

**USE OF MODERN FAMILY PLANNING METHODS AMONG HIV
POSITIVE MOTHERS ATTENDING MOTHER BABY CARE POINTS AT
HEALTH FACILITIES IN KABAROLE DISTRICT
UGANDA**

By

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ABSTRACT

Background: Preventing unintended pregnancies among women living with HIV is an important component in the elimination of mother-to-child HIV transmission (eMTCT) and enhancement of maternal health outcomes. Despite increased attention to family planning through service delivery and funding, determinants of use of modern family planning among HIV positive mothers are not clearly known.

Objective: To determine the proportion of mothers using modern family planning methods, associated factors and preferred approaches to improve use of modern family planning methods among HIV positive women attending mother baby care points in Kabarole district.

Methods: A cross-sectional study was carried out among postpartum HIV positive mothers in Kabarole district who were attending post-partum care in randomly selected health facilities. A total of 369 participants were selected using systematic sampling and interviewed using a structured questionnaire. Data were analyzed at univariate level, and chi-Square and Fishers Exact tests were used to test for statistical associations. Prevalence ratios (PR) were used as the measure of association, with corresponding 95% confidence intervals. All analyses used Stata version 12.

Results.The average age was 29.7(SD 6.3), 52.6% had primary education, 46.6% were Catholics, 29.9% protestants and 71.8% were married. Overall, 39.8% of the women were using modern FP methods and 37.4% were using injectables. Total unmet need was 33.1% (limiting 8.7%, and spacing 24.4%). Factors associated with use of modern FP methods were; being protestant (adj.PR=1.83 CI 1.39, 2.42) or Muslim (adj.PR=1.53 CI 1.60, 2.41), having given birth within 7 - 12 months (adj.PR 1.61, CI 1.16, 2.23) or 13 - 18 months (adj.PR 1.83, CI 1.32, 2.55), previous use of modern FP (adj.PR=1.63 CI 1.02, 2.61), receipt of FP counseling during ANC, (adj.PR=1.48 CI 1.03 - 2.12), and access to FP commodities (adj.PR=1.80 CI 1.04 - 3.12). Joint decision making on child bearing with spouse (adj.PR=1.56, CI 1.09, 2.22) and desire for more children (adj.PR=0.68, 95% CI 0.51, 0.89) were also associated with modern FP use. FP counselling during ANC, FP outreaches and joint FP counselling with spouse during health facility visits were selected as preferable approaches.

Conclusion: Less than half of the mothers were using any modern FP method and a relatively high unmet need for modern FP was identified. Family Planning counselling during ANC, improved access to FP methods at the care points, as well as promotion of joint decision-making on child bearing among couples will be essential in meeting the FP demands of the postpartum HIV positive mothers.