

Challenges. Health workers say many women in rural areas have misconceptions about family planning while in other cases, areas lack experts to administer contraceptives leading to self-induced abortions.

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Abortions on the rise as Masaka turns deaf ear to family planning

MASAKA. Health authorities in Masaka District have expressed concern over the increasing rate of self-induced abortions due to lack of family planning methods despite efforts to create awareness about the problem.

Although abortion is illegal in the country, unsafe abortions are procured without the help of qualified health personnel, leading to over bleeding and eventually maternal deaths.

Currently, health authorities are increasing modern contraceptive prevalence rate for women of reproductive age group but there is still low family planning uptake in the area. "Although there is increased community sensitisation on the benefits of family planning, we are still faced with a myriad of challenges binding us from scoring our intended targets," Ms Brenda Kiyingi, the assistant district health officer, said during an interview last week.

"Many of our people, particularly in rural areas, still have misconceptions about the different contraceptives and family planning as a practice. A large number of them wrongly think it means not to give birth at all," she added.

Family planning is universally defined as a practice of controlling the number of children in a family and the intervals between the births through artificial contraception or voluntary sterilisation. Some of the methods include using condoms, implants, vasectomy and pills, among others.

According to Dr Gonzaga Ssenyondo, a gynaecologist at Masaka Regional Referral Hospital, the low uptake of family planning methods has led to increased unsafe abortion cases in the district.

Dr Ssenyondo says the hospital maternity department receives about 600 mothers annually for post-abortion care after getting complications.

"Due to high unmet need for contraceptives, amid high fertility rate, many mothers get unwanted pregnancies which call for induced abortions," he says.

"The cases could even be higher than what we have in our records, because some don't show up at the facility, because they have not developed complications or they visit other facilities and others silently die in the villages," he adds.

According to Dr Ssenyondo, the hospital spends about Shs150,000



Sensitisation. A health official shows school girls how to use a female condom during a health camp in Masaka District recently.

PHOTO BY MARISSA E. ODEKWEYAMA

on each mother with post-abortion complications, bringing the figure to Shs90 million annually.

World Health Organisation latest statistics indicate that 214 million women of reproductive age in developing countries, including Uganda, who want to avoid pregnancy, do not use modern contraceptive methods.

“Some mothers, especially in rural areas, would embrace it (family planning), but when it comes to [lack of] accessibility, then that becomes a challenge.”
DR GONZAGA SSENYONDO, GYNAECOLOGIST AT MASAKA REGIONAL REFERRAL HOSPITAL

One of the challenges, according to Ms Kiyingi, is strong cultural and religious beliefs that has made it difficult for health workers to convince women to embrace family planning.

However, Mr Jude Mbabaali, the district chairperson, advises health officials to promote natural methods of family planning.

"Taking an example of the Catholic Church, its teachings on modern contraceptives are very clear and cannot change. In order to solve this puzzle of cultural and religious believes, we must think about teaching natural family planning methods," Mr Mbabaali says.

Dr Ssenyondo says some of these setbacks are a result of lack of accessibility of contraceptives and experts to administer long-term family planning methods.

"Many of our health workers lack practical skills in administering permanent family planning methods," he adds.

Mr Claude Wandera, a manager at Protecting Families against HIV/Aids in Masaka, a health organisation, blames health groups in the area for duplicating work.

"We have a number of partner organisations in family planning, but all of them continue to rotate in the same areas instead of spreading out to other areas," Mr Wandera says.

He advises authorities to allocate specific areas to such organisations to control duplication of services.

According to the district health officials, the average number of children per family in the area is estimated at four children per family, yet majority cannot afford one meal per day.

This leaves authorities worried over the likely escalating number of malnourished children in the district, which currently stands at 30 per cent.

According to Mr John Ampire, a population expert at National Population Council, raising children requires money to treat them when they fall sick, pay school fees, buy them clothes, among other requirements, adding that the more children one has, the more money needed to take care of them.

"The high dependency means that the head of the family will always be without money to invest in income-generating activities," Mr Ampire says.



Loss. Residents of Masaka Town look at a foetus which was found in a dust bin.

PHOTO BY CHRISTOPHER KISEKKA

He adds that with family planning, one can reduce the increasing unplanned pregnancies and allow couples to plan and have a manageable family that they can look after happily.

Besides reducing the fertility rate, scientists have proven that when family planning is provided to women of reproductive age group voluntarily, the number of women who die giving birth will reduce by a third.

To address some of the challenges, health authorities in the district working with Engender Health -Uganda, an NGO, have pledged to scale up facilities that offer family planning services, increase male involvement and encourage natural methods to bring the religious leaders on board.

Additional reporting by Al-Mahdi Ssenkibirwa

FACTS ON FAMILY PLANNING

Family planning services in Uganda began in 1957 in urban areas, and through the years, there has been integration at the rural level.

According to Uganda Family Planning Costed Implementation Plan (CIP) 2015-2020 for family planning, government has a goal to reduce unmet need for family planning to 10 per cent (from 34 per cent) and to increase the modern contraceptive prevalence rate among married women to 50 per cent (from 30 per cent)

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by 2020. One of the strategic priorities of the CIP is to increase age-appropriate information, access and utilisation of family planning among young people aged 10-24 years.

The second priority is to promote and nurture change in social and individual behaviour to address myths and misconceptions, side effects, and improve acceptance and continued use of family planning to prevent unintended pregnancies.

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