



**KIBOGORA POLYTECHNIC**

Science - Conscience - Faith

**FACULTY OF HEALTH SCIENCE**

**DEPARTMENT OF GENERAL NURSING**

**ASSESSMENT OF KNOWLEDGE AND ATTITUDE ON MODERN  
CONTRACEPTIVE AMONG WOMEN IN REPRODUCTIVE AGE 15-49  
ATTENDING NYAMASHEKE HEALTH CENTER**

A Research Paper submitted in partial fulfillment of the requirements for the Bachelor's degree  
with honor in Nursing

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## DECLARATION

### Declaration by the Candidate

We NIYOMUGABO Emerson Prony and NSANZIMANA Jean Marie Vianney hereby declare that this is my own original work and not a duplication of any similar academic work. It has therefore not been submitted to any other institution of higher learning. All materials cited in this paper which are not my own have been duly acknowledged.

Declaration by the students

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Declaration by the Supervisor

I declare that this work has been submitted for examination with my approval as KP Supervisor

SUPERVISOR'S NAME.....

SIGNATURE.....

DATE.....

## **DEDICATION**

To the almighty God,

To our beloved families,

To our sisters and brothers,

To our classmate and friends

## ACKNOWLEDGEMENTS

First and for most; we are thankful to the almighty God for blessing each day of our life more especially during our studies.

The development of this research would not have been possible without the assistance of numerous individuals and institutions. We are obliged to appreciate highly the people and institutions below for their contribution to our educational career in general and this research in particular.

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## ABSTRACT

**Background:** Above the previous half century, the use of modern contraception has spread along the developing world (Avidime et al., 2010). The trends of modern contraceptive utilization have increased slightly globally, which was 54% in 1990 to 57.4% in 2015 (Adane et al., 2020). In Africa, the modern contraceptive use have ascended a little, from 23.6% in 2008 to 28.5% in 2015 (Adane et al., 2020). The use of modern contraceptive among sub-Saharan country increased in East Africa by 1% to 17%, in West Africa 0.5% to 8% every year by 1999. In Rwanda, 58% of current married women in reproductive age 15-49 use modern method of contraception while 48% of sexual active unmarried women use modern method of contraception (National Institute of Statistics of Rwanda, 2020).

**Objectives:** the general objective of the study was to assess the knowledge and attitude on modern contraceptive method among women in reproductive age 15-49 attending Nyamasheke health center. Specific objective were to assess knowledge on modern contraceptive method among women in reproductive age 15-49 attending Nyamasheke health center, to assess the attitude on modern contraceptive method among women in reproductive age 15-49 attending Nyamasheke health center, To assess the relationship between modern contraceptive use, educational level and wealth quantile among women in reproductive age 15-49 attending Nyamasheke health center.

**Methodology:** The study was prospective cross sectional study design with quantitative approach to assess the knowledge and attitude on modern contraceptive method among women in reproductive age 15-49 attending Nyamasheke health center. Simple random sampling procedure was used to sample 362 women to represent 3781 women in reproductive age 15-49 attending Nyamasheke health center. The study instrument was a self-administered questionnaire. The data analysis was done by statistical package for social sciences (SPSS) software, Version 26.

**Results:** 88.4% of respondent has high knowledge regarding Modern contraceptive use. 62.2% has the attitude which is favorable to FP. Study result showed no relationship between wealth quantile and modern contraceptive use, p-value 0.651 ( $p < 0.05$  at 95 CI). Also there was no relationship between level of education and Modern contraceptive use, p-value of 0.325 ( $p < 0.05$  at 95 CI). Only three socio-demographic independent variables; occupation, number of children per woman, and religion had no significant relationship with knowledge regarding MC use, (p-value of 0.059, 0.234, and 0.490 respectively).  $p < 0.05$  at 95 CI. Only two socio-demographic independent variables; occupation, and Marital status had no significant relationship with attitude favorable to MC use (p-value of 0.08 and 0.455 respectively)  $p < 0.05$  at 95 CI.

**CONCLUSION:** Though the respondent are knowledgeable and has attitude favorable to family planning, Further research are need to roll out FP practice.

## **ABBREVIATIONS**

**ADPR:** Association De Penteconte Au Rwanda

**ANC:** ante-natal care

**CI:** confidence interval

**CPR:** Contraceptive Prevalence Rate

**DHS:** Demographic Health Survey

**DMPA:** Depot-medroxyprogesterone Acetate

**EAR:** Eglise Anglican Au Rwanda

**FP:** Family planning

**FR:** Fertility Rate

**HC:** Health Center

**IUD:** Intra Uterine Devise

**OPD:** Out Patient Department

**PNC:** post-natal care

**PV:** P-value

**SPSS:** statistical package for social sciences

**TFR:** Total Fertility Rate

**UN:** United Nations

**MC:** Modern Contraceptive

**WHO:** World Health Organization

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## **CHAPTER ONE: GENERAL INTRODUCTION**

### **1.0 INTRODUCTION**

This chapter contains the background of the study, problem statement, purpose of the study, objectives of the study including general objectives and specific objectives, research questions, the significance of the study, and the scope of the study.

### **1.1 BACKGROUND**

Above the previous half century, the use of modern contraception has spread along the developing world. Across the globe, FR was decreased mostly by an increase in the use of modern contraceptive method (Avidime et al., 2010).

In 2019, there were about 1.9 billion women of reproductive age (15–49 years) worldwide (Kantorov et al, 2020). Globally, 1.1 billion need family planning; of these, 842 million are currently using contraceptives, while 270 million have an unmet need for contraception (UN, 2019). The trends of modern contraceptive utilization have increased slightly globally, which was 54% in 1990 to 57.4% in 2015 (Adane et al., 2020).

Although, the use of family planning is still low in south central and southeast Asia. Only 47% of women in child bearing age 15-49 use modern contraceptive method. The recent DHS analytical studies show the modern contraceptive prevalence among married women (15-49) in Asian country varied from 14% in Azerbaijan, 20% in Armenia, 22% in Pakistan, 34% in Philippines, 35% in Cambodia, 42 in Jordan, 48% in Bangladesh, 49% in India (Najafi-Sharjabad et al., 2013).

In African countries including Rwanda; contraceptive use, FR, and other reproductive health indicators in rural areas lag behind urban areas (Godia et al, 2014). the modern contraceptive utilization have ascended a little, which increases from 23.6% in 2008 to 28.5% in 2015 (Adane et al., 2020).

The use of modern contraceptive among sub-Saharan country has traditionally been low, but previous researches have proved an increase during the past decade. During the 1990s, the self-reported use of modern contraceptive among married woman increased in East Africa by 1% every year to 17% by 1999; in West Africa, it increased by 0.5% every year to 8% by 1999 (Stephenson et al., 2007).

In Rwanda fertility rate also have fallen largely due to widespread of modern method of contraception. Total fertility rate (TFR) decline from 6.1 children per woman in 2005 to 4.2 children per woman in 2014-2015 where it was remained relatively constant in 2019-20. FR is higher among rural women than urban women 4.3and 3.4, respectively (National Institute of Statistics of Rwanda, 2020).

According to Rwanda DHS 2019-2020, 64% of current married women in reproductive age15-49 use family planning, with 58% using modern method and 6% using a traditional method. Implants, injectable, and pill are the most modern contraceptive methods used in currently married women; 27%, 15% and 7% respectively. CPR among married women differs with age increasing from 53% among women age 15-19 to a peak of 70% among women age 30-34 before declining to 46% among women age (National Institute of Statistics of Rwanda, 2020)

Women in rural areas use contraception more than women in urban areas (65% and 61%, respectively). Contraception use is highest among current married women in the North province (69%) and the East province (66%) and lowest in Kigali (61%). Contraceptive use does not have relationship association with education attainment and is highest among those with primary education (67%). Women in the highest wealth quintile are less likely to use a method of contraception than those in the lowest-fourth quintile (59%, versus 64%-67%) (National Institute of Statistics of Rwanda, 2020).

The sexual active unmarried women in reproductive age (15-49) 50% use FP, wherever 48% use modern contraceptive method and most used are implants (22%) and injectable (15%). 6% of sexually active unmarried women use male condoms while 4% use pills. On other hand, 2% of sexual active women use traditional methods (National Institute of Statistics of Rwanda, 2020)

Unmet need for FP among current married women is high in urban areas at 15% and low in rural areas at 13%, among all women unmet need for FP is highest in Kigali, and West at 10% each and lowest in north at 7% (National Institute of Statistics of Rwanda, 2020).

## **1.2 PROBLEM STATEMENT**

Slightly less than half rural population is either in lowest or second lowest wealth quantile and there is increased population density due to high FR, in combination with poverty tends to increase number of stunted and underweight children. Not only that, but also maternal and neonatal morbidity will go in high numbers. High population density is a burden to government

of Rwanda and it should be difficult to reach sustainable development goal specifically, goal1: no poverty, goal 2: zero hunger, goal 3: good health and wellbeing, goal 4: quality education. (Lincoln et al., 2018)

Previous studies show that in rural area there is a high number of contraceptive use and high FR. A study conducted in urban area (Kigali) among women attending Muhima district hospital showed that knowledge on FP method is higher in research area, 97.5% of all women surveyed had positive attitude toward the practice of FP (Frederic et al., 2017)

Regarding to the information above we have been encouraged to conduct this study in rural area of Nyamasheke district especially Nyamasheke HC in order to identify the knowledge and attitude on modern contraceptive methods as highly used methods of contraception (National Institute of Statistics of Rwanda, 2020) and it will play an important role in FR reduction in rural area. This study aimed to assess the knowledge and attitude on modern contraceptive methods among reproductive women age 15-49 attending Nyamasheke HC, Nyamasheke district.

### **1.3 PURPOSE OF THE STUDY**

The purpose of this study is to identify the level of knowledge and attitude on modern contraceptive methods among woman of reproductive age 15-49 attending Nyamasheke HC.

### **1.4 OBJECTIVES OF THE STUDY**

#### **1.4.1 GENERAL OBJECTIVE**

Our general objective is to assess knowledge and attitude on modern contraceptive methods among woman of reproductive age 15-49 attending Nyamasheke HC.

#### **1.4.2 SPECIFIC OBJECTIVES**

- To Evaluate the knowledge on modern contraceptive methods among women in reproductive age 15-49 attending Nyamasheke HC.
- To assess the attitude on modern contraceptive methods among women in reproductive age 15-49 attending Nyamasheke HC.
- To assess the relationship between modern contraceptive use, educational level and wealth quantile among women in reproductive age 15-49 attending Nyamasheke HC.

## **1.5 RESEARCH QUESTIONS**

- What is the knowledge women of reproductive age 15-49 attending Nyamasheke HC have on modern contraceptive methods?
- What are the attitudes women of reproductive age 15-49 attending Nyamasheke HC have on modern contraceptive methods?
- What is the relationship between educational level, wealth quantile and modern contraceptive use among women of reproductive age 15-49 attending Nyamasheke HC?

## **1.6 SIGNIFICANCE OF THE STUDY**

### **To Kibogora Polytechnic**

This research will be used as one of teaching tools of Kibogora Polytechnic University. Also the result will help university to plan community outreach for community health improvement.

### **To the population**

After the knowledge and attitude on modern contraceptive use among women of reproductive age (15-49) is identified the people with negative attitude on modern contraceptive use will have positive attitude. Those with no or less knowledge from health center or community outreach.

### **To Nyamasheke Health center**

This research will be helpful to health center to guarantee the qualities of family planning services they give to their clients

### **To Kibogora District Hospital**

This research will help Kibogora district hospital to know whether there is a gap in family planning services especially concerning Modern contraceptive methods in their catchment areas precisely at Nyamasheke H. if gap is found they could take appropriate measures based on informations got in this research.

### **To the government**

The government of Rwanda will be able to make strategic planning to help those one who uses modern contraceptives methods and improve current ways of supporting the use of modern contraceptives among reproductive women of 15-49 years. The result may be a hint for Rwandan policy makers on what should be done to improve modern contraceptive use in Rwanda depending on knowledge and attitude on modern contraceptive use.

### **To the researchers**

The researchers will gain more information about knowledge and attitude on use of modern contraceptive and will be a good source of knowledge in order to explore other information related to modern contraceptive use.

## **1.7 SCOPE OF THE STUDY**

### **Content scope**

This research will cover only assessment of knowledge and attitude on modern contraceptive methods and relationship between educational level, wealth quantile and modern contraceptive use

### **Geographical scope**

The study shall be conducted at Nyamasheke Health Center, localized in Gikuyo village, Nimvi cell, Kagano sector, Nyamasheke district, Western province, Rwanda

### **Participant scope**

Participants of this research are the women of reproductive age (15-49) attending Nyamasheke health center willing to participate in research after receiving all informations regarding research project.

### **Time scope**

This study shall be conducted from 02 to 14May, 2022

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.1 INTRODUCTION**

This chapter includes the definitions of key terms or concepts that shall be used in the research proposal and research paper, the literature related to objectives of our study, and any other relevant and related literature to support the study

### **2.1 DEFINITION OF KEY TERMS AND CONCEPTS**

#### **KNOWLEDGE**

Knowledge is defined as facts, information, and skills acquired through experiences or education; the theoretical or practical understanding of subject (Ettore et al 2018).

#### **ATTITUDE**

Attitude refers to a set of emotions, beliefs, and behaviors toward particular object, person, things or event. Attitude is often the result of experience or upbringing and they can have a powerful influence over behavior. (Cherry, 2021)

#### **CONTRACEPTION**

Contraception is defined by intentional prevention of conception through the use of various devices, sexual practices, chemicals, drugs or surgical procedures (Rakhijain et al2021).

#### **MODERN CONTRACEPTIVE METHODS**

Modern Contraceptive Method is a product or medical procedure that interferes with reproduction from acts of sexual intercourse (David et al 2015).

#### **FAMILY PLANNING**

According to the World Health Organization (WHO), family planning is defined as “the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. (Medicine, 2009)

#### **REPRODUCTIVE AGE**

Reproductive age is a period that allows women to conceive and is starting from menarche to menopause. The average woman’s reproductive years are between ages 12 and 51. (Watson, 2018)



## **2.2 LITERATURE RELATED TO FIRST OBJECTIVE** *(To Evaluate the knowledge on modern contraceptive methods among women in reproductive age 15-49 attending Nyamasheke HC)*

A total of 634 women of childbearing age (15-49 years) in rural Gambia were recruited for the study conducted in Gambia on Prevalence and knowledge of family Planning among women of child bearing in provincial settings of Gambia by Amadou Barrow in 2020. Study shows that a large proportion of the participants 430 (89.4%) knew about pills (progesterone only and combined), 405(84.2%) knew about injectable, while 175(36.4%) knew about implants. As for the barrier methods, 75 (15.6%) knew about female condom while about 21 (4.4%) mentioned IUD. Nine in every ten women reported that contraceptives are beneficial. Out of these 368(85.6%) reported child spacing, followed by prevention of unwanted pregnancies 257(59.8%), limiting family size 135(31.4%), and improvement of family economic status 33(17%) as benefits of using contraceptives (Barrow, 2020).

A study conducted by Frederic et al on assessment of knowledge, attitudes, and practice on contraceptive use among women Attending FP Services in Some HC of Muhima District Hospital, shows 34.7% women surveyed who got the information regarding modern contraceptive use from HC. Other sources of information (media, school, friends) represent 48.8%. 16.6% mentioned that they got their knowledge of FP from all sources of information combined. All study participants were also asked about importance of family planning, 96.6% respond space in birth, making orderly birth. 3.1% women surveyed knew other importance apart from what were listed. Those who respond good growth of the children, prevention of diseases were 0.3% (Frederic et al., 2017).

A study conducted in Suva and Fiji in 2017 by Lincoln et al on Knowledge, Attitudes, and Practices of modern contraceptive among women in reproductive Age, a majority of the participants have heard of some form of contraceptive in their life, 293 (90.2%). Only 74 (22.8%) of the participants correctly answered that birth control pills were not effective if a woman misses taking them for two or three days in a row. A majority, 275 (84.6%) of the participants were aware that sterilization was one way of preventing pregnancy. A large majority, 314 (96.6%) of the participants agreed that health education was important for women who want to use contraception. A majority of participants, 253 (77.8%), agreed that contraceptive pills did not guarantee 100% protection. A majority of participants, 285 (87.7%),

correctly answered that condoms prevented Sexually Transmitted Infections (STIs). A majority, 255 (78.5%) of participants correctly answered that contraceptive pills produced side effects of mood swings and weight gain. Only 74 (22.8%) of participants correctly answered that oral estrogen-containing contraceptive pills had an increased risk of causing breast cancer. A large majority of the participants, 268 (82.5%) answered correctly that a Depo Provera intramuscular injection contraceptive shot must be administered on three monthly basis. A majority of the participants, 275 (69.2%) correctly answered that women who experienced side effects of a contraceptive pill can switch to another form of contraceptive that might have less side effects. A good majority of the participants, 222 (68.3%), correctly answered that using a combination of condom and a contraceptive pill was considered very effective contraception (Lincoln et al., 2018)

### **2.3 LITERATURE REVIEW RELATED ON SECOND OBJECTIVE** *(To assess the attitude on modern contraceptive methods among women in reproductive age 15-49 attending Nyamasheke HC)*

Masoud et al conducted a study on Knowledge, Attitudes, and Practices of Family Planning Among women of reproductive age in Suva and Fiji in 2017. The results show a majority of participants, 273 (84%), agreed/strongly agreed that contraceptive should be used to limit a woman's number of children. Likewise, a majority of participants, 286 (88%) agreed/strongly agreed that contraceptive was necessary to control the spacing of a woman's childbirths. A large majority of the participants, 293 (90.1%), agreed/ strongly agreed that spacing allow for healthier children. More than three quarter s, 291 (89.5%), agreed/strongly agreed that the ideal age of a woman is 20-30. A majority of the participants 289 (88.9%) agreed/strongly agreed that contraceptive provide sense of safety. Three quarters, 254(78.2%) agreed/ strongly agreed that contraceptive benefited males. Only small fraction, 82 (25.2%) of the participant agreed/strongly agreed that discussion of contraceptive with their husbands was embarrassing. Smaller number of participant 66 (20.3%) agreed/strongly agreed that their husbands did not approve of their use of contraceptives. A majority 291 (89.5%) of the participants, agreed that contraceptives protected the health family and community. Religion played a big part in woman's decision to use contraceptives. A majority of the participants 268 (82.8%). Agreed/ strongly agreed that's husband objections influenced their husband's decision to use contraceptives. A male's attitude about contraceptives plays a big role into a woman's decision to use contraceptives (Lincoln et al., 2018)

Cross-sectional study was done in different HC of Muhima district hospital on Assessment of Knowledge, Attitudes, and Practice on Contraceptive Use among Women Attending Family Planning Services by Frederic et al. the study revealed 97.5% women surveyed who responded to be favorable to FP, 99.7% women surveyed responded they can encourage others to use FP, 98.4% women surveyed thought that FP can promote development, 62.7% women surveyed responded that their religious belief encourage FP (Frederic et al., 2017)

#### **2.4 LITERATURE REVIEW RELATED TO THE THIRD OBJECTIVE** *(To assess the relationship between modern contraceptive use, educational level and wealth quantile among women in reproductive age 15-49 attending Nyamasheke HC)*

Health survey conducted in Mozambique on women who are married or lives together and analyzed data from Mozambican demographic health survey shows variables (education, and wealth) which reveal the most substantial difference in contraceptive prevalence. Contraceptive use rises as women's education increase (no education: 6.1%, primary: 12.7% secondary and higher education 34.1% of all women surveyed) and also study shows that contraceptive use rises as wealth increase (poorest: 3.6%, poorer 6.5%, middle: 8%, Richer: 15.7%, Richest: 31.7%) (Jose G et al 2015).

Cross sectional study was conducted using Malawian demographic health survey dataset 2010 by Adebawale et al, shows that in Malawi 75.5% of all women included (poorest and richest) in the analysis ever used modern contraceptive, 66.8% of the poorest women ever used modern contraceptive, 82.4% of the richest women ever used modern contraceptive. The prevalence of current use of modern contraceptive was 53.8%. the percentage of women who were currently using contraceptive was significantly higher among richest (58.5%) than the poor (45.9%). Also the data showed that the ever use of modern contraceptive increase with education. For example, ever used modern contraceptive women with higher education are 5.4 times more than their counterparts with no formal education (Stephen A et al 2014).

#### **2.5 OTHER LITERATURE** *(Importance of Modern Contraceptive use)*

Evidence shows that due to family planning good health and economic development can be achieved through their importance which are the follow; Contraceptive use saves lives of the women, In 2008 an estimated 88,227 lives of mothers in sub-Sahara Africa (SSA) were saved from pregnancy related deaths. Contraceptive use saves lives of children: If all births were spaced at least two years apart, the number of deaths among children younger than five years

would decline by 13%. It also enhances economic growth: Meeting the contraceptive needs of couples will result in a reduction in fertility and youth dependency ratio and increase in the labor surplus which, if skilled and gainfully employed, can propel rapid economic growth through the demographic dividend. Contraceptive use enhances environmental preservation: Reducing unplanned pregnancies can reduce fertility and slow population growth and enhance environmental preservation and reduce vulnerability to climate change effects (Pierre et al 2012).

## **2.6 CONCEPTUAL FRAMEWORK**

### **Conceptual framework of knowledge and attitude on modern contraceptive among women of reproductive age 15-49**

A conceptual framework is a written or visual representation of an expected relationship between variables. Variables are simply the characteristics or properties that you want to study.

The below conceptual framework demonstrates the relationship between independent, dependent and intermediate variables of the knowledge and attitude women have on modern contraceptive method.

We think that knowledge and attitude on modern contraceptive methods among women in reproductive age (15-49) depends on demographic and socio-economic variables.

In demographic variables, we expect to tackle on the following variables; sex, age, marital status, residence, levels of education, and number of children a woman has. According to socio-economic variables, we expect to deal with wealth quantile, occupation, religion. The outcome of our research will be knowledge and attitude on modern contraceptive among woman of reproductive age (15-49) which could be influenced by the following variables; ever heard modern contraceptive methods, visiting health facilities for FP, Availability of family planning services, knowledge of own reproductive health, knowledge of husband about modern contraception.

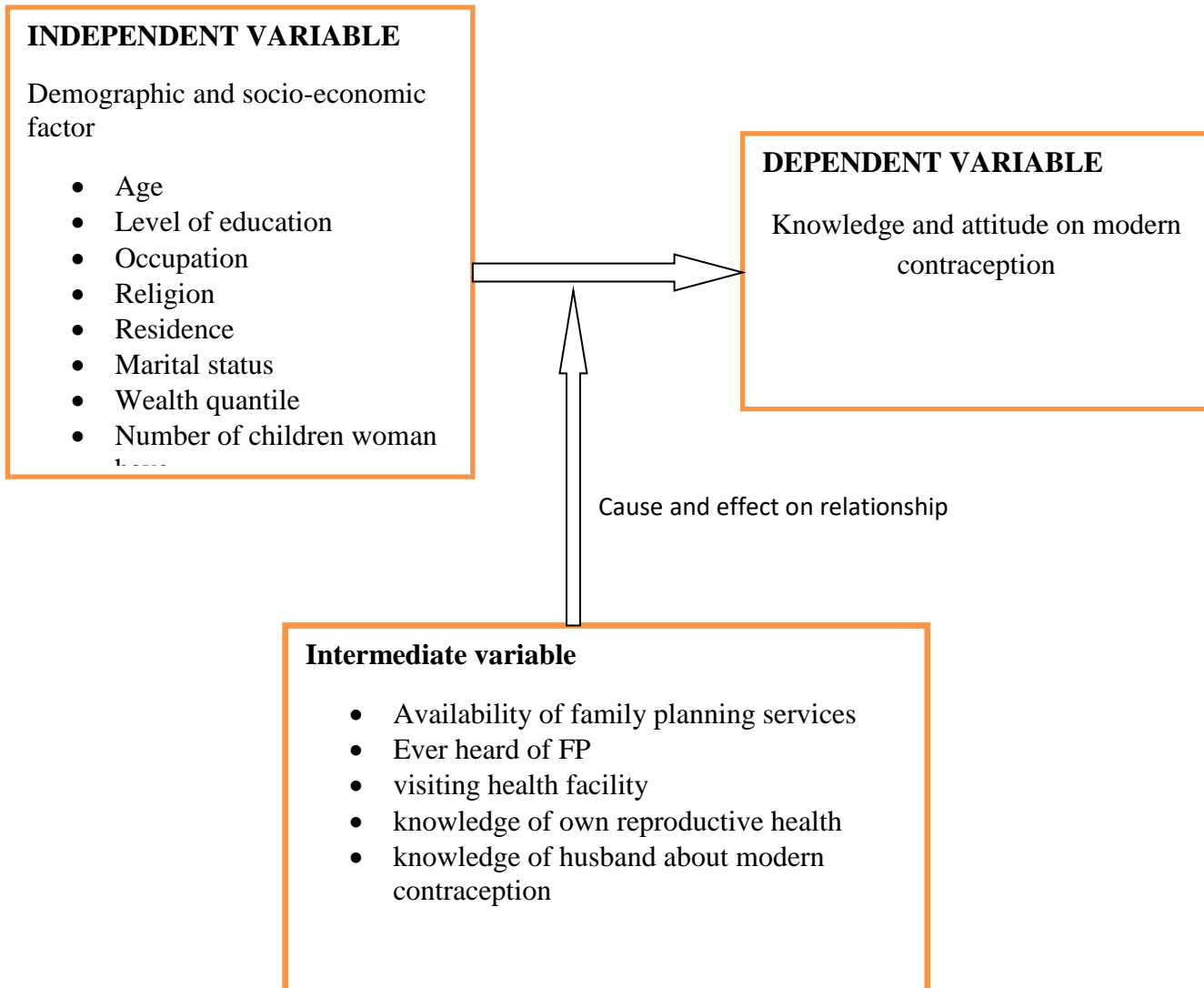


Figure 1: conceptual framework

Adopter from Nganabashaka, P. (2016). *Modern Contraceptive Use Among 15-34 Sexually Active Unmarried Young Females in Rwanda : Secondary Data Analysis of 2014-15 Rwanda Demographic*

## **CHAPTER THREE: REASERCH DESIGN AND METHODOLOGY**

### **3.0 INTRODUCTION**

This chapter covered study design and approach, study area, study population and sample size and sampling procedures, data collection tool and procedure, ethical consideration, data analysis technic, reliability and validity measures.

### **3.1 RESEACH APPROACH AND DESIGN**

This study was prospective cross sectional study design with quantitative approach to assess the knowledge and attitude on modern contraceptive method among women in reproductive age 15-49 attending Nyamasheke health center.

### **3.2 TARGET POPULATION**

The study targeted 3781 women in reproductive age (15-49) attending Nyamasheke health center located in Nimvi cell, Kagano sector, Nyamasheke district.

### **3.3 SAMPLING PROCEDURES**

The study used simple random sampling procedure to sample target population. The researcher wrote the names of all services in health center on short paper and put them in jar then selected four among them randomly. Selected service was where a sample was obtained. After the researcher arrived in the service, a brief explanation about the research purpose was provided. For those who grants their participation were a part of research and among four selected services 362 participants chosen in every service so that to meet our sample size of 362. Participant chosen according to the arrival time.

#### **3.3.1 Inclusion criteria**

- All women of reproductive age 15-49, who attended Nyamasheke health center during the time of data collection.
- All women of reproductive age 15-49, who attended Nyamasheke health center and willing to participate in the study.
- All women of reproductive age 15-49, who attended Nyamasheke health center in time of data collection.

#### **3.3.2 Exclusion criteria**

- All women who was not in range of reproductive age(15-49).

- All women of reproductive age 15-49, who attended Nyamasheke health center in time of data collection but not willing to participate in the study.
- All women of reproductive age 15-49, who attended Nyamasheke health center but not in time of data collection.

### **3.4 SAMPLE SIZE**

The following formula was used to determine the sample size:

$$n = \frac{N}{(1+Ne^2)} , \text{ So that the sample equal to } 3781/1+3781 \times 0.05^2 = 3781/10.4525 = 361.731 = 362$$

Where **n** is the sample size, **N**: is the total population, **e**: is the margin of error. This study used a confidence interval of 95% with permissible error of 5%

### **3.5 RESEARCH INSTRUMENTS FOR DATA COLLECTION**

This study used structured questionnaire to gather data.

### **3.6 DATA COLLECTION PROCEDURES**

After getting the permission from Kibogora Polytechnic and Nyamasheke health center we entered in different services (OPD, ANC, PNC (vaccination), Maternity), then those who meet the criteria of our target population was chosen randomly as described above on sampling procedure to participate in the research if they are interested. Research participants was explained the research objectives and goals so that to have common understanding about the purpose of the study, every interested participant handed a questionnaire after getting an explanation on it, and signed a consent form. Structured questionnaire held questions based on research objective, contain socio-demographic characteristics of participants. It was implemented in Kinyarwanda language, and respondent took 15 minutes at maximum to submit. Participants was allowed to sit in comfort place.

### **3.7 ETHICAL CONSIDERATION**

This study was conducted under the permission provided by both ethical committee of Kibogora Polytechnic and Nyamasheke Health Center, and also there must be an informed consent from signed by participants.

Participant's dignity and privacy was protected in this research. Researcher was confidential to the Participant, participation was voluntary and participant was allowed to withdraw at any stage of research.

Questionnaire was implemented in Kinyarwanda language as a preferred language to the population.

After analysis and presentation of data, the Data kept and protected confidentially in closed cupboard.

### **3.8 DATA ANALYSIS**

Collected data from the participants was analyzed by statistical package for social sciences (SPSS) software, Version 26 in order to have a review on knowledge and attitude about modern family planning among women of reproductive age 15-49 years then the result presented on histogram and circular diagram for better interpretation.

### **3.9 VALIDITY AND RELIABILITY**

#### **3.9.1 Validity**

Items of the Checklist cover all research objectives. The checklist was rechecked to make sure that there is an adherence to existing theory and knowledge. Data entry was accomplished and analyzed to check the achievement of research objectives.

#### **3.9.2 Reliability**

Research instrument, structured questionnaire was tested for 15 women in reproductive age 15-49 attending Kibogora health center in three different days with different researcher so that to yield a consistent result if used repeatedly and in another context.



## **CHAPTER FOUR: DATA PRESENTATION, ANALYSIS, INTERPRETATION AND SUMMARY**

### **4.0 INTRODUCTION**

This chapter covers; data presentation and analysis, discussions and summary of findings.

To rule out the knowledge and attitude among women in reproductive age attending Nyamasheke Health Center, prospective cross sectional was used. study targeted female in 15 to 49 of years old and was conducted at Nyamasheke Health Center. A health center which served 20912 people, 12458 of female and 8454 of male.

### **4.1 DATA PRESENTATION AND ANALYSIS**

Considering the total population health center serves and our inclusion criteria, we had a sample size of 362 women in reproductive age 15-49. The collected data were analyzed by statistical package for social sciences (SPSS) software, version 26, and the result were presented in terms of frequency tables and bar chart where appropriate.

By socio-demographic variable, wealth quantile were classified basing on Ubudehe category of respondents where woman in category one were assigned to be in poorest wealth quantile, those in category two were assigned to be in poor wealth quantile, rich wealth quantile for those who were in category three then richest wealth quantile for those who were in category four.

To be able to put in evidence the association between dependent variables and the determinants of knowledge and the attitude on modern contraceptive among women in reproductive age 15 to 49, we used statistical test for the comparison of proportions. Every item of questionnaire was coded (assigned number).

#### **4.1.1 SOICO-DEMOGRAPHIC CHARACTERISTICS OF WOMEN IN REPRODUCTIVE AGE 15-49 ATTENDING NYAMASHEKE HEALTH CENTER**

The mean age was 34 (standard deviation of 1.654) and as Table 1 identifies, twenty six point eight percent (26.8 %) of female in reproductive age unroll in the study were aged thirty to thirty four, twenty point two percent (20.2%) of female in reproductive age unroll in the study were aged thirty five to thirty nine, seventeen point one percent (17.1%) of female in reproductive age unroll in the study were aged forty to forty four, eleven point nine percent(11.9%) of female in reproductive age were aged forty five to forty nine, nine point one percent (9.1%) of female in

reproductive age unroll in the study were aged twenty five to twenty nine and nine point one percent (9.1%) of female in reproductive age were aged twenty to twenty four, and five point eight percent (5.8%) of female in reproductive age unroll in the study were aged fifteen to nineteen. Regarding marital status the study revealed that 81.8% of all surveyed women in reproductive age are single, 13.3% of all surveyed women in reproductive age are married, 4.7% of all surveyed women in reproductive age are widowed, and 0.3% of all surveyed women in reproductive age are divorced. Table 2 indicate Demographic characteristics of the study participant by marital status. According to education level, sixty two point two percent (62.2%) of respondents have primary education, twenty four point three percent (24.3%) of respondent have secondary education and eight point three percent (8.3%) of respondent have no formal education, while those with high education are five point two percent (5.2%) of participant. Study assigns occupation of study participants and it reveals seventy four point six percent (74.6%) are farmers, seven point seven percent (7.7%) are traders, six point six percent (6.6%) are government employees, five point eight percent (5.8%) are students and five point two percent (5.2%) report other occupation. All study participants were under richest wealth quantile where fifty two point eight percent (52.8%) are poor, twenty nine percent are rich and eighteen point two percent (18.2%) are poorest. Women responded to have more than four children were 27.6%, those who had four children were 19.6%, women who had two children were 18%, women who had three children were 17.1%, women with one child were 13.3% and those who report to have no child were 4.4%. Study participant's estimation of a distance to health center indicate that almost respondent live near compare to others who live far to health center (82.95% and 17.1%, respectively). Beyond a half of participant are Catholics believers 51.9%, ADPR believer was 16%, 12.7% of Free Methodist believer, 6.9% of Adventist of seventh days, 6.1% of EAR, 3.3% of Islam and 3% are believer to other religion. Demographic profile are well described in Table 1.

SOCIO-DEMOGRAPHIC CHARACTERISTICS	RESPONSES	
	COUNT	PERCENT(%)
Age in years		
* 15-19	21	5.8
* 20-24	33	9.1
* 25-29	33	9.1
* 30-34	97	26.8
* 35-39	73	20.2
* 40-44	62	17.1
* 45-49	43	11.9
Total	362	100
Marital status		
* Single	48	13.3
* Married	296	81.8
* Divorced	1	0.3
* Widowed	17	4.7
Total	362	100
Level of education		
* No education	30	8.3
* Primary education	225	62.2
* Secondary education	88	24.3
* High education	19	5.2
Total	362	100
Occupation		
* Government employee	24	6.6
* Trader	28	7.7
* Farmer	270	74.6
* Student	21	5.8
* Other	19	5.2
Total	362	100

Wealth quantile		
* Poorest	66	18.2
* Poor	191	52.8
* Rich	105	29
Total	362	100
Number of children per woman		
* No child	16	16
* One child	48	48
* Two children	65	65
* Three children	62	62
* Four children	71	71
* Above four children	10	10
* Total	362	362
Religion		
* Catholics	188	51.9
* ADPR	58	16
* EAR	22	6.1
* Adventist of seventh day	25	6.9
* Free Methodist	46	12.7
* Islam	12	3.3
* Other	11	3.0
* Total	362	100
respondent's estimation of how far to Health center		
* Near	300	82.9
* Far	62	17.1
Total	362	100

Table 1: Frequency distribution of socio-demographic characteristics of the study participant

#### 4.1.2 KNOWLEDGE ON MODERN CONTRACEPTIVE METHODS OF A WOMEN IN REPRODUCTIVE AGE 15-49 ATTENDING NYAMASHEKE HEALTH CENTER

Knowledge of respondents was classified into two classes relating how they responded the questions regarding knowledge on modern contraceptive methods. Among nine questions regarding knowledge on modern contraceptive methods, those who responded more than four questions positively was considered to have high knowledge while those who responded positively less than five questions was considered to have moderate knowledge.

Among 362 women in reproductive age 15-49 attending Nyamasheke HC. 88.4% has high knowledge while 11.6% has moderate knowledge on modern contraceptive methods. Table 2.

	Frequency	Percent (%)
Moderate	42	11.6
High	320	88.4
Total	362	100.0

Table 2: frequency distribution of knowledge on modern contraceptive methods among women in reproductive age 15-49.

All respondent had heard the information regarding modern contraception. Table 3, indicates that all women surveyed got the information from HC was 75.1%, 15.2% of women surveyed got the information from friends, 6.9% of women surveyed got the information from media, and 2.8% of women surveyed got the information from other sources.

	Frequency	Percent (%)
Media	25	6.9
Friends	55	15.2
Health center	272	75.1
Other	10	2.8
Total	362	100.0

Table 3: Frequency distribution of source of information regarding modern contraception

Table 4, indicates that 98.1% of all surveyed women responded that they know where they can find family planning services and 83.1% of all surveyed women visited HC seeking family planning services and 94.8% of all women surveyed leant at least one method of modern

contraception through different training. 99.2% of respondent were aware that they can delay or prevent pregnancy if they want.

Responses on	question	Responses		
		N	No	Yes
knowledge-related	Have you ever heard the information regarding modern contraceptive use?	362	0.0%	100.0%
	Have you ever visited health center seeking family planning services?	362	16.9%	83.1%
	Do you know that you can delay or prevent pregnancy if you want?	362	0.8%	99.2%
	Did you leant at least one method of modern contraceptive?	362	5.2%	94.8%
	Do you know where you can find the services of family planning?	362	0.9%	98.1%

Table 4: Frequency distribution of responses on knowledge-related questions.

As Table 5 indicates, All surveyed women knew condom as a modern contraceptive method, 96.1% of all surveyed women knew DMPA injectable and oral contraceptive pills, surveyed women who knew implants, female sterilization, and IUDs was 93.9%, 85.6%, 77.6% (respectively).

		Responses		
		N	No	Yes
Knowledge on method of contraception	Do you know DMPA injectable as modern contraceptive method?	362	3.9%	96.1%
	Do you know implants as modern contraceptive method?	362	9.1%	93.9%
	Do you know oral contraceptive pills as modern contraceptive method?	362	3.9%	96.1%
	Do you know condom as modern contraceptive method?	362	0.0%	100.0%
	Do you know IUD as modern contraceptive method?	362	22.4%	77.6%
	Do you know vasectomy and female sterilization as modern contraceptive method?	362	14.4%	85.6%

Table 5: Frequency distribution of knowledge on every modern contraceptive method listed in questionnaire

84% of all respondents used modern contraceptive and 48% of those who respond to use family planning use DMPA injectable, 15.9% use oral contraceptive pills, 13.6% use implano, 10.9% use jadelle, 7.3% use condom and those who use female sterilization and IUDs were 3.6% and 0.7% (respectively). Frequency distribution of modern contraceptive methods used by study participants is clearly identified in Table 6.

		Modern contraceptive method used								Total
		DMPA injectale contacepti ve	Implano	Jadelle	Pills	Condom	IUD	Female sterilizat ion		
Do you currently use modern contracepti ve method	Yes	Count	145	41	33	48	22	2	11	302
		% within Contracep tion	48.0%	13.6%	10.9%	15.9%	7.3%	0.7%	3.6%	
Total		Count	145	41	33	48	22	2	11	302
		% of Total	48.0%	13.6%	10.9%	15.9%	7.3%	0.7%	3.6%	100.0 %

Table 6: Frequency distribution of modern contraceptive methods used by study participants

#### 4.1.3 ATTITUDE ON MODERN CONTRACEPTIVE METHODS OF A WOMEN IN REPRODUCTIVE AGE 15-49 ATTENDING NYAMASHEKE HEALTH CENTER.

Among study participant 62.2% have the attitude favorable to modern contraceptive while 37.8 have attitude unfavorable to modern contraceptive method. Table 7

		Frequency	Percent (%)
Attitude favorable to modern contraceptive method?	No	137	37.8
	Yes	225	62.2
	Total	362	100.0

Table 7: frequency distribution of attitude on modern contraceptive among women in reproductive age 15-49

Study participant who agree that modern contraceptive use help to prevent mother and neonatal mortality rate was 91.7%, 90.9% of study participant agree that modern contraceptive use help to promote life of mother and children, 87.6% of study participant agree that modern contraceptive use help mother to gain power for next pregnancy, 76.8% of study participant think that husband is only one too make decision for family planning, 63% of study participant think that use of modern contraceptive method reduce happiness during sexual intercourse, 42.3% of study



participant think that use of modern contraceptive cause infertility, 31.2% of study participant think that it is embarrassed to use modern contraceptive, and also 27.9% of study participant according to their religious belief think that it is sin to use modern contraceptive method. Table 8, best shows the frequency distribution of response on attitude related question.

		Responses		
		N	No	Yes
Attitude related question	Do you agree that modern contraceptive use help mother to gain power for next pregnancy?	362	12.4%	87.6%
	Do you agree that modern contraceptive use help to promote life of mother and child?	362	9.1%	90.9%
	do you agree that modern contraceptive use help to prevent mother and neonatal mortality?	362	8.3%	91.7%
	Do you think that husband is only one to make decision for family planning?	362	33.7%	66.3%
	Do you think that modern contraceptive use have negative side effect?	362	23.2%	76.8%

do you think that use of modern contraceptive cause infertility?	362	57.7%	42.3%
Do you think that use of modern contraceptive reduce happiness during sexual intercourse?	362	37%	63.0%
do you think that use of modern contraceptive is a sin?	362	72.1%	27.9%
Do you think it is embarrassed to use modern contraceptive?	362	68.8%	31.2%

Table 8: Frequency distribution of response on attitude related questions

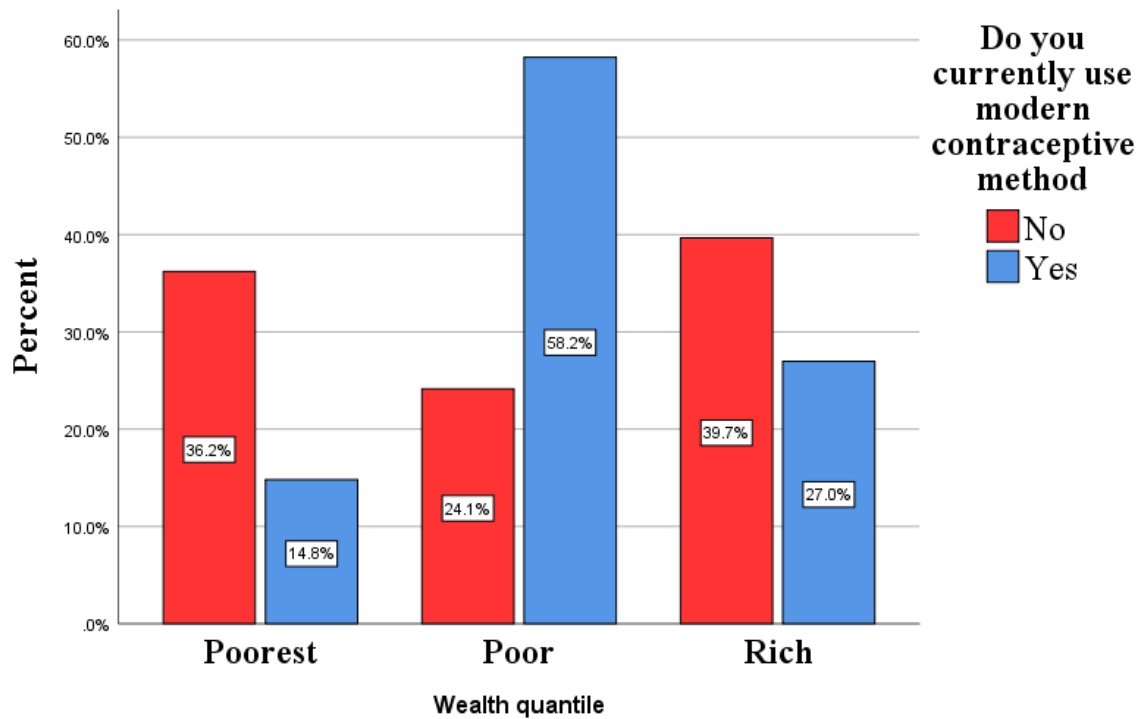
#### 4.1.4 RELATIONSHIP BETWEEN LEVEL OF EDUCATION, WEALTH QUANTILE AND MODERN CONTRACEPTIVE USE

##### Relationship between wealth quantile and use of modern contraceptive method

Contraceptive prevalence rate (CPR) was 84.0%. 58.2% of those who responded to use MC belonged in poor wealth quantile, 27.0% of those who respond to use MC belonged in rich wealth quantile, 14.8% of those who respond to use MC belonged in poorest wealth quantile. Basing on Chi-square test done there was statistical significant relationship between wealth quantile and modern contraceptive use. p-value 0.005, ( $p < 0.05$  at 95 CI). Table 9.

		MC USE	P-value
Wealth quantile	Poorest	14.8%	0.005
	Poor	58.2%	
	Rich	27.0%	
Total		100%	

Table 9: Relationship between wealth quantile and use of modern contraceptive method



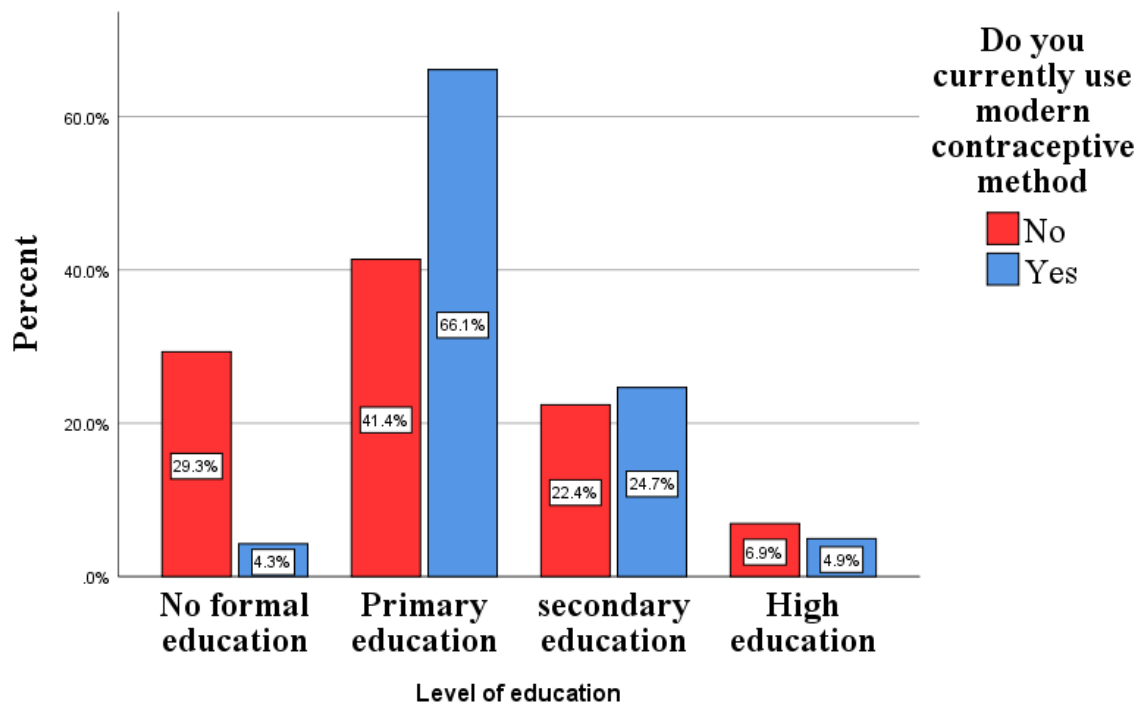
**Figure 2: Wealth quantile and modern contraceptive use**

**Relationship between level of education and contraceptive use**

Contraceptive prevalence rate(CPR) was 84%. 66.1% of women responded to use MC have primary education, 24.7% of women responded to use MC have secondary education, 4.9% of women responded to use MC have high education while 4.3% of women responded to use MC have no formal education. Chi-square test was done and revealed statistical significant relationship between wealth quantile and modern contraceptive use. p-value of 0.017 ( $p < 0.05$  at 95 CI). Table 10.

		MC USE	P-value
Level of education	No formal education	4.3%	0.017
	Primary education	66.1%	
	secondary education	24.7%	
	High education	4.9%	
Total		100%	

Table 10: Relationship between level of education and contraceptive use



**Figure 3: level of education and contraceptive use**

#### **4.1.5 ASSOCIATION BETWEEN KNOWLEDGE, ATTITUDE ON MODERN CONTRACEPTIVE USE AND SOCI-DEMOGRAPHIC CHARACTERISTICS**

##### **ASSOCIATION BETWEEN KNOWLEDGE REGARDING MODERN CONTRACEPTIVE USE AND SOCI-DEMOGRAPHIC CHARACTERISTICS**

Using the statistical test of chi-square, variable age has significant relationship with knowledge regarding MC use with Pearson Chi-square of 40.670<sup>a</sup> and p-value of 0.012, variable Marital status has significant relationship with knowledge regarding MC use with Pearson Chi-square of 31.780<sup>a</sup> and p-value of 0.002, variable level of education has significant relationship with knowledge regarding MC use with Pearson Chi-square of 33.616<sup>a</sup> and p-value of 0.006, variable wealth quantile has significant relationship with knowledge regarding MC use with Pearson Chi-square of 15.954<sup>a</sup> and p-value of 0.005, variable address has significant relationship with knowledge regarding MC use with Pearson Chi-square of 8.792<sup>a</sup> and p-value of 0.003. While variable occupation, number of children woman per woman, and religion has no significant relationship with knowledge regarding MC use (p-value of 0.059, 0.234, and 0.490 respectively). Pearson’s Chi-square Tests was used and the significance level was set at a p<0.05 at 95 CI.

<b>SOCIO-DEMOGRAPHIC INDEPENDENT VARIABLES</b>	<b>KNOWLEDGE</b>			Chi-square valuable	p-value
	Moderate (%)	High (%)	Total (%)		
<b>Age (in years)</b>				40.670 <sup>a</sup>	0.012
* <b>15-19</b>	2.8	3.0	5.8		
* <b>20-24</b>	0.8	8.0	8.8		
* <b>25-29</b>	1.4	8.0	9.4		
* <b>30-34</b>	1.9	24.9	26.8		
* <b>35-39</b>	2.2	18.0	20.2		
* <b>40-44</b>	0.0	17.1	17.1		
* <b>45-49</b>	2.5	9.4	11.9		
<b>Total</b>	11.6	88.4	100		
<b>Marital status</b>				31.780 <sup>a</sup>	0.002
* <b>Single</b>	4.7	8.6	13.3		
* <b>Married</b>	6.9	74.9	81.8		
* <b>Divorced</b>	0.0	0.3	0.3		
* <b>Widowed</b>	0.0	4.7	4.7		
<b>Total</b>	11.6	88.5	100		
<b>Level of education</b>				33.616	0.006
* <b>No formal education</b>	3.6	4.7	8.3		
* <b>Primary education</b>	5.8	56.4	62.2		
* <b>Secondary education</b>	2.2	22.1	24.3		
* <b>High education</b>	0.0	5.2	5.2		
<b>Total</b>	11.6	88.4	100		
<b>Occupation</b>				21.877 <sup>a</sup>	0.059
* <b>Government's employee</b>	0.0	6.6	6.6		
* <b>Trader</b>	0.3	7.5	7.7		
* <b>Farmer</b>	9.1	695.5	74.6		
* <b>Student</b>	2.2	3.6	5.8		
* <b>Other</b>	0.0	5.2	5.2		

<b>Total</b>	11.6	88.4	100		
<b>Wealth quantile</b>				15.954 <sup>a</sup>	0.005
* <b>Poorest</b>	4.7	13.5	18.2		
* <b>Poor</b>	4.1	48.6	52.8		
* <b>Rich</b>	2.8	26.2	29.0		
<b>Total</b>	11.6	88.4	100		
<b>Number of children per woman</b>				38.523 <sup>a</sup>	0.234
* <b>No children</b>	2.5	1.9	4.4		
* <b>1 children</b>	1.1	12.2	13.3		
* <b>2 children</b>	1.4	16.6	18.0		
* <b>3 children</b>	1.1	16.0	17.1		
* <b>4 children</b>	1.1	18.5	19.6		
* <b>Above 4 children</b>	4.4	23.2	27.6		
<b>Total</b>	11.6	88.4	100		
<b>Address</b>				8.792 <sup>a</sup>	0.003
* <b>Near</b>	7.7	75.1	82.9		
* <b>Far</b>	3.9	13.3	17.1		
<b>Total</b>	11.6	88.4	100		
<b>Religion</b>				15.141 <sup>a</sup>	0.490
* <b>Catholics</b>	4.4	47.5	51.9		
* <b>ADPR</b>	3.9	12.2	16.0		
* <b>EAR</b>	0.0	6.1	6.1		
* <b>Adventist of 7<sup>th</sup> day</b>	1.1	5.8	6.9		
* <b>Free Methodist</b>	1.1	11.6	12.7		
* <b>Islam</b>	0.6	2.8	3.3		
* <b>Other</b>	0.6	2.5	3.0		
<b>Total</b>	11.6	88.4	100		

Table 11: Association between knowledge regarding modern contraceptive use and socio-demographic characteristics

## ASSOCIATION BETWEEN ATTITUDE ON MODERN CONTRACEPTIVE USE AND SOCIO-DEMOGRAPHIC CHARACTERISTICS

Table 11, indicates variable age to have significant relationship with attitude favorable to MC use with Pearson Chi square value of 29.066<sup>a</sup> and p-value of 0.032, variable level of education have significant relationship with attitude favorable to MC use with Pearson Chi square value of 29.704<sup>a</sup> and p-value of 0.015, variable wealth quantile have significant relationship with attitude favorable to MC use with Pearson Chi square value of 21.757<sup>a</sup> and p-value of 0.008, variable Number of children per woman have significant relationship with attitude favorable to MC use with Pearson Chi square value of 36.779<sup>a</sup> and p-value of 0.001, variable address have significant relationship with attitude favorable to MC use with Pearson Chi square value of 6.029<sup>a</sup> and p-value of 0.014, variable address have significant relationship with attitude favorable to MC use with Pearson Chi square value of 56.266<sup>a</sup> and p-value of 0.0006. While marital status and occupation are the only socio-demographic variables which have no significant relationship with attitude favorable to MC use (p-value of 0.455 and 0.084, respectively). Pearson's Chi-square Tests was used and the significance level was set at a  $p < 0.05$  at 95 CI.

SOCIO-DEMOGRAPHIC INDEPENDENT VARIABLES	ATTITUDE FAVORABLE TO MC USE			Chi-square	p-value
	No (%)	Yes (%)	Total (%)		
<b>Age (in years)</b>					
* 15-19	0.8	5.0	5.8	29.066 <sup>a</sup>	0.032
* 20-24	3.0	5.8	8.8		
* 25-29	2.2	7.2	9.4		
* 30-34	7.5	19.3	26.8		
* 35-39	8.3	11.9	20.2		
* 40-44	8.3	8.8	17.1		
* 45-49	7.7	4.1	11.9		
<b>Total</b>	37.8	62.2	100		
<b>Marital status</b>					
				1.343 <sup>a</sup>	0.455
* Single	4.7	8.6	13.3		
* Married	30.9	50.8	81.8		
* Divorced	0.0	0.3	0.3		
* Widowed	2.2	2.5	4.7		
<b>Total</b>	37.8	62.2	100		
<b>Level of education</b>					
				29.704 <sup>a</sup>	0.015
* No formal education	6.1	2.2	8.3		
* Primary education	24.3	37.8	62.2		
* Secondary education	7.5	16.9	24.3		
* High education	0.0	5.2	5.2		
<b>Total</b>	37.8	62.2	100		
<b>Occupation</b>					
				23.724 <sup>a</sup>	0.084
* Government's employee	0.8	5.8	6.6		



* <b>Trader</b>	0.8	6.9	7.7		
* <b>Farmer</b>	33.4	41.2	74.6		
* <b>Student</b>	1.4	4.4	5.8		
* <b>Other</b>	1.4	3.9	5.2		
<b>Total</b>	37.8	62.2	100		
<b>Wealth quantile</b>				21.757 <sup>a</sup>	0.008
* <b>Poorest</b>	11.3	6.9	18.2		
* <b>Poor</b>	15.7	37.0	52.8		
* <b>Rich</b>	10.8	18.2	29.0		
<b>Total</b>	37.8	62.2	100		
<b>Number of children per woman</b>				36.779 <sup>a</sup>	0.001
* <b>No children</b>	1.1	3.3	4.4		
* <b>1 children</b>	2.8	10.5	13.3		
* <b>2 children</b>	3.0	14.9	18.0		
* <b>3 children</b>	5.8	11.3	17.1		
* <b>4 children</b>	10.2	9.4	19.6		
* <b>Above 4 children</b>	14.9	12.7	27.6		
<b>Total</b>	37.8	62.2	100		
<b>Address</b>				6.029 <sup>a</sup>	0.014
* <b>Near</b>	29.0	53.9	82.9		
* <b>Far</b>	8.8	8.3	17.1		
<b>Total</b>					
<b>Religion</b>				56.266 <sup>a</sup>	0.006
* <b>Catholics</b>	26.5	25.4	51.9		
* <b>ADPR</b>	8.0	8.0	16.0		
* <b>EAR</b>	1.1	5.0	6.1		
* <b>Adventist of 7<sup>th</sup> day</b>	0.3	6.6	6.9		
* <b>Free Methodist</b>	1.1	11.6	12.7		
* <b>Islam</b>	0.3	3.0	3.3		
* <b>Other</b>	0.6	2.5	3.0		

<b>Total</b>	37.8	62.2	100
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Table 12: association between attitude on modern contraceptive use and socio-demographic characteristics

## 4.2 DISCUSSION OF FINDINGS

This study addressed the knowledge and attitude on modern contraceptive use among 362 participants. It also established the relationship between wealth quantile, level of education and modern contraceptive use

Basing on the result of the study, knowledge of woman in reproductive age 15-49 was high in research area, 88.4% of high and 11.6% of moderate knowledge regarding MC use. Majority of participant respond positively which indicated high knowledge regarding modern contraceptive use, 88.4% of participant responded positively, where high number of women surveyed gain information regarding on modern contraceptive use from HC 75.1%. The most common known method was condom 100% followed by DMPA injectable and oral contraceptive 96.1% implants 93.9% then lastly female sterilization and vasectomy 85.6%, and IUD 77.6%. Almost women surveyed knew where they can find FP services and knew that they can delay or prevent pregnancy if they want. A study proved high knowledge in research area the same as the study conducted in Gambia on Prevalence and knowledge of family Planning among women of child bearing in provincial settings of Gambia (amadou barrow) and also the same as the study conducted in Suva and Fiji in 2017 by Lincoln et al on knowledge, attitude, and practice on modern contraceptive use Among women in reproductive age (Lincoln et al., 2018). Study showed majority of participants get information regarding on modern contraceptive use from HC, the same as the study conducted by Frederic et al on assessment of knowledge, attitude, and practice on contraceptive use among women attending FP services in some HC of Muhima district.(Frederic et al., 2017)

Furthermore the study findings identified high number of women in reproductive age with attitude favorable to MC use 62.2%, where high number responded positively, an indicator of attitude favorable to FP. High number agreed that agree that modern contraceptive use help mother to gain power for next pregnancy 87.6%, high number of women surveyed agreed that modern contraceptive use help to promote life of mother and child 90.9% and also they agreed that use of modern contraceptive method help to prevent mother and neonatal mortality rate 91.7%. High number of surveyed women thought that modern contraceptive use is not a sin

72.1% and it is not embarrassed 68.8%. There was also attitude which is unfavorable to MC use; high number of surveyed woman responded that husband is only one to make decision for modern contraceptive use 66.3%, also high number responded that use of modern contraception reduce happiness during sexual intercourse 63% and cause infertility 57.2%. The result of this study goes in the same way with the result of a study conducted in the selected health clinic of Suva in April 2017.

The study showed significant relationship between wealth quantile and modern contraceptive use (p-value 0.005,  $p < 0.05$  at 95 CI) where high number of women in reproductive age 15-49 who use modern contraceptive are in poor wealth quantile 58.2%. Also study revealed significant relationship between level of education and contraceptive use (p-value 0.017,  $p < 0.05$  at 95 CI). The result of this study showed that contraceptive use was high among women in reproductive age 15-49 who had primary education 66.1%. The findings from this study shows a great difference compared to the studies conducted in Mozambique in 2015 on women who are married or lives together and one conducted in Malawi by Adebowali et al 2010

#### **4.3 SUMMARY OF FINDINGS**

88.4% of the respondent had high knowledge regarding on modern contraceptive use. 100% of the respondent heard the information regarding modern contraceptive use and 75.1% of respondent got information regarding modern contraceptive use for HC. 94.8% of the respondent learnt at least one method of modern contraceptive. 99.2% knew that they can delay or prevent pregnancy if they want and 98.1% they knew where they can find service of FP. 62.2% has the attitude which is favorable to FP. we found 72.1% of women surveyed thought that use of modern contraceptive is not a sin, 68.8% thought that it not embarrassed to use modern contraceptive, 91.7% agreed that modern contraceptive use help to prevent mother and neonatal mortality rate, 87.6% agreed that modern contraceptive use help mother to gain power for next pregnancy. Study result showed significant relationship between wealth quantile and modern contraceptive use, p-value 0.005 ( $p < 0.05$  at 95 CI). Also there was relationship between level of education and Modern contraceptive use, p-value of 0.017 ( $p < 0.05$  at 95 CI).

## **CHAPTER FIVE: CONCLUSION AND RECOMMENDATION**

### **5.0 INTRODUCTION**

This chapter deals with the conclusion on the study objectives on assessment of the knowledge and attitude on modern contraceptive among women in reproductive age 15-49 attending Nyamasheke health center.

### **5.1 CONCLUSION**

There was high knowledge regarding on MC use in research area 88.4% and even the attitude favorable to modern contraceptive use was 62.2% among women in reproductive age 15-49, 76.8% thought that husband is the only one to make decision for FP, 76.8% thought that MC use has negative side effects, 63% thought that MC use reduce happiness during sexual intercourse. Such attitude unfavorable to MC use took a part of 37.8% of all women surveyed, this is a big number which can affect MC use in women of reproductive age 15-49. Education on MC use is still needed although the knowledge is high in research area but it should be a good approach to overcome those attitude unfavorable to MC use. Encouraging men to participate in family planning services should be a great tool to increase the knowledge on MC use hence the attitude favorable to MC use. If the knowledge regarding MC use and attitude favorable to MC use increase there will be a reduction of neonatal and maternal mortality and morbidity unsafe abortion and unwanted pregnancy, population density, also there will be an economic growth (Nganabashaka, 2016).

### **5.2 RECOMMENDATIONS**

#### **To local government;**

- Increase the health education about consequences of increased fertility rate in, as it has been found fertility rate continues to increase.

- It have been found that husband have a great influence in modern contraceptive use, It will be important to encourage men to participate in family planning services.

#### **To Nyamasheke health center**

- The most used modern contraceptive method among participant there was pills and condom, it will be helpful to supply pills or condom for those who use it in large quantities to keep it for themselves as reserve.
- Integration of FP into community workers so as to help those who use family planning to get service, like counseling easily.
- Improving counseling for informed choice for those who seek FP services
- Improving health education of women about reproductive health issues

#### **5.3 SUGGESTION FOR FURTHER STUDY**

- Further research are needed to identify the cause of high fertility rate
- Further research are need to roll out FP practice



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## APPENDICES

### APPENDIX 1: QUESTIONNAIRE AND CONSENT FORM

#### AMASEZERANO YO KUGIRA URUHARE MUBUSHAKASHATSI

Turi gukora ubushakashatsi bugamije kureba ubumenyi n' imyumvire mu gukoresha uburyo bwa kizungu bwo kuboneza urubyaro mu babyeyi bari hagati y' imyaka 15-49 bitabira ikigonderabuzima cya Nyamasheke.

Ibizava muri ubu bushakashatsi bizerekana ubumenyi n' imyumvire mu gukoresha uburyo bugezweho bwo kuboneza urubyaro abagore bari hagati y' imyaka 15-49 bagana ikigo ndera buzima cya Nyamasheke bafite. Bityo bizafasha mukurushaho kunoza serivisi ababyeyi bahabwa zerekeye gukoresha uburyo bwa kizungu bwo kuboneza urubyaro.

Bigenewe abantu b' igitsina gore bari hagati y' imyaka 15-49 bagana ikigo ndera buzima cya Nyamasheke gihereye mu karere ka Nyamasheke, umurenge wa Kagano. Mugukusanya amakuru ajyanye n' ubushakashatsi harifashishwa urupapuro rwibibazo bisubiswa nuwemeye kujya muri ubu bushakashatsi kubushake bwe.

Ubazwa asubiza ibibazo byubushakashatsi hagati y' iminota 10 na 15. Nta mafaranga ahabwa, kujyamo ni ubushake, wemerewe kuva mubushakashatsi igihe ushakiye, amakuru ajyanye n' ubu bushakashatsi abikwa mu ibanga.

Jyewe ..... maze gusobanurirwa imiterere yubushakashatsi n' impamvu yabwo, nemeye kubushake gutanga amakuru azifashishwa mubushakashatsi.

Umukono.....

**UBUSHAKASHATSI KUBUMENYI N'IMYUMVIRE MUGUKORESHA UBURYO  
BWAKIZUNGU BWO KUBONEZA URUBYARO MUBAGORE BARI HAGATI  
YIMYAKA 15-49 BAGANA IKIGO NDERABUZIMA CYA NYAMASHEKE.**

**IGICE CYA MBERE: IBIBAZO BIJYANYE N' UMWIRONDORO W' UBAZWA**

**1. Ufite imyaka ingahe?**

- a. 15-19
- b. 20-24
- c. 25-29
- d. 30-34
- e. 35-39
- f. 40-44
- g. 45-49

**2. Uri mukihe cyiciro cy' iranga mimerere ?**

- a. Ingaragu
- b. Ubana n' umugabo
- c. Mwaratandukanye
- d. Warapfakaye

**3. Wize ayahe mashuri?**

- a. Ntayo
- b. Abanza
- c. Ayisumbuye
- d. Kaminuza

**4. Ukora iki?**

- a. Umukozi wa leta
- b. Umucuruzi
- c. Umuhinzi

d. Ikindi, kivuge.....

**5. Ni ikihe cyiciro cyubudehe ubarizwamo?**

a. 1

b. 2

c. 3

d. 4

**6. Ufite abana bangahe?**

a. Ntabo

b. 1

c. 2

d. 3

e. 4

f. Hejuru ya 4

**7. Utuyehe?**

a. Ni hafi y' ikigo ndera buzima

b. Nikure y' ikigo ndera buzima

**8. Usengeraha?**

a. Catholics (Abagaturika)

b. ADPR(abapantikote)

c. EAR (abangilikani)

d. Abadivantisiti bumunsi wa 7

e. Metodisite libure

f. Abasilamu

g. Ahandi hatavuzwe hejuru, havuge.....

**IGICE CYA KABIRI: IBIBAZO BIJYANYE N' UBUMENYI BW' UBAZWA**

**9. Ese hari ahantu wakuye amakuru ajyanye nogukoresha uburyo bwa kizungu bwo kuboneza urubyaro?**

a. Yego

b. Oya

10. Niba hari ahantu wakuye amakuru ajyanye nogukoresha uburyo bwa kizungu bwo kuboneza urubyaro havuge

a. Mu bitangaza makuru

b. Munshuti

c. Ku kigo nderabuzima

d. Ahandi

11. Wigeze usura ibitaro cyangwa ikigondera buzima ushaka serivise zo kuboneza urubyaro?

a. YEGO

b. OYA

12. Uziko hari uburyo bwo gutinda cyangwa kwirinda gusama igihe utabishaka?

a. YEGO

b. OYA

13. Ni ubuhe buryo ni ubuhe buryo bwakizungu burinda gusama uzi? **Vivura ubwo uzi bwose.**

a. Urushinge rw' amezi 3

b. Agapira k' imyaka itatu cyangwa itanu

c. Ibinini

d. Agakingirizo

e. Agapira ko munkondo y' umura

f. Kwifungisha burundu

g. Ubundi butavuzwe hejuru, buvuge.....

14. Ese ukoresha uburyo bwakizungu bwo kuboneza urubwano?

a. YEGO

b. OYA

15. Niba ukoresha uburyo bwakizungubwo kuboneza urubyaro, ni ubuhe buryo ukoresha?

a. Urushinge rw' amezi 3

b. Agapira k' imyaka itatu

c. Agapira k' imyaka itanu

d. Ibinini

e. Agakingirizo

- f. Agapira ko munkondo y' umura
- g. Kwifungisha burundu
- h. Ubundibutyo butavuzwe, buvuge.....

16. Ese wigeze wiga byibuze bumwe m' uburyo bwakizungu wakoresha bwakurinda gusama?

- a. YEGO
- b. OYA

17. Uzi ahantu wahererwa serivise yo kuboneza urubyaro?

- a. YEGO
- b. OYA

### IGICE CYA GATATU: IBIBAZO BIJYANYE N'IMYEMERERE

18. Wemerako gukoresha uburyo bwa kizungu bwo kuboneza urubyaro bifasha umubyeyi kongera kubona imbaraga k'urubyaro rukurikiraho?

- a. YEGO
- b. OYA

19. Wemerako gukoresha uburyo bwa kizungu bwo kuboneza urubyaro bifasha kurinda ubuzima bw' umubyeyi n' umwana?

- a. YEGO
- b. OYA

20. Wemerako gukoresha uburyo bwa kizungu bwo kuboneza urubyaro birinda impfu z'ababyeyi, n'abana bapfa bavuka?

- a. YEGO
- b. OYA

21. Wemerako umugabo ariwe ufata umwanzuro wo kuboneza urubyaro hagati yabashakanye?

- a. YEGO
- b. OYA

22. Utekerezako gukoresha uburyo bwa kizungu bwo kuboneza urubyaro bitera ingaruka mbi kumubyeyi?

- a. YEGO

- b. OYA**
- 23.** Utekerezako gukoresha uburyo bwa kizungu bwo kuboneza urubyaro bitera ubugumba mu bagore?
- a. YEGO**
- b. OYA**
- 24.** Utekerezako gukoresha uburyo bwa kizungu bwo kuboneza urubyaro bigabanya ibyishimo igihe cyo gukora imibonano mpuzabitsina
- a. YEGO**
- b. OYA**
- 25.** Gukoresha uburyo bwa kizungu bwo kuboneza urubyaro ni icyaha?
- a. YEGO**
- b. OYA**
- 26.** Gukoresha uburyo bwa kizungu bwo kuboneza urubyaro biteye ipfunwe?
- a. YEGO**
- b. OYA**

## APPENDIX 2: RESEARCH LETTER



KIBOGORA POLYTECHNIC

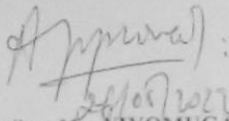



Granted Accreditation and Legal Personality by The Ministerial Order N°7/2015 Official Gazette N°03 of 19/01/2015  
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### RESEARCH LETTER

May 18<sup>th</sup> 2022

To whom it may concern:

Approval:  

We write this letter to humbly request to allow **Mr. NIYOMUGABO Emerson Prony** and **Mr. NSANZIMANA Jean Marie Vianney** to conduct research in your organization /institution, territory entity.

The above mentioned are bonafide students of Kibogora Polytechnic pursuing Bachelor's degree in General Nursing Department

These students are currently conducting a research topic **"ASSESSMENT OF KNOWLEDGE AND ATTITUDE ON MODERN CONTRACEPTIVE AMONG WOMEN IN REPRODUCTIVE AGE 15-49 ATTENDING NYAMASHEKE HEALTH CENTER"**

We are convinced that your organization /institution, territorial entity will constitute a valuable source of information pertaining to their research, the purpose of this letter is to humbly request you to avail them the pertinent information they may need. we pledge to ensure that all provided information will be confidential and used in the strict academic purpose.

Any assistance rendered to the candidates will be highly appreciated.

Yours,

Dr. NDABARORA Eleazar,  
Dean of Health Sciences Faculty  
Kibogora Polytechnic

