reproductive health issues are concerned and this shows that knowledge is an important factor in the uptake of family planning services as knowledge can affect the uptake positively or negatively.

Another study by (Getrude Namazzi, 2013) highlighted important factors on the theoretical framework that the researcher categorized as health related factors and client related factors which my study might borrow from the researchers study as they impose an effect to the uptake of family planning needless of the fact that the researcher applied them to women attending child health clinic when the researcher was conducting a study on missed opportunities for modern family planning services among women attending child health clinics. On client related factors was age, lack of knowledge on FP, fear of side effects on modern contraceptives. On health related factors was long waiting time, long distance to health facilities, limited funds for service delivery, stock outs of contraceptives and also inadequate motivation of health care workers.

In a study conducted by(Seeri and Maheshwaran, n. d.) on the knowledge, attitude of rural college students regarding contraception, the study gave evidence that the students had positive attitude towards FP as among the 426 college students that participated, 50% of the students felt that family planning improves the following such as, 62, 5% said it improves health of people, 54% said it improves quality of life, 51% said it solves social problems whilst 32% said it prevents occurances of unwanted pregnancy. Having a positive attitude towards FP can motivate college students to take up FP services thus boosting uptake in schools. However in the study there was under utilization of FP as the study noted that knowledge regarding various contraceptive methods was poor. This was also evidenced by looking, comparing the % awareness of each method with the % awareness of other studies. For instance in the study by(Renjhen et al., 2010), the % condom awareness was 85%, OCP was 40%, as compared with 70, 9% condom awareness and 30, 8% OCP awareness for this study. The study really gave ample evidence that contraceptive and sex education is needed to increase the uptake of FP among college students.

Another study by (Relwani et al., 2012) on exploring the emergency contraceptives knowledge, attitude and practices of engineering college girls found out that knowledge of EC was low among the students therefore contributing to underutilization of the method. In the study a strong association between source of information and level of knowledge was noted. The study further support the study by(Seeri and Maheshwaran, n. d.) that to promote use there is need for education and it further explains the strategies for promoting use which the study recommended spreading of accurate information through medical sources which are reliable. The study by (Seeri and Maheshwaran, n. d.) and (Relwani et al., 2012) share something which is, the college students from both studies had positive attitudes but their knowledge was poor and mis informations were high.

1. THEORETICAL FRAMEWORK

The model that will be used to conduct or carryout the study is the PRECEDE PROCEED model but focusing on phase 4 which is the educational and organizational diagnosis.

It has got three categories which the study will look at which are predisposing, reinforcing and enabling factors.

Predisposing factors are those antecedents to behavior that provides rationale for the behavior (uptake of family planning services)

Enabling factors are the antecedents to behavior that enables motivation to be realized

Reinforcing factors are factors subsequent to a behavior that provides the continuing reward or incentive for the behavior and contribute to its persistence or repetition.

1. OPERATIONAL DEFINITIONS

Uptake of family planning– in this study uptake of family planning means the use of family planning services for instance contraceptives by students at midlands state university in midlands province

Student at MSU– in this study it is any person male or female who is taking lectures or learning at Midlands State University.

Contraception– in this study means any method of birth control which prevents conception such as condoms, diaphragms

On campus/ off campus– in this study on campus means at the campus, off campus means outside campus.

Year 1. 2, 2. 1 and 2. 2– in this study 1. 2 means students at MSU who are in their first year but in their second semester, 2. 1 means those students in their second year but in their first semester, 2. 2 then means students in their second year and second semester.

Predisposing factors– any characteristic of a person or a population that motivates behaviour prior to the occurrence of that behaviour, for example knowledge, attitudes, values, beliefs, perceived needs and abilities (Green et al. , 2005).

Reinforcing factors– these are rewards and punishments following or anticipated as a result of behaviour. They serve to strengthen the motivation for behaviour. These include family, peers, Health Care Workers, the media and others (Green et al. , 2005).

Enabling factors– characteristics of the environment that facilitate action and any skill or resource required to attain a specific behaviour. These include accessibility and availability of programmes, resources and services, skills, money and time, facilities (Green et al., 2005).

1. PURPOSE OF THE STUDY

To find out the factors associated to the uptake of family planning services among MSU students

1. RESEARCH QUESTION

What are the factors that are associated or factors that influence the uptake of family planning services among MSU?

1. RESEARCH OBJECTIVES

The objectives of the study will be to:

1. Broad Objective

* Identify the behavioral factors that influence the uptake of family planning services by students of MSU
  1. Specific Objectives
* Determine the predisposing factors related to uptake of family planning services by college students
* Determine the reinforcing factors associated to uptake of family planning services by college students
* Determine the enabling factors influencing the uptake of family planning services by college students