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## FAMILY PLANNING: EMPOWERING WOMEN TO BE PRODUCTIVE



TODAY, JULY 11, POLICY MAKERS, DONORS AND OTHER STAKEHOLDERS ACROSS THE GLOBE ARE GATHERED FOR FAMILY PLANNING SUMMIT IN LONDON, TO DISCUSS EFFORTS TOWARDS BRINGING MORE WOMEN AND GIRLS ON BOARD TO REACH THE 2020 CONTRACEPTION GOALS. AGNES KYOTALENGERIRE EXAMINES THE CRITICAL ROLE FAMILY PLANNING PLAYS IN DEVELOPMENT AND POVERTY ERADICATION

A WOMAN WHO IS INFORMED ABOUT FAMILY PLANNING WILL DECIDE ON WHICH METHOD TO USE, TO ENABLE HER PRODUCE THE NUMBER OF CHILDREN SHE CAN TAKE CARE OF

Eucalyptus trees surround the run-down semi-permanent mud-and-wattle house, the home of Judith Kakuru, a mother of eight children and a resident of Makanga cell, Butobere ward, Mparo village in Kabale central division.

The 35-year old mother had her first child when she was 17 years old. And, incidentally, her first daughter, Ruth Alinda, is also pregnant at 17. Kakuru said she did not use family planning methods because of the negative stories she heard from her peers.

"I heard that family planning makes women gain or lose weight. Some people said when a woman uses family planning methods, she increases her chances of having babies with congenital abnormalities," recounts Kakuru, with her 10-month-old baby firmly strapping to her back.

Kakuru, whose only source of income is selling roast meat by the roadside in Butobere trading centre, Kabale district, says the burden of caring for the eight children single-handedly is weighing her down. She hardly gets any financial assistance from her partner; the father of her last four children, who is a casual

labourer in Butobere.

"It is hard to provide food, school fees and clothing for the children. Sometimes, we make do with only porridge, and if we are unlucky, we go without food," Kakuru narrates.

She regrets not having embraced family planning to have fewer children whom she could afford to take care of.

### Statistics

According to the Uganda Demographic Health Survey 2016 report, fertility rate stands at 5.4 children per woman, down from 7.4 children per woman in 1988 to 1989. The report also indicates that fertility

### THE LONDON SUMMIT ON FAMILY PLANNING

Today marks five years since the 2012 London Summit on Family Planning was held and the UK government and the Bill and Melinda Gates Foundation launched a ground-breaking effort to make affordable contraceptives, information and services available to an additional 120 million women and girls in the world's poorest countries by 2020.

The milestone was to give women in developing countries the same freedom to access family planning services; without coercion, discrimination and violence, as women in the developed world. Governments, including Uganda, civil society and communities were called on to tackle the many barriers women and girls suffer to access and use family planning, such as lack of contraceptives, money and support from their husbands.

Reproductive Health consultant at SHAMASHA Consult, says high fertility impacts on the health of women because, medically, gynaecologists consider the fifth pregnancy a risky one.

Muwonge explains that during pregnancy, a woman's body undergoes nine months of physiological change as her uterus stretches, in addition to other body changes. So, frequent pregnancies predispose her to complications, such as bleeding, which may result in death.

He says, ideally, after delivery, the body requires two years to recover, to avoid pregnancy-related complications, such as anaemia. This can only be achieved by using family planning methods to space births, Muwonge advises.

In addition, high fertility affects the woman's productivity. During pregnancy, a woman's body undergoes a lot of physiological changes; her energy levels reduce and she is unable to perform as required. Some women fall sick and their health demands that they get bed rest, which keeps them away from work.

children per woman is still high.

### Impact of high fertility rate

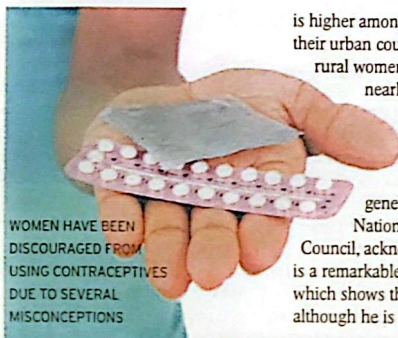
According to Musinguzi, fertility is the main drive of population growth. Uganda's population has doubled, putting pressure on the economy and social services, such as education and health.

"This is made worse by the high population growth rate of 3%, in relation to the slow economic growth rate of 4%," he explains.

Dr Moses Muwonge, a Sexual and

is higher among rural women than their urban counterparts. On average, rural women will give birth to nearly two more children than their urban counterparts.

Dr Jotham Musinguzi, the general director of the National Population Council, acknowledges that there is a remarkable drop in fertility rate, which shows that Uganda is on track, although he is quick to add that five



WOMEN HAVE BEEN DISCOURAGED FROM USING CONTRACEPTIVES DUE TO SEVERAL MISCONCEPTIONS



editor's letter

**Success of family planning requires concerted effort**



Lack of access to family planning services is responsible for a population explosion that has bred many ills. Double digit unemployment among the youth, a high school drop-out rate and a strain on social services, such as hospitals. A number of prescriptions to these ills have been doled out, key of which is improving access to family planning services. However, key challenges, such as unavailability, cost and, in many rural areas, men's influence continue to prevent women from accessing contraceptives. In addition to ensuring that family planning services are available and accessible, the community, too, has a responsibility of ensuring that men are part of this story. There should be creative interventions targeting this critical partner – men. This can include going to the drinking joints, places of work to sensitise the men, or even talking to them when they seek treatment for other ailments.

JOY E. ABO

**THINK ABOUT IT**

**“We must look at the great contribution family planning makes in improving the social economic status of a country.” Jackson Chekweko, the executive director of Reproductive Health Uganda**

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Dr Musinguzi explains that with the average number of children per woman at five, it means that majority of Uganda's population is young or the dependent, yet the ideal would be to have the bigger percentage of the population working.

He estimates that a Uganda with 20, 418,581 young people (below 15 years) means only a few people with jobs are looking after children.

“It is such factors that make it difficult for Uganda to develop because people consume all their earnings, instead of saving and investing,” he explains.

**What has been done?**

Dr Dina Nakiganda, the commissioner in charge of sexual and reproductive health at the health ministry, says there has been a lot of political commitment, right from the head of state. President Yoweri Museveni pledged to commit \$5m (about sh12.5b) annually to funding family planning services in Uganda during the 2012 London Summit on family planning.

According to Dr Joyce Moriku Kaducu, the minister of state for primary health care, in this year's financial budget, special attention has been put on preventive health and health promotion. She says recently, the Government received \$110m from the World Bank in form of a grant and a loan to improve maternal child health at lower health facilities.

In addition, in the budget, sh1.8 trillion was allocated to the health sector. Under primary health care, sh9.6b was allocated to improving maternal and child health at lower facilities, through renovation of laboratories, theatres and critical areas for maternal and obstetric care.

The Government has put in place measures to improve the quality of health workers and to provide family planning methods. Also, through partnership with the private sector, outreach services and the voucher system to help mothers in the hard-to-reach areas access maternal and reproductive health services were set up.

**What else can be done?**

The good news is that the 2016 Uganda Demographic Health Survey indicates that the proportion of married women with unmet need for family planning (those who want to use contraceptives, but cannot access them) stands at 28%, down from 34% in 2011. Only three out of 10 women are not able to access and use contraceptives.

Jackson Chekweko, the executive director of Reproductive Health Uganda, says the country needs to have an integrated approach, where the overall picture of looking at family planning is

# REDUCING Fertility FOR DEVELOPMENT



KAKURU, 33, AND SOME OF HER EIGHT CHILDREN. SHE SAYS SHE DID NOT USE CONTRACEPTIVES BECAUSE OF THE NEGATIVE STORIES SHE HEARD ABOUT THEM. PHOTOS BY AGNES KYOTALENGERIRE

it would delay the age of their first sexual encounter,” explains Dr Nakiganda. She adds that when girls are not in school, they start giving birth at an early age and are likely to have many children, who, in many cases, they cannot adequately care for.

Also, keeping girls in school improves their level of education, thus making them able to get good jobs and contribute to the development of the economy.

In addition, Nakiganda says equipping girls who have dropped out of school with vocational skills, would keep them busy and delay marriage, reducing the number of children they are likely to have.

She argues that if women are employed, they will be kept busy. In so doing, fertility is controlled and, at the same time, the women are being productive.

Nakiganda says there is need to enforce laws on forced marriages perpetrated by parents in quest for money.

**Going forward**

On the other hand, Chekweko thinks the agricultural sector also has a role to play.

“Extension workers should mobilise and educate farmers, who are the majority, to use family planning,” he says and adds that through public-private partnerships, the private sector, for example, the plantation owners, can contribute by ensuring their workers access and use family planning services.

He says the Government should facilitate pharmacies and private clinics with supplies so that women can access contraceptives over the counter. This is because the private facilities offer 24-hour services and are well-situated in the rural areas. By doing this, family planning services will reach women in rural areas in a short time.

“Why should a woman accessing contraceptives in a private facility pay, yet those in public facilities get them for free?” he wonders.

Dr Nakiganda says since most programmes depend on funding from donors, the Government should plan and budget for contraceptives so that there is continuity of family planning activities, in case the donors pull out.

beyond health, but from a multi-sector point of view.

“The country must look at the great contribution family planning makes in improving the social economic status of a country, in line with achieving the demographic dividend,” Chekweko explains.

He says the country grows as a result of the contribution of

the huge young labour force. Such a development reduces the dependency burden or the number of children a family looks after or raises, which is the role of family planning.

Musinguzi adds that with a huge young population at 50%, Uganda should take advantage and turn the group of young people into the engine of growth of the economy.

He says Uganda can emulate the Asian tigers; Indonesia and Malaysia that took advantage of the young people by giving them skills and jobs, which greatly contributed to the growth of their economies, thus achieving demographic

dividend.

Moses Kirigwajjo who works with Uganda National Health Consumers Organisation (UNHCO) concurs with Chekweko that for Uganda to have a good maternal outcome, there is need to have a strong family planning strategy.

He explains that family planning is intended to control the population. He, however, says for the strategy to work well, it would require empowering women by creating awareness about the use of family planning so that they can make informed choices

and, therefore, demand sexual reproductive health commodities. “A woman who has information about family planning will decide which method to use, to enable her give birth to a number of children she can take care of,” he affirms.

Dr Nakiganda says the education ministry should make schools conditions conducive for girls to stay there.

“If the girls keep in school longer,

**DID YOU KNOW?**

THE PROPORTION OF MARRIED WOMEN WITH UNMET NEED FOR FAMILY PLANNING STANDS AT 28%, DOWN FROM 34% IN 2011. ONLY THREE OUT OF 10 WOMEN ARE NOT ABLE TO ACCESS AND USE CONTRACEPTIVES