



By Gloria Nakajubi and Luke Kagiri

With six children already, Sarah Nalubega, a resident of Bulera sub-county in Mityana district, has always desired to use contraceptives. However, the negative stories that continue to be told about contraceptives have made her resign childbirth to fate.

"Let me just have my children, until God decides that I should stop. I do not want to get tumours or have endless menstrual periods," she laments.

Nalubega is one of the hundreds of residents that flocked Bulera playground recently for the launch of the district costed family planning implementation plan for the next five years.

From conversations with her peers, she has been told that contraceptives not only make a woman have relentless menstruation, but also cause general body weakness and constant headaches.

Four other women with at least six children each at the event said they have no plans of planning childbirth.

With an estimated population of 331,266, Mityana has a relatively high fertility rate of 7.5 children, compared to the national average of 5.9 children. Every year, a total of 16,563 pregnancies are registered in the district.

The district's unmet need for family planning is at 46%, higher than the national rate at 34%. The district health officer, Fred Lwassampijja, reveals that women start having children quite early in Mityana.

Social restrictions

The men, on the other hand, have their own misgivings about contraceptives. Ronald Kalule, a resident of Mityana, who has just become a father, is not keen on family planning methods. Asked if he would opt for the condom so that their children can have the recommended space of two years between them, he says he would not.

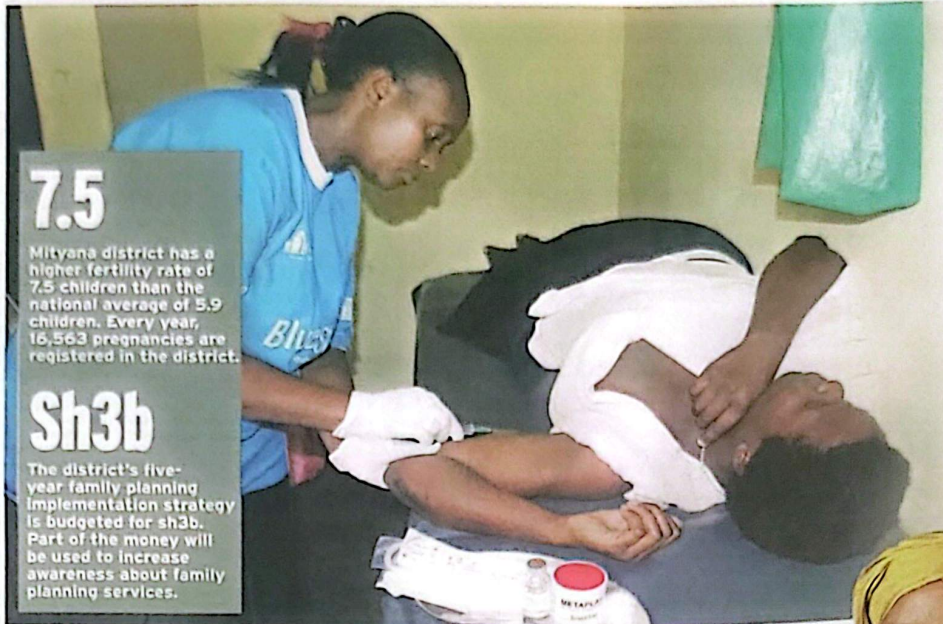
"Using condoms in a marriage is not easy. Your partner will suspect that you are having extra-marital affairs. It becomes challenging if you are introducing the idea in marriage, yet even when you were dating, you never used them," he argues.

Although a number of interventions have been introduced, especially by civil society organisations in the district, not much has changed.

Jennifer Katumba, a family planning activist under the Women Reproductive Rights Advocacy Programme, says a lot of the misinformation and social restrictions that contraception is shrouded in,

To many residents of Mityana district, family planning is a devil that is better avoided, but a new strategy is expected to change the odds in the next five years

Mityana 5-year plan to boost contraception



7.5
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Sh3b
The district's five-year family planning implementation strategy is budgeted for sh3b. Part of the money will be used to increase awareness about family planning services.

A mother getting an Implant to her space her children. Many people have misconceptions about family

"Decisions are still largely made by men, so, until they are engaged, family planning will continue to be an act women do in hiding, which renders it less effective," she explains.

Other limitations

In addition, the civil society organisations run programmes in a limited space. The programme Katumba works with, for instance, runs in only

two parishes, from different sub-counties. Most residents, she says, get information from their peers, which is sometimes distorted. As a result, many of them use biases to make conclusions on a given contraception method.

According to Katumba, inadequate staff at the health facilities also limits access to information on family planning. Sometimes, a health centre has only one midwife

who is supposed to immunise children and at the same time, handle all the other cases related to maternal health. Most times, the midwives are overwhelmed and only focus on immunisation.

The staffing level at the district stands at 66% with only 431 out of the required 700 health workers. A 2014 Deutsche Stiftung Weltbevölkerung survey in the district also highlighted the different fears community members have, especially on the side effects and misconceptions about family planning services.

"Some people think that contraceptives promote promiscuity, immorality and prostitution," read the report. However, Lwassampijja says the district, with the help of partners, such as Deutsche Stiftung Weltbevölkerung, Reproductive Health Uganda and PACE, among others, has come up with a family planning costed implementation plan for the next five years.

The plan highlights that the local people do not have a clear source of information about family planning services and related issues.

"For the few local people

who turn to health workers for technical advice and guidance, the health workers are constrained by the heavy workload, coupled with the fact that, sometimes, one may lack the capacity to fully explain the facts associated with contraceptives. Additionally, there is no age-specific sensitive information that targets groups of persons, for example, the youth, adolescents and the elderly," reads the plan.

The goal of the sh3b plan is to increase awareness on family planning services, service delivery and access, contraceptive security,

management and accountability.

According to Lwassampijja, previously, the district was allocating about sh10m per financial year towards awareness campaigns on family planning. He argues that this money could only afford so much.

Though the Government provides contraceptives, he says there have been shortages, especially of the long-term contraceptives and, therefore, women are left with not many choices to pick from.

The plan

The chief administrative officer, represented by his deputy, Moses Kiseembo, referred to the plan as not only a landmark, but a blueprint in the efforts to improve access to accurate information and family planning services.

"The implementation of the programme will help families to plan and have children by choice, and not by chance and also to determine the number of children they can manage to look after properly," he said.

The district intends to bring the unmet need for contraceptives down to 10% and teenage pregnancies to 15% in the next five years.

Mityana draws its plan from the sh622 National Family Planning Costed Implementation Plan (2015-2020). This is meant to increase the number of women in Uganda currently using modern contraception from approximately 1.7 million users in 2014 to 3.7 million in 2020.



The district health officer says women in Mityana start having children early