



**MODERN FAMILY PLANNING PRACTICES OF ADOLESCENT MOTHERS TO  
AVOID FURTHER UNWANTED PREGNANCIES: A CASE OF KATANGA SLUM  
KAMPALA DISTRICT**

**BY**

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# DECLARATION

## DECLARATION

I hereby declare that, except for references to other people's work which have been duly acknowledged, this work is original. I further declare that it has neither in whole nor in part been submitted for the award of any degree in this university or elsewhere.

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*24 Feb 2021*

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DATE

**APPROVAL**

This dissertation is submitted to the Department of Social Work and Social Administration of Makerere University with the approval of my supervisor.

  
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..... 24/02/2021 .....

Dr. ESTHER NANFUKA KALULE

DATE

## **DEDICATION**

I dedicate this work to my parents for their unreserved support and encouragement throughout this journey.

## **ACKNOWLEDGEMENT**

This work could not have seen the light of day without the unfailing grace, strength, wisdom and direction from the almighty God. I wish, therefore, to first and foremost thank the Almighty God for making this work a success.

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## LIST OF ACRONYMS

Dr.	Doctor
COVID-19	Corona Virus Disease of 2019
HIV	Human Immune Virus
ICF	Inner City Fund
IUD	Intra Uterine Device
KM	Kilometer
LC	Local Council
LBW	Low Birth Weight
SOPs	Standard Operating Procedures
STIs	Sexually Transmitted Diseases
UBOS	Uganda Bureau of Statistics
UNICEF	United Nations Children Emergency Fund
UNFPA	United Nations Fund for Population Activities/ United Nations Population Fund
WHO	World Health Organization



## ABSTRACT

**Background:** Family Planning services are one of the basic and important strategies for reducing high risk pregnancies, complications during pregnancy and childbirth. However, the unmet need among adolescent girls remain high despite Uganda's committed to scaling up the use of modern family planning methods to ensure that every Ugandan woman can choose when and how many children to have. This study was set out to explore the modern family planning practices of adolescent mothers to avoid further unwanted pregnancies in Katanga Slum in Kampala district with specific objectives of (i) to identify the modern family planning methods used by adolescent mothers, (ii) identify the constraints faced in accessing modern family planning methods and (iii) identify the strategies used to access modern family planning methods amidst the constraints.

**Methods:** the study utilized a descriptive design and was purely qualitative. A sample of sixteen adolescent mothers was recruited from Katanga slum in Kampala. Then four Key Informants (two community health workers and two health workers from Marie Stopes). The data from the in-depth interviews and key informant interviews was analyzed thematically.

**Results:** The study found that most adolescent mothers were using modern family planning methods of implants, injectable, condoms, pills and IUD to prevent unwanted pregnancies. The adolescent mothers also faced the constraints of negative attitude/disapproval by partner, misconceptions, stigma associated with the use of contraceptives, shortage of family planning methods/Unavailability of preferred method, fear of side effects, Distance to health facilities where the adolescent mothers can't be identified, Negative attitude by health service providers, negative religious beliefs, financial constraints and lack of proper knowledge about family planning methods while accessing modern family planning methods. Lastly, adolescent mothers adopted some strategies to increase access to modern family planning methods amidst the constraints and these included going to government hospitals, using without the knowledge of their partners and waiting for outreach services from Non-profitable organizations.

**Recommendation:** There is need for health care agencies and family planning programs to target the involvement of men in family planning education and sensitization programs. Further researchers should involve male respondents to take into account their responses.

# CHAPTER ONE

## INTRODUCTION

### 1.0 Chapter overview

This chapter outlines the study background, problem statement, study objectives, research questions, significance and the scope of the study.

### 1.1 Background of the study

According to the United Nations (2015), there are interventions to reduce the prevalence of adolescent pregnancies in order to achieve sustainable development goals. However, the number of adolescent mothers continues to increase globally with one in five adolescent girls giving birth before the age of 18 (World Health Organization (WHO), 2020).

The rates of adolescent girls who become mothers substantially differs across regions. In developing countries an estimated number of 21 million girls aged 15–19 years become pregnant every year (UNICEF, 2019a). In Africa, the overall pooled prevalence of adolescent mothers is estimated at 18.8%. However, the regional prevalence ranges from 21.5% in East Africa to 9.2% in Northern Africa (Kassa et al., 2018). The adolescent birth rates in Africa are highest in the countries of Central African Republic, Niger, Chad, Angola and Mali (UNICEF, 2019b).

In Uganda, the percentage of adolescent mothers has remained stable since 2006. According to the Uganda Bureau of Statistics (UBOS), adolescent pregnancies in Uganda were 25% in 2006, 24% in 2011 and 25% in 2016 (UBOS and ICF, 2018). However, the prevalence varies across regions such as 16% in Kigezi, 17% in Kampala region, 30% in North Central, Bukedi, Teso, and 31% in Tooro regions (ibid).

Family Planning services are one of the basic and important strategies for reducing high risk pregnancies that often occur too early, too late, and too frequent. They are also seen as a strategy for improving child health (Sensoy et al., 2017). Family Planning programs have helped women worldwide to avoid millions of unintended pregnancies often associated with high risk abortions (Tsui et al., 2010). However, the UNFPA (2015) reports that 13 million adolescent girls have

unmet need for contraception with about half living in Asia and the Pacific and more than 30% living in sub-Saharan Africa. The UNFPA adds that globally, just 15% of the adolescent mothers use modern contraceptives. In sub-Saharan Africa, the level of contraceptive use among adolescent girls is estimated at a low of 15% in East and Southern Africa and a mere 4% in West and Central Africa. In Uganda, only 9.4% of individuals between the age of 15 and 19 years use modern contraceptives (UBOS and ICF, 2018). This is way below the country average of 27.3% (UBOS and ICF).

The low level of uptake of contraceptives by adolescent girls is attributed to the several barriers. Cohen et al. (2020) identifies negative identity about contraceptive use, feelings that modern methods are inappropriate for people like them, overconfidence in their ability to prevent pregnancy through traditional methods, social and health risks of modern contraceptive methods and unpreparedness to use modern contraceptive methods before every sexual encounter as behavior barriers to use of modern contraceptives. Other barriers identified by other researchers include the desire to become pregnant and lack of knowledge on contraceptives, lack of access due to long distances to health facilities and other sources of contraceptives, absence of preferred methods, the high costs associated with the contraceptives, lack of privacy at contraceptive service points and negative attitudes by service providers (Bankole & Malarcher, 2010; Casey et al., 2020).

Adolescent pregnancies expose the girls and their offspring to a range of negative physical and socio-economic consequences including risk of pregnancy complications, low birth weight (LBW), and infant mortality, urinary tract infections, acute pyelonephritis, and preeclampsia (Yussif et al., 2017); isolation and depression, school drop, birth of premature babies and high risk of infant mortality (Presler-marshall & Jones, 2012). This renders it necessary to prevent further pregnancy among adolescent mothers.

What are the modern family planning practices of the adolescent mothers amidst these barriers?

## **1.2 Problem statement**

Adolescent pregnancy is a social problem. Besides most of the adolescent mothers getting unwanted pregnancies, complications during pregnancy and childbirth are the leading cause of

death for 15 to 19 year-old girls globally (Siniša, 2018). In addition, pregnancy complications and sexually transmitted diseases during adolescence can permanently affect the future reproductive capacity of the girls as well as the future of a nation (Paluku et al., 2010).

While Uganda is committed to scaling up the use of modern family planning methods to ensure that every Ugandan woman can choose when and how many children to have (Nalukwago et al., 2020), the unmet need among adolescent girls remains high (UBOS and ICF, 2018). This leads to the question of how adolescent girls prevent unwanted pregnancy. Literature on the practices of modern family planning mainly focuses on married women and university students. There is little documented literature on modern family planning practices among adolescent mothers. It is against this background that this study sought to explore the modern family planning practices of adolescent mothers in Katanga slum in Kampala District.

### **1.3 Objectives of the study**

To explore the modern family planning practices of adolescent mothers to avoid further unwanted pregnancies in Katanga Slum in Kampala district.

#### **1.3.1 Specific objectives**

1. To identify the modern family planning methods used by adolescent mothers in Katanga Slum to avoid further unwanted pregnancies.
2. To identify the constraints faced by adolescent mothers in Katanga Slum in accessing modern family planning methods to prevent unwanted pregnancy.
3. To identify the strategies adolescent mothers in Katanga Slum use to access modern family planning methods to prevent unwanted pregnancy amidst the constraints.

### **1.4 Research Questions**

1. What modern family planning methods are used by adolescent mothers to avoid further unwanted pregnancies?
2. What are some of the economic, religious, institutional, individual and social-cultural constraints faced by adolescent mothers in accessing modern contraceptives to prevent unwanted pregnancies?

3. What strategies do adolescent mothers use to improve accessibility to modern family planning methods to prevent unwanted pregnancies?

### **1.5 Significance of the study**

Adolescent girls are probably the most vulnerable group as they are victims of early marriage, early and frequent child bearing and unsafe abortions all of which lead to high morbidity and mortality. Family Planning services are one of the basic and important strategies for reducing high risk pregnancies that often occur too early, too late, and too frequent. However, access to these services remains a challenge for adolescent mothers. The study focused on modern family planning practices of the adolescent mothers in Katanga slum in Kampala. This has provided light on the practices of adolescent mothers with regard to their use and access to modern family planning methods. The findings highlight the methods adolescent mothers use to prevent unwanted pregnancies, challenges they face in accessing modern contraceptives to avoid unwanted pregnancies and strategies they employ to overcome the challenges. These have provided information on enabling factors that can be strengthened to improve access to modern family planning among adolescent mothers. In addition, the study has contributed to literature on the modern family planning practices of adolescent mothers which is currently limited.

### **1.6 Scope of the study**

The study aimed at exploring the modern family planning practices of adolescent mothers to avoid further unwanted pregnancies in Kampala district. The study specifically, identified the modern family planning methods used by adolescent mothers to avoid further unwanted pregnancies, the constraints faced by adolescent mothers in accessing modern family planning methods to prevent unwanted pregnancy and the strategies adolescent mothers use to access modern family planning methods to prevent unwanted pregnancy amidst the constraints.

The study was conducted in Katanga slum. This is because Nawagi et al. (2016) show that most of the women below the age of 25 with no exception of adolescent mothers in Katanga slum have multiple sex partners and unprotected sex putting them at a risk of unwanted pregnancies.

The study was conducted up to March 2021 to allow the researcher develop a proposal, collect data and compile the final report.



## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter presents a review of literature of related studies on the topic under consideration. The concepts and key variables used in the current study have been explained and efforts made to reveal the gaps in the current literature. Literature is reviewed according to the themes derived from the specific objectives, namely the modern family planning methods used by adolescent mothers to avoid further unwanted pregnancies, constraints faced by adolescent mothers in accessing modern family planning methods to prevent unwanted pregnancy and strategies adolescent mothers use to access modern family planning methods to prevent unwanted pregnancy amidst the constraints. The literature is sourced from journal articles, books and government publications.

#### **2.1 Overview of Modern Contraceptives**

According to Hubacher & Trussell (2015), a modern contraceptive method is a product or medical procedure that interferes with reproduction from acts of sexual intercourse which differs from the traditional methods of contraceptives that include the lactational amenorrhea method, coitus interruptus (withdrawal method), calendar method or rhythm method, cervical mucus method and abstinence . Beson, Appiah, & Adomah-Afari (2018) mentioned that modern contraceptive use remains an important public health intervention and a cost-effective strategy to reduce maternal mortality, avert unintended pregnancies and to control population explosion, especially in developing countries but there is a low usage among reproductive-aged women in most developing countries.

The modern contraceptive methods include oral contraceptives, condoms (male and female), injectable and emergency contraceptive pills (Hubacher & Trussell, 2015).

Turning now to a detailed discussion of the modern methods, the modern contraceptive method of condom use involves use of a thin rubber or latex sheath rolled on the erect penis before intercourse to prevent semen (sperms) from entering the woman for a male condom while a

female condom involves a vaginal pouch made of latex sheath, with one ring closed end that is inserted in the vagina as the internal anchor to protect the external genitalia (Rakhi & Sumathi, 2011). In addition, Warren (2014) emphasized that condoms are a critical component in a comprehensive and sustainable approach to the prevention of HIV and other sexually transmitted infections (STIs) and are effective for preventing unintended pregnancies

Concerning the oral Contraceptive pills, Jin (2014) affirms that oral contraceptives pills are hormonal preparations that may contain combinations of the hormones estrogen and progestin or progestin alone to prevent pregnancy by inhibiting the release of the hormones luteinizing hormone and follicle stimulating hormone from the pituitary gland in the brain. Rakhi & Sumathi (2011) mentioned that the combined pills are taken every day orally by the woman to prevent the releasing of the egg, thickening of cervical mucus and by altering tubal motility. This modern contraceptive method is considered the most effective when no pills are missed, the pill is taken at the same time every day, and each new pack of pills is started without a delay (World Health Organization (WHO), 2016).

With regard to injectable, it is important to note injectable contraceptives involves a shot that contains hormones, either a progestin alone, or a progestin and an estrogen together, that stop your body from releasing eggs and thickens the mucus at the cervix (Adetunji, 2011). In a study on the contraceptive utilization, Rakhi & Sumathi (2011) shows that injectable contraceptives are effective and easily administered method as they are given by injection into a woman's arm or buttocks once every 1, 2, or 3 months, depending on the type of injectable.

With regards to Guida et al. (2011) emergency contraceptive pill is a form of contraception that can be used after unprotected sex. The doses of pills are taken within 3 days (72 h) of unprotected intercourse to prevent ovulation, fertilization or implantation of the fertilized egg (Rakhi & Sumathi, 2011).



## **2.2 Constraints faced by adolescent mothers in accessing modern family planning methods to prevent unwanted pregnancy**

The adolescent mothers face constraints in accessing modern family planning methods to prevent unwanted pregnancies. These constraints range from individual, religious and institutional constraints.

### **2.2.1 Individual constraints**

#### **a) Myths**

Individually, researchers have shown that myths as one of the barriers to access to contraceptives to modern family planning methods. Ochako et al. (2015) found adolescent reporting that myth about health related problems from the use of contraceptives such as total or temporary infertility, birth defects and abnormalities, disruption of their normal body processes or inability to menstruate regularly as common reason for non-use or contraceptive discontinuation. Similarly, Casey et al. (2020) identify beliefs in myths about contraceptives as barrier to contraceptive use among adolescent mothers. Namasivayam et al., (2020) add that misconceptions and myths about contraception contribute to unmet need of modern family planning methods. However, Ochako et al. (2015) shows that myths about contraceptives are related to misinformation from social network thus this may not be a particular case for adolescent mothers who may be provided with adequate information from trusted sources.

#### **b) Negative identity associated with individuals who use modern contraceptives**

Negative identity associated with young people who use modern family planning methods such as being a prostitute is another constraint hindering access. In a study on Behavioral barriers to the use of modern methods of contraception among unmarried youth and adolescents in eastern Senegal, Cohen et al. (2020) found that unmarried young people avoid making a decision about contraceptive use because thinking about contraceptive use provokes uncomfortable associations with a negative identity. The authors further found that abstinence is the optimal behavior for unmarried youth while contraceptives are seen as a last resort option used only by youth who are promiscuous, lack discipline, or unfaithful to their partners. In addition, Nalwadda et al., (2011) highlight that the stigma due to the negative identity such as being loose and prostitute

surrounding contraception prevents their use by adolescents not in stable relationships. It is important to bear in mind that no finding has been able to challenge the above findings.

#### **c) Fear of side effects due to health and social risks associated with modern family planning methods**

In a study by Ochako et al. (2015), side effects were mentioned by a majority of the young women as one of their greatest fears. The main side effects mentioned were weight gain, lack of sexual desire, headaches and blood pressure. This is also supported by Ouma et al., (2015) who found fear of side effects and fear of cost of managing side effects as obstacles to use of modern family planning methods. Similarly, disruption of menstrual cycle was the most common reported reason for discontinuation of hormonal methods among women in Kenya (Burke & Ambasa-Shisanya, 2011) while Mosha et al. (2013) found fear of side effects as the main reason for discontinuation and non-use of family planning. Cohen et al. (2020) discuss that young people overestimate the health and social risks of using modern family planning methods.

#### **d) Lack of transport**

Farmer et al. (2015) discusses that lack of transport as prohibitive for access to modern family planning services for women. The adolescent mothers have to walk the long distance to and from to the health centers. This was also pointed out in the study by Kiggundu et al. (2020) where adolescent mothers had to walk the long distance in order to access modern family planning methods. Contrarily, Staveteig et al. (2018) found that lack of accessibility to contraceptives due to long distance is not perceived as a major barrier to contraceptive use. This was after the majority disagreeing that it is difficult to obtain contraception.

#### **e) Insufficient Knowledge of Methods or Services**

Adolescent mothers have limited knowledge about modern family planning prohibiting them from accessing such services. Shahabuddin et al., (2016) shows that adolescents are less likely to use contraceptive methods than adult women and this difference is most likely due to insufficient knowledge and/or experience with regard to contraceptives and a lack of autonomy in decision making by teenage women. In addition, Mardi et al. (2018) highlights that teenage women don't receive appropriate information about contraception from their family or the healthcare system

while those that have, most have little awareness about their sexual and reproductive health and what knowledge they do have is incomplete and unreliable. However according to Staveteig et al., (2018), lack of awareness of contraceptive methods or of service availability does not appear to be a major barrier to contraceptive use. This shows that adolescent mothers at least one modern contraceptive method and where they can obtain them.

#### **f) Financial constraints**

Another key barrier is lack of financial access to family planning commodities (Ochako et al., 2015). Studies have shown that youth are associated with less use of modern family planning methods due to their lower socioeconomic status (Davidoff-Gore et al., 2011). According to Najafi-Sharjabad et al. (2013), the economic condition is one of the constraints to buying contraceptives or to seeking out sexual and reproductive health services.

### **2.2.2 Institutional**

#### **a) Restriction and negative attitude by health service providers**

Khan et al. (2008) shows that despite there being no legal restrictions, health workers in many places refuse to provide unmarried adolescents with contraceptive information and services because they do not approve of premarital sexual activity. This is because they wrongly believing that long acting hormonal methods and intrauterine devices are inappropriate for nulliparous women. Similarly, Ahanonu (2014) depicts that many healthcare providers have unfavorable attitudes towards the provision of contraceptives for unmarried adolescents. The health service providers perceive the provision of contraceptives for unmarried adolescents as promoting sexual promiscuity and ask them to abstain from sex rather than providing them with contraceptives. This implies that adolescent mothers are at risk of unwanted pregnancies and STIs with associated consequences because they are being denied access to contraceptive services. In addition, that lack of privacy/confidence where nurses shout at people lining up for family planning services is another potential constraint (Kiggundu et al. 2020).

#### **b) Inappropriate family planning methods**

Despite the universal perception that modern family planning are appropriate, Cohen et al. (2020) show that unmarried young people see modern methods of contraception as inappropriate

for people like them. The adolescent mothers describe modern methods of contraception as most appropriate or exclusively appropriate for married women with children who would like to space their births. They highlight that modern non-barrier methods of contraception are commonly referred to as family planning, underlining that their intended users are married couples planning their families. Even when youth do think about their options for avoiding pregnancy, modern methods other than condoms are not in their choice set. Cohen et al. (2020) shows that youth undervalue modern contraceptive methods because they believe they are adequately protected from pregnancy by traditional methods (such as withdrawal) or folk methods (such as amulets). In addition, many youth hold incorrect beliefs about the menstrual cycle that further undercut the effectiveness of the rhythm method, the traditional method that youth mention most often.

### **c) Religious influence**

Nanvubya et al. (2020) identifies religion as one of the barriers to use of modern family planning methods. This is common where young people feel that using contraceptives for family planning was not acceptable owing to the ethos and values of their faith and religion. The effects of religion on sexual activity and contraceptive use have been demonstrated in various studies (Agadjanian et al., 2009). Some of the literature argues that the Catholic Church's stance against use of contraceptives affects people's attitudes and consequently their use of FP methods. Roman Catholicism teaches that the principal purpose of a sexual relation within marriage is procreation (Schenker, 2010). Among the Protestant Christian, no form of contraception is forbidden within a marriage that already has children (Papandrea, 2018). The decision on the family size, use and method of contraception are left to the couple. Contraception is seen as exercising responsible parenthood, protecting women's health and improving marital love (Schenker, 2010). However, conservative Protestants such as Evangelical and Fundamental Protestant view the use of contraceptives as violating God's law of procreation (Papandrea, 2018). Fundamental Muslims maintain that all form of contraception violates God's law and intentions (Poston, 2005). Other studies have shown that religious affiliations do not affect FP and that the differentials that occur across religious groups are as a result of the differences in the socio-economic and demographic characteristics within the groups. A study conducted in Cameroon and Senegal looking at the influence of religion on women's fertility decision demonstrated that religion influences women

decision making including decisions on FP (Browne, 2012). Similarly, a study by Bakibinga et al., (2015) shows that religion has no impact on approval of modern family planning methods.

#### **d) Resistance by partner / negative attitude towards modern family planning by partners**

Male partner's resistance to family planning is a major barrier to use yet men play the role of decision-maker, they are often detached from and lack interest in reproductive health issues (Kabagenyi et al., 2014). Recent research by Kiggundu et al. (2020) highlight partner resistance as a barrier to use of modern family planning method. Most of the young people with no exception of adolescent mothers face strong opposition from their partners citing cultural beliefs that the primary objective in marriage is to have children. Similarly, Bogale et al. (2011) found women pointing out that their male partner's resistance to family planning was a major barrier to use, even in the rare cases of joint decision-making. This implies that male partners negatively influence uptake and access of modern family planning methods as these do not get social support, adequate information, and shared responsibility.

#### **e) Contraceptive out-stocks**

Kiggundu et al. (2020) also discusses that lack of modern family planning and service providers as one of the constraints in accessing modern family planning methods. A recently study of public, private not-for-profit and private for-profit providers in rural Uganda confirms sporadic contraceptive stocks as barrier to access to modern family planning methods (Prada et al., 2016). Wafula et al., (2014) add that frequent stock out as a key barrier to modern family planning methods. Farmer et al. (2015) elaborates that the biggest constraints to family planning is stock-outs of medicines and related materials. Besides contraceptives out-sticks, Muhoza et al. (2016) found participants recounted lack of diversity in the contraceptive methods available at health centers as barrier that inhibit widespread access to quality family planning services.

### **2.3 Strategies adolescent mothers use to access modern family planning methods to prevent unwanted pregnancy amidst the constraints**

Literature on the strategies adolescent mothers use to access modern family planning methods to prevent unwanted pregnancies is limited. Few researchers have made attempts to explore this as shown below.

### **Accessing modern contraceptives without the knowledge of their partners**

To cope with the restriction from partners, the adolescent mothers access modern contraceptives without the knowledge of their partners. Nalwadda et al. (2010) show that young women make up their own decisions and use contraceptives independently from their partners. Similarly, Mustafa et al. (2015) found in overcoming husband/In-laws disapproval to the use of modern contraceptives, the women practiced family planning without their husbands and mothers in-law. Young women recounted using contraceptives secretly as a strategy to protect their interests, and counteract male partner disapproval.

### **Stocking modern contraceptives to overcome out-stocks**

The adolescent mothers cope with out-stocks of modern family planning methods by stocking modern family planning methods such as condoms and pills. Nalwadda et al. (2010) show that young women keep their condoms in order to avoid pregnancies in unstable relations.

## **2.4 Emerging gaps in literature**

Most of the recent literature has focused on modern family planning methods as a way to avoid unwanted pregnancy. In Uganda, researchers have come up with evidence that the use of modern contraceptives in Uganda is lower among the youth with no exception of adolescent mothers. It is also well established that there are strategies to improve or strengthen the use of modern contraceptives among the adolescent mothers however, researchers have paid less attention on modern family planning practices of adolescent mothers to avoid further unwanted pregnancies in Katanga Slum in Kampala district.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

The chapter discusses the methods that were utilized in undertaking the study. These include the research design, study area, study population, sample size, sample selection, methods of data collection and tools, data management and analysis, ethical consideration and study limitations.

#### **3.1 Research design**

This study utilized a descriptive design. Basing on Silverman (2013), the use of a descriptive approach in this study provided an opportunity for the unheard voices of adolescent mothers to be heard.

Furthermore, a qualitative approach which requires the researcher to put focus on the participants' views and experiences rather than their own interpretation on what they see and hear was used. This helped the researcher to communicate and interact deeply with participants to produce rich data through in-depth interviews.

#### **3.2 Study area**

This study was conducted in Katanga, an urban slum located in Kampala, the capital City of Uganda. Katanga is one of the biggest urban slums in Kampala City. It is located in the valley between Mulago Hospital and Makerere University. It is a flood plain with a bigger area under wetland and swamps. It stretches about 1.5 km<sup>2</sup> from Wandegeya to Kubbiri and is divided into two administrative Local Council 1 zones; “Busia” and “Kimwanyi” (Kruk, 2015).

Next Media Uganda (2010) reports that the teenage pregnancy is on the rise in Katanga slum.

#### **3.3 Study population**

The study population comprised of adolescent mothers (15-19 years) in Katanga Slum Kampala district. These constituted the primary study participants.

To ensure the study is comprehensive, key informants including community health workers and staff members from Marie Stopes Wandegeya, a prominent non-government provider of family planning services, were recruited for this study. The staff from Marie Stopes, Wandegeya conduct health outreaches in Katanga while the community health workers engage directly with the adolescent mothers. Thus, these were perceived to have information related to the study.

### **3.4 Sample size**

The sample size consisted of 16 adolescent mothers. According to Creswell (2009), a sample size within the range of five to twenty-five is enough to reach data saturation. Therefore, the sample size of 16 was considered sufficient to attain data saturation.

Four key informants (two community health workers and two health workers from Marie Stopes) were included.

### **3.5 Sample selection**

The study participants were recruited through the purposive sampling technique. This involved selection of adolescent mothers who met the study criteria, including being aged 15- 19 years, being in or out of school and those who have delivered before. The eligible participants were identified with the help of the LC1 and these were asked to present the immunization card of their child which contained the parent's age to confirm that they met the eligibility criteria. I also purposively selected the key informants that is to say, two community health workers and two health workers from Marie Stopes because of their knowledge related to the study as a result of working with adolescent mothers.

### **3.6 Methods of Data collection and tools**

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

In-depth interviews are appropriate in conducting a comprehensive investigation and when soliciting information on personal experiences on delicate issues (Ritchie & Lewis, 2003). I therefore conducted in-depth interviews with 16 adolescent mothers with the aid of a guide that had open ended questions to ensure that the participants explain their responses. The guide



included questions on the modern family planning method used, challenges faced in accessing modern contraceptives to prevent unwanted pregnancies and how they overcome the challenges in accessing modern family planning methods to prevent unwanted pregnancies.

The in-depth interviews were conducted on a one-to-one basis in Luganda which is the local language that the mothers were comfortable with. This provided the participants the chance to express their subjective views about issues under discussion. The in-depth interviews lasted on average of 20 minutes.

The in-depth interviews helped the researcher to collect first-hand information from adolescent mothers to address the research questions.

### **3.6.2 Key informant interviews**

This was used to collect primary data from the key informants (two community health workers and two health workers from Marie Stopes). This was aided by a guide that had open ended questions on modern family planning methods available in the community for adolescent mothers, challenges adolescent mothers face in accessing and utilizing the modern contraceptives and what adolescent mothers do to overcome these challenges.

The key informants shared vital information since they have been offering family planning services to the adolescent mothers in Katanga, thus the information obtained from the key informants was used to triangulate the data collected from adolescent mothers.

The key informant interviews were conducted on a one- on- one basis in both Luganda and English. I ensured that the same general areas of information are collected from each interviewee in a conversational approach that allowed a degree of freedom and adaptability in getting information. Whenever need arose probing questions were used to enable in-depth exploration of issues.

The key informant interviews lasted on average of 25 minutes.

## **3.7 Data management and analysis**

### **3.7.1 Data Management**

All the interviews were audio recorded to ensure that I don't miss out any important information. The audio-recorded data were kept on a computer to serve as backup. Then, the recorded files were transcribed verbally and translated into English. Later, they were word processed.

### **3.7.2 Data analysis**

This study utilized a thematic approach to analyze the data. Thematic analysis was appropriate for a qualitative study as it allowed developing and identifying a set of logical themes and sub themes from raw data to provide a rich, detailed and complex description of data (Green & Thorogood, 2018). To produce an essential and realistic report, I followed the following steps as discussed below.

**Transcription of the data.** The audio collected data were transcribed verbally from Luganda to English. These were later word processed.

**Repeated readings to familiarize with the data.** Under this step, I read the written data several times to get the meaning of the data obtained as well as figuring out the main key themes.

**Coding.** I identified the main points and assigned codes to the data obtained with the same code accorded to similar data.

**Identifying the major themes.** At this stage, I got themes that were used to get the main headings and subheadings in the presentation of the results. Provide examples of the major themes that emerged.

## **3.8 Ethical considerations**

The study posed a risk for invading the privacy of the adolescent mothers and also engaged some minors. These ethical issues were addressed as follows below;

I obtained administrative clearance from the Department of Social Work and Social Administration, Makerere University. Permission to conduct the study was also sought from the LC 1 Katanga where the aim of the study and brief description of the research methods were presented and approval was sought to conduct the study.

All the study participants both the adolescent mothers and key informants were asked to sign the consent form if they were willing to participate in the study. The consent process involved informing the participants the study purpose, the risks and benefits of their participation, assuring them of confidentiality and informing them about their right to voluntary participation and to withdraw from the study at any point.

To maintain confidentiality, all identifying information about the participants were removed during the transcription process and pseudonyms were used in writing the final report. In addition, all participants were interviewed separately in conducive environments.

The COVID-19 SOPs were adhered to and these included wearing a mask and keeping social distance of two meters while conducting interviews with adolescent mothers and key informants.

### **3.9 Study limitations**

Being a sensitive subject, most of the adolescent mothers were not very open. This was addressed by encouraging and constantly assuring them of confidentiality and interviewing them in private places where they felt safe and comfortable.

Due to Covid-19, I faced unwillingness by the study participants to observe the SOPs. The study participant's not interested in wearing a mask and keeping a distance were excluded from the study while those who were willing but could not afford a mask, were given one.

## **CHAPTER FOUR**

### **RESULTS AND DISCUSSION**

#### **4.0 Introduction**

This chapter presents the results and discussion of the study. Based on the three objectives of to identify the modern family planning methods used by adolescent mothers in Katanga Slum to avoid further unwanted pregnancies to identify the constraints faced by adolescent mothers in Katanga Slum in accessing modern family planning methods to prevent unwanted pregnancy and to identify the strategies adolescent mothers in Katanga Slum use to access modern family planning methods to prevent unwanted pregnancy amidst the constraints.

#### **4.1 Social demographic characteristics**

A total of 16 adolescent mothers were interviewed. The ages of adolescent mothers ranged from 15 to 19 years. One was 15 years, three were 16 years, three were 17 years, three were 18 years and six were 19 years. Regarding the religion of adolescent mothers, six were Catholic, four Anglican, five Muslims and one Pentecostal.

None of the adolescent mothers was currently enrolled in school, however, twelve adolescent mothers had basic school education; five had reached secondary level and seven primary level with only four had not attained any education. The study found that the adolescent mothers had between two children and one child.

#### **4.2 Modern family planning methods used to avoid further unwanted pregnancies**

The study found that several adolescent mothers were using modern family planning methods to prevent unwanted further pregnancies. There were mainly Anglican and Catholics. The methods that were being used included implants, injectable, condoms, pills and IUD. Talking about this issue the interviewees said; "... I have used so far two methods of family planning; this one for the injection was not good. It had so many side effects like over bleeding. I now use an implant which lasts for five years..." (**IDI with Viola, 19 years**), "... I was using an injectable but I stopped recently ..." (**IDI with Racheal, 18 years**), "... I am using an implant which they told me it will last for 5 years and I had a few side effects at first but later I went to the doctor and

they helped me..." (**IDI with Halima, 19 years**), "... We don't have sex on a daily basis and when he comes he wants live so I use the emergency pill after..." (**IDI with Samantha, 19 years**), "... I use a condom because I fear the other ones because of their side effects though things don't be sweet when you using a condom ..." (**IDI with Mary, 16 years**) and "... I use pills which I swallow every day at 9 in the night and I don't miss out any day..." (**IDI with Prudence, 15 years**)

The findings of the current study show that most of the adolescent mothers use contraceptives while others don't. The possible implication for this is that the adolescent mothers are at low risk of having a repeat of unwanted pregnancies due to their use of contraceptives. This result differs from the findings of Machira & Palamuleni (2017) who found that majority of the teen mothers are non-users of modern family planning contraceptives. A possible explanation for this results may be the endeavors made by government of Uganda to improve access to family planning and health care to ensure that every Ugandan woman can choose when and how many children to have (Nalukwago et al., 2020).

The study found that there were a minority of adolescent mothers that had used more than one different method due to the negative side effects. For example, Viola who had used two different methods due to side effects of one method said:

I have used so far two methods of family planning, this one for the injection which was not good. It had so many effects like over bleeding and I had signs of pregnancy like craving for certain things and I would get headache sometimes. After all those side effects, I left family planning which was not good because I gave birth to children that I didn't space. After giving birth to two children, I decided to stop giving birth because they are enough for me so I went to the hospital and I started on family planning again. I now use an implant which lasts for five years, they put it into my arm and I will remove it after those years. (**IDI with Viola, 19 years**)

Several of these mothers reported that they had been advised to use the particular method after being advised by their friends. Racheal who was using injectable after being advised by a friend said; "...even my friends were using it and they told me it was good so I also used the injection..." (**IDI with Racheal, 18 years**)

Other adolescent mothers reported to use a particular method after experiencing side effects of some methods. Doreen, 19 years who was using a condom because of the side effects of other

methods had this to say; "...there are some methods I cannot use because of the side effects. There is a day I used the pill and I experienced it [headache]. So I prefer condom or not use at all..." (**IDI with Doreen, 19 years**)

A few adolescent mothers reported to use a particular method due to its availability and shortage of other methods. Mary, 16 years who was using a particular method because of its availability had this to say; "...those other methods are not offered, I have never seen them or heard about them in here, but the condoms are in every drug shop you go to and that is why I use a condom..." (**IDI with Mary, 16 years**)

One adolescent mother reported that she had been advised to use the particular methods after being screened by health workers at a health facility. Talking about this issue Sharon, 19 years who explained that a health worker tested her blood and advised on the best method she could use said; "... I went to hospital and they checked my blood and they choose for me the best one..." (**IDI with Sharon, 19 years**)

However, the study also found that a few adolescent mothers mainly Muslims and older adolescents (18 and 19 years) were not using modern family planning methods. In their accounts for not using the modern family planning methods, the adolescent mothers had this to say;

"... me I have never used any modern family planning methods...even this child you see, I just saw it from their but still am not using them but I hope in future I may use them..." (**IDI with Sumaya, 17 years**)

"... I have never used it because I have heard so many side effects from my friends so I fear to use it that is why when my baby was six month I again got pregnant but soon I want to go to hospital and start family planning..." (**IDI with Prudence, 15 years**)

The few adolescent mothers who are at high risk of further unwanted pregnancies because they were not using modern family planning methods were mainly Muslims. This is support with the idea of Ali & Ushijima (2015) who found Muslims citing religion as an important reason for not using contraception.

Some adolescent mothers obtained modern family planning methods from government health facilities while others obtained these from private health facilities. For example Viola, 19 years who obtained modern contraceptive from government health facilities narrated that; "...I went to a government hospital that's where I got it from because the VHTs told us the government was

providing the service for free, so I went there and I got the service from there..." (**IDI with Viola, 19 years**)

While a participant who had obtained modern contraceptive from a private health facility said; "... I get the pills from a pharmacy and drug shops..." (**IDI with Catherine, 18 years**)

However, most of the adolescent mothers were obtaining family planning methods from government health sector while a few were obtaining from a private sector and none from friends, relatives, shops and worship places. The possible explanation for this result is that government services are always cheaper if not free favoring the adolescent mothers.

A common view amongst interviewees was that friends are the major source of information about modern family planning methods. Doreen, 19 years who had gotten information from a friends said; "... My friend is older than me and she has been using them. So she told me that those things of withdraw are risky I should start buying condoms for him since ones for the females are not easy to get..." (**IDI with Doreen, 19 years**)

The common view amongst the respondent was they obtain information about family planning methods from friends. This finding of the current study is consistent with those of Babalola et al.( 2016) who highlighted that in reality many adolescent and youth obtain sexuality and reproductive health information from their peers and the internet. It can therefore be assumed that the most adolescent mother do not have reliable and educative information about modern family planning methods as researcher such as Egede et al. (2015) and Humera & Parwez (2013) reported that contraceptive information from friends is more likely to be incorrect and contain a lot of misinformation, distortion, falsehoods, and misconception, and may be self-centered.

### **4.3 Constraints faced by adolescent mothers in accessing modern family planning methods**

#### **4.3.1 Institutional challenges**

##### **a) Negative attitude/disapproval by partner**

Several adolescent mothers reported that they were constrained by negative attitude by their partners who restricted them from accessing modern family planning methods. The negative attitude by their partners was due to the misconceptions they have towards the methods and reduction of sexual satisfaction of some methods. An example was Mary, 16 years who

explained that she was constrained in accessing and using modern family planning methods because the husband rejected her from using modern family planning method. "...my man doesn't like the use of family planning. He can't even give you money to go and buy for him a condom..." (**IDI with Mary, 16 years**)

Other adolescent mothers reported that they partners constrained them from using modern family planning methods because their partners would associate them with sleeping with other men. Fatumah, 16 years explained that "...Okay, let me say that I think it is me that feels like... Okay, let me tell you that I fear even telling my husband I share with a bed that lets start using a condom because he might think I have other men..." (**IDI with Fatumah, 16 years**)

Other adolescent mothers reported that they are constrained rejection by their partner to use modern family planning methods. An example was Prudence, 15 years who explained that she was challenged in accessing modern contraceptives because her partner rejected the use of modern contraceptives. "...For me, I do what my partner demands because he may leave if I refuse. He said we cannot continue using condoms and we are married..."(**IDI with Prudence, 15 years**)

The responses from the key informants also affirm the responses from the primary respondents. One of the key informant showed that adolescent mothers are constrained in accessing and utilizing modern family planning methods because of the disapproval and rejection by their parent. "...men instruct their women on what to do. Many women will not use family planning because their husbands don't want them to..."(**KII with community health work**)

Adolescent mothers are constrained by the negative attitude/disapproval by their partners. The negative attitude and rejects implies that the partners to the adolescent mothers will not support them as well as not providing them with money for transport and payment for the family planning services. This is in agreement with the study finding of Bakesiima et al. (2020) where 16.4% of female adolescent in Uganda were not using modern contraceptives because of partner prohibition. A possible explanation for this is most of men have misconception about modern family planning such as causing cancer, loss of sexual desire and bareness among others. Another possible explanation is that men expect their adolescent women to start giving birth to children because many of them are expected by society to conceive after marriage.



## **b) Shortage of family planning methods/Unavailability of preferred method**

Adolescent mothers reported that most of the preferred methods are not always available when they need for them. Though most adolescent mothers reported that wanted to utilize the modern family planning methods, the methods they preferred where not readily available. This was because the nearby clinics in the area only provide condoms and pills that are not preferred by some adolescent mothers. Viola, 19 years one explained that she wanted to use her preferred method which was IUDs but it was not available.

"... some of the family planning methods like beads, IUDs are not easy to get because in many clinics and government hospitals they provide only condoms, injectable and pills and a few provide implants. So if you want to use beads and IUDs you can't get it which is not good..." (IDI with Viola, 19 years)

Other adolescent mothers pointed out that much as they want to utilize modern family planning methods, they did not need to get the family planning method because they were not available. The shortage of the modern family planning methods especially the condoms was attributed to the increases sexual activities in the area and commercial sex. Sharon, 19 years explained that most of the time she goes to get condoms in the clinic they are always over and she has to look for them in other places.

My friends told me to always buy condoms so that they are available every time we going to have sex. I informed my husband that the condoms were over and he gave me money to buy at night before coming back. When I reached the clinic they were no condoms and that was not the first time. So I had to move on most of the clinic and still the condoms were not available and I had to go in wandegeya where they are bit expensive compared here in katanga. (IDI with Sharon, 19 years)

This study finding shows that adolescent mothers are often faced with shortage of preferred family planning method. The implication of shortage and lack of preferred method will discourage and deteriorate the morale for the adolescent mothers to seek access to modern family planning methods. This is in line with the findings of Silumbwe et al., (2018) where stock-outs of preferred methods was identified as one of the health systems barriers to family planning and contraceptive services provision and use in Zambia. This suggests the need to strengthen family planning methods supply chain management, and balancing of demand projections and real-time availing of commodities

### **c) Distance to health facilities where the adolescent mothers can't be identified**

Some of the adolescent mothers reported to walk long distance to healthcare facilities in order to access family planning methods especially the long lasting methods. This was a particular case for adolescent mothers who were rejected by their husbands to use modern family planning methods. Some of the adolescent mothers moved long distances to health centers where they could not be identified and reported to their partners by community members who see them accessing the services. Catherine, 18 years explained that she had to move long distance to a health facility that was not next to the community where they could identify her and tell her husband. "...the problem is you have to go as far as the hospital and you may reach there when there are many people and you have to go back and come back the following day..." (**IDI with Catherine, 18 years**)

The study found that adolescent mothers were faced with moving long distances to access modern family planning methods. This could demotivate the adolescent mothers who could consistently use family planning services/methods and discontinue using family planning. This is in line with the findings of Silumbwe et al. (2018) where long distances to some health facilities still remain a challenge to access and use of contraceptive services in Zambia. This suggests the need of confidential and private family planning service providers so as adolescent mothers can access these services with confidence rather than moving long distances to health facilities where they cannot identify them.

### **d) Negative attitude by health service providers**

Adolescent mothers reported that they were shouted, scolded, not allowed to explain their side effect experiences, and not given preference to socially accepted family planning service user groups like the married women in some health facilities. This was because adolescent mothers were seen by the service providers as unmarried who are meant to be in school and not engaging in sexual activities. Mary, 16 years explained how she was shouted at by the health service providers when she was accessing modern family planning at a health facility.

"...the attitude they gave me made me just leave the place and went to buy condoms...the old woman shouted;, 'you're still in school, you're supposed to concentrate on books and not coming for family planning are you a prostitute?..." **IDI with Mary, 16 years**

The negative attitude by the health service providers forced the adolescent mothers to stop seeking services from trusted sources. For example Catherine, 18 years narrated how she stopped going to health facilities and now go to shops to access condoms; "...To tell you the truth some healthcare providers are rude, very rude. That is why even most of us run away and we buying from drug stores in town instead of going to clinics..."(**IDI with Catherine, 18 years**)

The study findings show that adolescent mothers are constrained by negative attitude by health service providers. This supports the findings of Silumbwe et al. (2018) where undesirable provider attitudes was identified as one health systems barriers to family planning and contraceptive services provision and use in Zambia. This shows the need to tackle the negative attitude as this will discourage adolescent mothers from accessing modern family planning methods even when they desire to access them.

#### **e) Religious beliefs**

Adolescent mothers reported religion influencing their decision to access modern family planning methods. The adolescent mothers who were stringent Catholics and Muslims belied that the use of contraception was synonymous to committing abortion, which is considered sinful. In their accounts of how religion is a constraint in accessing modern contraceptives, the participants said; "...in church they tell us that when the egg is released and you use family planning medicine, it will make you abort and it is not right for us to abort because abortion is murder..."(**IDI with Samantha, 19 years**)

However, not all adolescent mothers were constrained by religion in accessing modern family planning methods. Some reported much as they had religious affiliation, these were not strongly influenced by religion to access modern family planning methods. Their confidence was derived from religious teachings of giving births to children they can afford. Viola, 19 years who dwelled on religious teachings that they should produce children they can look after had this to say; "...The church tells us to give birth to children we can look after so I think religion encourages us to use family planning because it is not good to give birth to many children which you can't look after..."(**IDI with Viola, 19 years**)

The study found that religion was one of the constraints in accessing modern family planning methods by adolescent mothers. This implies that religion plays a central role as a constraint in

accessing modern contraceptives. This is in agreement with the findings of Mathe et al. (2011) who found religious considerations as one of the barriers to adoption of family planning among young women in Eastern Democratic Republic of Congo. This shows that interventions aimed at promoting the use of modern family planning methods among adolescent mothers should engage religious leaders of different faiths as change agents for shaping norms and informing behaviors about family planning and contraceptive use.

#### **4.3.2 Individual challenges**

##### **a) Misconceptions**

Adolescent mothers reported misconceptions as a constraint in accessing modern family planning methods. This was particularly the case with participants who were misinformed by their friends that use of IUD causes rusting and cancer as explained by **Shakira, 18 years**

“...actually I wanted to use the IUD because for him he had told me that he wants live that’s when it is sweet but it was hard for me to decide. I heard a lot from other people that the method causes cancer and also it burns the uterus...” **IDI with Shakira, 18 years**

For other participants, the misconceptions were related to having defected children and becoming barren. For instance, Samantha, 19 years reported that she had wanted to access modern family planning but then she remembered that her friends had told her the use of pills makes you have defected child and cancer.

“...it was my first time, he assured me that he had not poured into me but then I had felt things entering me.....so I had to go and get pills but when I remembered that it causes your future children to have defects like not developing some body parts and also cancer, I almost gave up...”(**IDI with Samantha, 19 years**)

The study finding of misconception being a constraint to accessing modern family planning method supports the findings of Gueye et al. (2015) where negative myths and misconceptions about family planning were identified as barriers to modern contraceptive use among women aged 15–49 living in Kenya, Nigeria and Senegal. It can thus be suggested that there is need for education programs to change common myths and misconceptions about modern contraceptives to increase access and utilization of modern family planning methods among adolescent mothers.

##### **b) Stigma**

Adolescent mothers reported being stigmatized by the individuals who found them using modern family planning methods and the service providers. The community members who would find them accessing the modern family planning services called them “spoilt children” regarded as failures in life. This would make the adolescent others fear to go and access the modern family planning services. Racheal, 18 years reported that she fears to access modern family planning methods because she will be associated with spoilt children. “...most of these people who offer services are old so if they see someone of my age they will associate me with spoilt people sleeping around with men which is not true...” (IDI with Racheal, 18 years)

Besides being labelled as spoilt children, adolescent mothers also reported they were perceived as prostitutes who were sleeping around with different men. Several of the study participants reported fear of being associated with prostitutes by the service providers. Catherine, 18 years narrated; "... the drug shop attendant and the people at the shop will start associating you with prostitutes and you having live sex yet you still young..." (IDI with Catherine, 18 years)

Turing to the key informants, their responses were in line with those of the primary respondents.

According to one of the key informants, most of the adolescent mothers were labelled as prostitutes once found accessing modern family planning methods; "...these young girls are referred to as prostitutes by most of the old people who offer these services..."

The study found that adolescent mothers are faced with stigma associated with the use of contraceptives. This result agrees with the findings of Cohen et al. (2020) in which stigma associated with sexual activity especially among young women was one of the sociocultural barriers young people face in accessing contraception.

### **c) Fear of side effects**

Adolescent mothers reported fear of side effects associated with use of the modern family planning methods such as getting cancer, becoming infertile, producing defected children among others. This was with participants who obtained modern family planning information from peers who have less information about family planning. Mary, 16 years was not accessing some methods of modern family planning methods because they had told her that the other methods had serious side effects; "...I use a condom because I fear the other ones because of their side

effects though things don't be sweet when you using a condom and also it was common in the area..." (IDI with Mary, 16 years)

For some, the fear of side effects were evoked from their experience of using some modern family planning methods as explained by Viola, 19 years "...The side effects I got from family planning is the reason why I think I won't use it again because I feel if I use it again I will get the side effects again..." (IDI with Viola, 19 years)

This study finding of fear of side effects as a constraint to adolescent mothers in accessing modern contraceptives has been earlier described by Ochako et al., (2015) who found fear of side effects and adverse reactions were a major barrier to use modern contraceptive methods uptake among young women in Kenya. It seems possible that this result is due to the fact that most adolescent mothers receive information about family planning from friends who often exaggerate the side effects and spread myths.

#### **d) Financial constraint**

Adolescent others reported that they were constrained by financial resources in accessing modern family planning methods. This was particular case for adolescent mothers who did not have reliable sources of income and those who were not supported by their partners to aces modern family planning methods. A case was Doreen, 19 years who explained that she didn't have money to always go to health facilities and get short-acting and temporary methods.

".. Many times is that you don't have money to get family planning from the clinic so you just stop using family planning because you cannot go to government hospital because people will see you and tell you husband yet many men don't want their wives to use family planning..." (IDI with Doreen, 19 years)

The study found that adolescent mothers are constrained by financial constrained in accessing modern family planning methods supporting Burke & Ambasa-Shisanya (2011). This shows the need of financing family planning programs initiatives by the Ministry of Health and NGOs.

#### **e) Lack of knowledge about family planning methods**

Adolescent mothers pointed out that they lacked adequate knowledge about family planning methods. This was attributed to getting information from untrusted sources such as people who had used the contraceptive and developed side effects. An example was Sumaya, 17 years who

didn't have enough information to select the appropriate modern family planning methods; "... Me I can't go there because I don't know about those things. That is the way they give things that will make you barren..." **IDI with Sumaya, 17 years**

The responses from the key informant also affirmed that lack of information by adolescent mother was hindering their ability and willingness to access modern family planning methods. For example;

"...There are people who fear using family planning because of information they get from their friends about side effects. When 1 woman experiences a side effect, she may go around to her neighbors and friends talking to them about her problem, and this makes them fear joining family planning..." **KII with health worker from Marie Stopes**

This is in line with the findings of Mathe et al. (2011) where the barriers to using modern family planning methods included lack of knowledge. This implies need for community sensitization about family planning from trusted health workers so as adolescent mothers get required knowledge about modern family planning.

#### **4.4 Strategies to access modern family planning methods amidst the constraints**

The adolescent mothers faced constraints in accessing modern family planning methods, however these adopted different strategies to ensure they access modern family planning methods amidst the constraints. A number of themes emerged from the responses of the adolescent mothers such as going to government hospitals, using without the knowledge of their partners and waiting for outreaches from Non-profitable organizations.

##### **4.4.1 Going to the hospital without the knowledge of the partner**

Some adolescent mothers were restricted by their partners to access the modern family planning methods. These adolescent mothers who reported being restricted by their partners due to the misconceptions they had about modern family planning methods mentioned that they accessed the family planning services without the knowledge of their partners. Sharon, 19 years who was told to stop using pills because of their side effects but still went ahead to access them had this to say; "...There is a day my husband told me we should not use pills as they will affect me. I decided to use without his knowledge because I did not want to become pregnant..." (**IDI with Sharon, 19 years**)

This shows that adolescent mothers seek family planning services without the support of their partners. This study result has not been earlier described by other researchers. However, this implies the need of providing men with information and involving them in counseling sessions to help them to be more supportive of contraceptive use and more aware of the concept of shared decision making.

#### **4.4.2 Going to government hospital**

Adolescent mother had financial constraints in accessing modern family planning methods. This was particular for mothers who used short acting and temporary methods that were often purchased on a daily basis from a clinic. However, several adolescent mothers were able to access these services by going to government hospitals where these services were of free. This enabled them access the modern family planning method without incurring any cost. For example, Patricia, 16 years explained that she went to a government hospital where they offer free condoms; "...Sometimes when I go to Mulago for treatment I go and pick condoms because they are free and I put them in my house. When they get done I buy from musawo's clinic..." **(IDI with Patricia, 16 years)**

This shows that adolescent mothers utilize government facilities where services are free of charge. This may help us understand the need for equipping government services not only with family planning method/services but also service providers.

#### **4.4.3 Waiting for outreaches from Non-profitable organizations**

The adolescent mothers particularly those that had limited information on modern family planning methods and those faced with financial constraints reported to waiting for outreaches from Non-Profitable organization. The adolescent mothers relied on non-profitable organizations for delivery of free services as a strategy to cope with the constraints faced. Some adolescent mothers were waiting for family planning services from organizations such as Marie stopes. For example Prudence, 15 years said; "... Of course you have nothing to do until an organization comes and offers free services..." **(IDI with Prudence, 15 years)**



This shows that adolescent mothers wait for outreaches to get family planning. This suggests the need for more organizations besides Marie stopes to conduct reproductive health outreaches to adolescent mothers.

## **CHAPTER FIVE**

### **SUMMARY OF MAJOR FINDINGS, CONCLUSION, AND RECOMMENDATIONS**

#### **5.0 Introduction**

This chapter presents a brief summary of findings, conclusions, recommendations of the study and suggestions for future research. This subsection is explained in detail as follows;

#### **5.1 Summary of the findings**

This study sought to explore the modern family planning practices of adolescent mothers to avoid further unwanted pregnancies in Katanga Slum in Kampala district. A qualitative study was therefore conducted with three specific objectives: (a) to identify the modern family planning methods used by adolescent mothers in Katanga Slum to avoid further unwanted pregnancies, (b) to identify the constraints faced by adolescent mothers in Katanga Slum in accessing modern family planning methods to prevent unwanted pregnancy and (c) to identify the strategies adolescent mothers in Katanga Slum use to access modern family planning methods to prevent unwanted pregnancy amidst the constraints.

##### **5.1.1 Modern family planning methods used by adolescent mothers**

The study found that most of the adolescent mothers were using modern family planning methods to prevent unwanted pregnancies. These included implants, injectable, condoms, pills and IUD. The modern family planning methods were obtained from both Government health facilities and private health facilities. The sources of information about modern family planning methods were Media, friends and health service providers. The reasons for using injectables included being appropriate, available and peer influence, reasons for condoms included absence of the long-acting and permanent methods, less effects and prevention from HIV/AIDs, the reasons for using pills included not reducing sex satisfaction and the partner cannot know that their spouse is using them.

##### **5.1.2 Constraints in accessing modern family planning methods by adolescent mothers**

###### **a) Institutional constraints**

The study found that under institutional constraints, adolescent mothers are faced negative attitude by their partners who restricted them from accessing modern family planning methods. The negative attitude by their partners was due to the misconceptions they have towards the methods and reduction of sexual satisfaction of some methods. Besides just having negative attitude, other husbands went ahead to reject their partners from using modern family planning methods.

The study also found that adolescent mothers were constrained by shortage of family planning methods while others faced unavailability of their preferred method. This was attributed to the increased sexual activity and commercial sex activities yet the available service providers provide only condoms and pills.

The adolescent mothers were also constrained by the long distance to health facilities. This was because the adolescent mothers preferred seeking family planning methods far from places where they could be easily identified.

Despite, the adolescent mothers being courageous to access modern family planning methods, they were constrained by the negative attitude by the health service providers. The adolescent mothers were shouted, scolded, not allowed to explain their side effect experiences, and not given preference to socially accepted family planning service user groups like the married women in some health facilities.

Some adolescent mothers reported that they were constrained by their religious beliefs in accessing modern family planning methods. The adolescent mothers who were stringent Catholics and Muslims belied that the use of contraception was synonymous to committing abortion, which is considered sinful.

#### **b) Individual constraints**

The study found misconceptions as a constraint in accessing modern family planning methods by adolescent mothers. This was because some of these adolescent mothers were misinformed by their social network.

The study found stigma as a constraint to accessing modern family planning methods. The stigma was evoked from the stereotypes and labels given to adolescent who use family planning such as prostitute.

Fear of side effects was another identified constraint to accessing modern contraceptives by adolescent mothers. The side effects associated with the use of the modern family planning methods such as getting cancer, becoming infertile, producing defected children among others.

Financial constraint was also identified as a limiting factor to the access of modern family planning by adolescent mothers. This was particular case for adolescent mothers who did not have reliable sources of income and those who were not supported by their partners to access modern family planning methods.

The study found that lack of knowledge about family planning method as a constraint to access of modern family planning method by adolescent mothers. This was attributed to getting information from untrusted sources such as people who had used the contraceptive and developed side effects.

### **5.1.3 Strategies used to access modern family planning methods to prevent unwanted pregnancy amidst the constraints**

Lastly, the study found that adolescent mothers adopted some strategies to access modern family planning methods amidst the constraints and these included going to government hospitals, using without the knowledge of their partners and waiting for outreaches from Non-profitable organisations.

## **5.2 Conclusions**

Based on the literature reviewed and the findings of the study, the researcher concludes that there will be reduction of unwanted pregnancies by adolescent mothers and associated risks such as deaths, unplanned parenting and birth complications since most were using family planning methods of implants, injectables, condoms, emergency pills and IUDs.

Adolescent mothers continue to experience challenges in accessing modern family planning methods. They encounter constraints regarding negative attitude/disapproval by partner, misconceptions, stigma associated with the use of contraceptives, shortage of family planning methods/Unavailability of preferred method, fear of side effects, long distance to health facilities where the adolescent mothers can't be identified, negative attitudes from some health service

providers, negative religious beliefs, financial constraints and lack of proper knowledge about family planning methods.

Although, adolescent mothers encounter challenges in accessing modern contraceptives, they are able to devise innovative measures for the constraints like going to government hospitals, using without the knowledge of their partners and waiting for outreaches from Non-profitable organisations.

### **5.3 Recommendations**

In light of the findings of the study, partner prohibition/negative attitude influences contraceptive use, it will be crucial for health care agencies and family planning programs to target the involvement of men in family planning education and sensitization programs. This will enable men to have a better understanding of modern family planning methods in order to give the needed support in decision making regarding contraceptive use.

#### **5.3.1 Adolescent mothers**

Adolescent mothers should endure the challenges they encounter in accessing modern family planning methods. They need to understand that there is need to prevent the unwanted pregnancies that are associated with complications during pregnancy and childbirth that are the leading causes of death for 15 to 19 year-old girls globally.

The adolescent mothers should also seek detailed and right information from trusted sources of family planning methods such as social workers, VHTs and health service providers to address the misconceptions that hinder their access to modern family planning methods.

#### **5.3.2 Partners to adolescent mothers**

Partners to the adolescent mothers should endeavor to provide support to their wives and provide information and financial support to them to access modern family planning methods.

The partners to the adolescent mothers should also be concerned about family planning because it's not only about women, since they are an equal team player in the family. Therefore, they also have to get the right information about family planning methods from trusted sources such as

social workers, VHTs and health service providers to address the misconceptions that hinder their access to modern family planning methods.

### **5.3.3 Health service providers**

Health service providers should create conducive environments free from any form of stigma and discrimination so that adolescent mothers are able to have positive experiences of access to modern family planning methods. This can be done through providing friendly service, counseling and care rather than scolding to adolescent mothers.

The health service providers should always do adequate procurement of family planning methods to ensure availability of these to adolescent mothers in need of them.

The study found that adolescent mothers had adopted strategies, however, these strategies in most cases do not involve their partners who are key in decision making and providing for the adolescent mothers. Health care service providers should encourage male involvement and education on how to use various contraceptive methods to provide effective family planning services.

### **5.3.4 Government and Non-Government organizations**

Despite the fact that adolescent mothers were using and aware of modern family planning methods, they receive information from friends. This suggests that there is a likelihood of having false information. Hence there is need to educate masses (women) about reproductive health more so on how to properly use modern family planning methods.

There is need to provide a variety of modern family planning methods and increase free access to them by all people that need them especially the adolescent mothers particularly those in slum areas like Katanga and many more.

## **5.4 Areas for further research**

The study was conducted in only Katanga slum without putting consideration into other areas with in Kampala due to financial constraints. Hence, this may limit the generalization of the

findings to the wider Kampala. Therefore further researchers should conduct the same study in other areas of Kampala as well as Uganda at large.

Partner support is a significant factor when it comes to modern contraceptive use, future studies should involve male respondents to take into account their responses.

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**APPENDICES**

**APPENDIX 1: ASSENT/CONSENT FORM FOR ADOLESCENT MOTHERS**

I want to thank you for taking time to meet with me today. I am Nabuuma Sylvia, a student, offering a Bachelor’s Degree in Social Work and Social Administration at Makerere University. I am conducting a research study entitled “**Modern family planning practices of adolescent mothers to avoid further unwanted pregnancies in Katanga slum Kampala district**”. This study is aimed at identifying the modern family planning methods used by adolescent mothers, constraints they face in accessing these methods and innovative strategies they use to increase access to them so as to prevent unwanted pregnancies amidst the constraints.

This will provide light on the practices of adolescent mothers with regard to their use and access to modern family planning methods. Information obtained can be used to improve access to modern family planning among adolescent mothers. I will be audio recording the session because I don’t want to miss any of your comments. Although I will be taking notes during the session, it cannot be possible to be fast enough to capture everything. All responses will be kept confidential, this means that your interview responses will only be shared with my research supervisor and I will ensure that any information included in my report does not identify you. Please feel free to answer exactly as you feel. You are free not to answer a particular question if you are not comfortable answering it. You are also free to withdraw from the interview at any time if you can’t continue.

Do you have any questions about what I have just explained?

Are you willing to participate in this interview? If yes, please sign below

Sign ..... date

Interviewee ..... date  
Sign .....

Legal guardian (if interviewee is under 18 years) ..... date





## APPENDIX II: IN-DEPTH INTERVIEW GUIDE

### **Section A: Socio- demographic particulars of the participant**

1. kindly tell me about yourself;

Current Age, education level, number of children, Religious background.

### **Section B: Modern family planning methods used by adolescent mothers in Katanga Slum to avoid further unwanted pregnancies.**

1. Which modern family planning methods do you use to prevent unwanted pregnancies?
2. Where do you obtain the contraceptives from?
3. How did you learn about the different methods?
4. Which method do you use and why did you opt to choose this in particular?

### **Section C: Constraints faced by adolescent mothers in Katanga Slum in accessing modern family planning methods to prevent unwanted pregnancy.**

1. What are some of the challenges you face in accessing modern family planning method?
2. What are some of the behavioural challenges you encounter in accessing modern family planning methods to prevent unwanted pregnancy?
3. What religious beliefs hinder you from accessing modern contraceptives to prevent unwanted pregnancies?
4. Describe your personal beliefs and circumstances that hinder you from accessing modern family planning methods?
5. What are some of the financial hardships you encounter in accessing modern family planning?
6. Share with me a story when you ever wanted to use a modern family planning method and you failed. Why?

### **Section D: Strategies adolescent mothers in Katanga Slum use to access modern family planning methods to prevent unwanted pregnancy amidst the constraints.**

1. How do you overcome the different challenges you have told me about?

**THANK YOU FOR YOUR TIME**

### **APPENDIX III: KEY INFORMANT INTERVIEW GUIDE**

Kindly tell me about yourself;

1. What role do you play in this facility/community?
2. What measures are available to provide information about modern family planning methods to adolescent mothers?
3. What modern family planning methods are provided and used by adolescent mothers?
4. What are some of the challenges that adolescent mothers face in accessing modern family planning method to prevent unwanted pregnancies?
5. What do adolescent mothers do to get the modern family planning methods amidst the constraints?

**Thank you so much for your time!**

