



KIBOGORA POLYTECHNIC



FACULTY OF HEALTH SCIENCES

DEPARTMENT OF GENERAL NURSING

**ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICE FOR
USE OF FAMILY PLANNING AMONG WOMEN ATTENDING
KIBOGORA HEALTH CENTER**

Undergraduate thesis presented in partial fulfillment of the requirements for the award of Bachelor degree with honor in Health Sciences with General Nursing

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DECLARATION

Declaration by the candidate

We MUKANTWARI Vestine and MUGISHA Marie Grace hereby declare that to the best of our knowledge, the work presented in this research entitled assessment of knowledge,attitude and practice for the use of family planning among women attending Kibogora Health center” is our own work, it has never been submitted for the degree of bachelor in general nursing science at. Any source in terms of Kibogora Polytechnic Book, journall or electronic references consulted in the references of this research report

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Date.....

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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: Adrien Chris KANAKUZE,RM,MSN

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Date.....

ABSTRACT

Background: Globally, 62 percent of married women ages 15 to 49 use a traditional technique of family planning and 56 percent use a modern method (Mustafa et al., 2020). These rates are twofold as high among women living in high-income countries (67 percent and 60 percent, respectively) associated to women living in low-income countries (34 percent and 29 percent, respectively) a result of differences in access to, availability of, and demand for modern methods of contraception.

Aim: the purpose of this study was to assess the knowledge, practice and attitude family planning among women attending Kibogora health center.

Research methodology: this research was used quantitative Research approaches and cross section study as descriptive research Design and it was used micro soft Excel to analyse the data on our research.

Results: revealed that 61.5% respondents had knowledge of family planning methods and 71.5% adopted family planning methods and 98% of the participants had knowledge about family planning and 86% of them had heard about contraceptives. In their study only 2% had no adequate knowledge on family planning and 58.8% had favourable attitude and 50.4% had good practice to wards family planning on different parameters assessed, urban residents were more likely to use family planning methods (71.4%) than their rural counterparts (28.1%).

Recommendation: Health worker providers are recommended to acquaint women with the basic knowledge about family planning and its complication. They are also recommended to continue updating their skills and knowledge regarding the family planning and contraceptive methods.

DEDICATION

We dedicate this work firstly to the Almighty God, and indeed and lectures, we dedicate this also to families and friends.

MUKANTWARI Vestine

&

MUGISHA Marie Grace

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Sincerely, we really thank God for his blessings, guidance and protection along this study. The special and deepest thanks go to the government of Rwanda, for the contribution in the promotion of Rwandan education. Much appreciation goes to the authorities of KIBOGORA POLYTECHNIC for their great contribution towards our academic pathways. We acknowledge the founders of the institution; the dean and lectures of nursing sciences faculty for the devotion and anyone who offered us service during our stay in KIBOGORA POLYTECHNIC. Also our gratitude goes to the management of KIBOGORA health center and patients for the hospitality during the data collection of our research project. It is our pleasure to acknowledge the wondrous assistance and advice rendered by Mr. Adrien Chris KANAKUZE, the supervisor. We would also like to thank other unmentioned people who have contributed anyhow to the accomplishment of this research in one way or another.

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CHAPTER 1. GENERAL INTRODUCTION

1.0 Introduction

This chapter presents the background of the study, problem statements, Research Objectives and Specific objectives, research questions, significance of the study, limitations of the study and scopes of the study.

1.1. Background of the study

Family planning is the capacity of individuals and couples to forestall and attain their desired number of children and the positioning and timing of their births (Gonie et al., 2018). Globally, 62 percent of married women ages 15 to 49 use a traditional technique of family planning and 56 percent use a modern method (Mustafa et al., 2020). Examples of modern methods include the intrauterine devices, pill, condoms, implants, injectables, and sterilization (Richters et al., 2021). These rates are twofold as high among women living in high-income countries (67 percent and 60 percent, respectively) associated to women living in low-income countries (34 percent and 29 percent, respectively) a result of differences in access to, availability of, and demand for modern methods of contraception. At a country level, use of any method of family planning among married women can show a discrepancy significantly, ranging from 4 percent (South Sudan) to 88 percent (Norway) (Audet & Moreau, 2015).

The occurrence of contraceptive use has risen evidently over the decades. The latest United Nations review, using surveys that cover 85% of the developing world's population, shows that nearly all of the less developed countries with leaning data experienced a rise in the level of contraceptive use. (Bongaarts et al., 2021). Over an average period of 9.5 years, use amplified by at least one percentage point per year, or 10 points per decade, in more than two-thirds of the countries and by two points or more annually in 11% of the countries. By region, the UN's medium estimation is highest for East Asia (83% of couples using a method), trailed by Latin America and the Caribbean (66%), other Asian regions (44%), northern Africa (42%) and Sub-Saharan Africa (14%) (Singh et al., 2020).

The current study of DHS published in 2021 indicates that overall, 64% of currently married women use a method of family planning, with 58% using a modern method and 6% using a traditional method. Among currently married women, the most popular methods are implants

(27%), injectable (15%) and pill (7%). The contraceptive prevalence rate (CPR) among married women varies with age, rising from 53% among women age 15-19 to a peak of 70% among women age 30-34 before declining to 46% among women age 45-49 (Cleland et al., 2020).

Rwanda is one of the family planning accomplishment stories of fresh history. Among sexually active unmarried women, 36 percent are presently using a contraceptive method; most of them (35%) are using a modern method. Women in country side areas are slightly more likely to use a contraceptive method than women in urban areas (65% and 61%, respectively). Use of contraception is uppermost among currently married women in the North province (69%) and the East province (66%) and lowest among those in Kigali (61%). Use of contraception does not have a linear association with educational accomplishment and is highest among those with a primary education (67%). Women in the highest prosperity quintile are less likely to use a method of contraception than those in the lowest-fourth quintiles (59% versus 64%-67%) (Jacobstein, 2021).

Pregnancy is by choice not by chance, when women can plan her family she can plan her life. She can follow more education, seek and preserve better jobs and contribute more to her family, her country and to global prosperity. As they became better-off economically, her children receive better education, and the advantage carry over well into future cohort (Settersten & Ray, 2020).

2.1. Problem statement

in Asia it has risen marginally from 60.9% to 61.8%, and in Latin America and the Caribbean it has continued stable at 66.7% (WHO, 2017). In the study of Bitzer and Simon (2021) they found a high rise in population worldwide that result mostly in unrestrained birth especially in rural area. However, it is observed that female have insufficient information on family planning practice that rise a problem in increasing uncontrolled pregnancy and neglect anticipation measures to eradicate the problem (Blumenthal et al., 2021).

In Rwanda has made important strides in enlightening the health of its people, including cumulative access to and use of family planning. Contraceptive use has increased from 17% to 53% in one decade, from 2005 to 2015. Worldwide, use of modern contraception has increased slightly, from 54% in 1990 to 57.4% in 2015. Locally, the proportion of women aged 15–49

reporting usage of a modern contraceptive method has climbed minimally between 2008 and 2015. In Africa it went from 23.6% to 28.5%.

In kibogora health Center Family planing is low on 30% leads to largest number of children was born, many family around Kibogora health center does not have enough information on family planning how to use it hence standard of living is low in nyamaskeke district, different research does not thought about the assessment of knowledge, attutides practice for use of family planning among women attending Kibogora Health Center,hence it is the reason why for discussing on assessment of knowledge, attutides practice for use of family planning among women attending Kibogora Health Center.

1.3. Objectives

1.3.1. General objectives

The general objective of this study was to assess the knowledge, practice and attitude family planning among women attending Kibogora health center.

1.3.2. Specific objectives

- i. To assess the knowledge of women attending Kibogora health center for use of family planning .
- ii. To describe women's practice for family planning utilization among by women attending Kibogora health center.
- iii. To identify women's attitude for family planning utilization among by women attending Kibogora health center.

1.4. Research questions

- i. How is the knowledge for family planning utilization of women attending Kibogora health center?
- ii. What are the women's practice regarding family planning utilization among by women attending Kibogora health center?
- iv. What are the women's attitude for family planning utilization among by women attending Kibogora health center?

1.5. Research hypotheses

- i. There could be knowledge for family planning use in women attending Kibogora health center.
- ii. There could be women's practices and attitudes for family planning utilization among by women attending Kibogora health center.
- iii. There could be women's attitude for family planning utilization among by women attending Kibogora health center.

1.6. Significance of the study

1.6.1. Personal interest

As searchers from nursing sciences, the present study helped to increase knowledge regarding family planning. Moreover, researchers were enhanced to provide advices to women attending Kibogora health center about family planning program, for their better life.

1.6.2. Scientific interest

The findings from the present study will be used by other researchers who will need to conduct study related to this.

1.6.3. Social interest

The society will profit from the present study where findings will be used to improve the quality of public health in women. The results from the present study will help the authorities to plan in order to increase the number of women up taking family planning. It will improve the health status of human society in general, especially women in reproductive ages.

1.7. Scope of the study

1.7.1. In domain

In domain the present study focused in the field of medical nursing, specifically in the department of family planning.

1.7.2. In time

This study is limited in the period of two months: from January to February 2022

1.7.3. In space

In space this study has been carried out in Kibogora health center. It is located in Western province, Nyamasheke district, Kanjongo sector.

1.8. Report outline

This research project complies five chapters;

The first is general introduction that deals about main ideas related the research,

The second is the literature review that provided general information related the topic of family planning.

The third focuses on the methodology that was used along the research

The fourth is results and discussion, where the results were analysed and discussed.

And the fifth chapter contains the conclusions and recommendations which are also addressed to various agents in connection to the field and findings of this research.

CHAPTER 2. LITERATURE REVIEW

2.1. Introduction

Family planning is the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births (Connolly et al., 2020). It is achieved through use of contraceptive methods and the treatment of involuntary infertility (DeMaria et al., 2019). Family planning may involve consideration of the number of children a woman wishes to have, including the choice to have no children and the age at which she wishes to have them. These matters are influenced by external factors such as marital situation, career considerations, financial position, and any disabilities that may affect their ability to have children and raise them. If sexually active, family planning may involve the use of contraception and other techniques to control the timing of reproduction (Sultan, 2021).

2.2. Theoretical literature for family planning

2.2.1. Overview for family planning

Family planning has been of practice since the 16th century by the people of Djenné in West Africa. Physicians advised women to space their children, having them every three years rather than too many and too quickly (Akhtar et al., 2021). Other aspects of family planning include sex education, prevention and management of sexually transmitted infections, pre-conception counselling and management, and infertility management. Family planning, as defined by the United Nations and the World Health Organization, encompasses services leading up to conception. Abortion is not a component of family planning, although access to contraception and family planning reduces the desire for abortion (Moses et al., 2021).

2.2.2. Different methods of contraception

There are many types of contraception that are used. One type of contraceptive methods is long-acting reversible contraception including methods like Intrauterine devices and contraceptive implants (Lynch et al., 2019; Pharoah et al., 2018). Other type of contraception is hormonal contraception (Stonehill et al., 2020; Delvaux & Nöstlinger, 2020). Barrier methods are other types of contraception which are designed to prevent sperm from entering the uterus (Bahamondes & Bahamondes, 2020). Fertility awareness (FA) refers to a set of practices used to determine the fertile and infertile phases of a woman's menstrual cycle (Hubacher et al., 2017). Other type of contraception are Natural contraceptive methods (Pace et al., 2020). Cervical

mucus monitoring is other method which rely on a woman monitoring change in her cervical mucus throughout the menstrual cycle (Lynch et al., 2019).

2.3. Empirical study for family planning

2.3.1. Global family planning perspective

Despite decades of progress in improving the delivery and availability of family planning services, high levels of unmet need for family planning still exist in many countries (Sylvia et al., 2021). This suggests that novel approaches are needed to extend access to family planning services to women and couples who desire to limit or space their childbearing but are not currently using contraceptives (Barham et al. 2021). Although integration may seem logical, the results of efforts to integrate child or primary health care services with other services suggest that integration presents many logistic challenges and that caution is advisable (Cleland et al., 2020).

2.3.2. The knowledge for family planning use of women

A study conducted by Moses et al. (2021) to find out the reasons for not practicing contraception or factors for discontinuation of contraceptive methods among ever married women aged 15-49 years in Dehradun district. Connolly et al. (2020) revealed that the awareness level of different methods of family planning was significantly high in upper-middle socioeconomic group than low socio economic group. Gomez et al., (2019) assessed the knowledge, attitude and practice of contraception among the college students. Most students thought contraceptives were to be used to prevent unwanted pregnancy (35%) and for birth spacing (30%).

2.3.3. Women's practice and attitude for family planning utilization

The results of the study conducted by Rana and Goli (2021) showed that 42.3% of study participants had good knowledge, 58.8% had favorable attitude, and 50.4% had good practice towards family planning. This finding was lower than a study conducted in Jimma zone, Southwest Ethiopia, Sudan, Tanzania and another study done in Rohtak district, India conducted by Cahill et al. (2018). The difference may be due to; studies done in Jimma zone, Sudan, Tanzania and Rohtak district involve only those coupled/married women. Married women might have good knowledge and attitude for practicing family planning. But in the study of Muttreja and Singh (2018) all women of reproductive age group regardless of their marital status were studied and this may lower their knowledge and attitude.

CHAPTER 3: METHODOLOGY

3.0. Introduction

This chapter was consist of research approaches and design, target population, sampling procedures and sample size, data collection tools and procedures, data analysis and reliability and validity measures.

3.1 Study setting

This study was conducted at Kibogora health center located in western Province of Rwanda, Nyamashake District, and Kanjongo Sector, Kibogora cell, Nyagacaca village. It the health center attended by the range of 100 to 180 patients per month. It has 13 nurses and 1 midwife and other 13 supporting stuff. It has 23 beds.

3.2 Study design

The study used cross-sectional study design with quantitative methodological approach from family planning users who attended Kibogora health center in the period of data collection. The design was estimated fitting for the purpose of addressing the knowledge and practice regarding family planning.

3.3 Study population

The study included all women attending family planning service at Kibogora health center who met the inclusion criteria from January to February, 2022. The sample size of the study was determined basing on exclusion and inclusion criteria.

3.4 Inclusion and exclusion criteria

The study included all women attending family planning service and they were selected as study participant. Women who did wanted to participate in the study were excluded in the study.

3.5. Sample size

The sample size was calculated using the formula written below:

$$n = \frac{N}{1 + N(0.05)^2}$$

Where n is the sample size while N is the study population. The population size used in the present study were 293 women. So the sample size was calculated as follow

$$n = \frac{293}{1 + 293(0.05)^2}$$

So the sample size used was 169 women.

3.6. Sampling strategy

Purposive sampling strategy was used while selecting the participants of the study. Basing on the inclusion and exclusion criteria, study participants were chosen accordingly from those who allowed to participate.

3.7. Data Collection

Data was collected face-to-face with a self-administered questionnaire with a concern of protective measures of ministry of health of prevention of COVID 19. The questionnaire was assessing the following four categories: Socio-demographic characteristics of participants, the knowledge for family planning utilization of women attending Kibogora health center and the women's practice regarding family planning utilization among by women attending Kibogora health center. The questionnaires were filled by each subject in the presence of the researcher. Filling of the questionnaire required less than ten minutes. The presence of the researcher ensured that the subjects answered all the questions on the tool and that responses turnover were 100%.

3.8. Data management

Confidentiality and social ethical principle were ensured for the recorded data. Data recorded was used for the academic purpose.

3.9. Data analysis

Before doing the analysis, the entire data was cross checked for reliability and completeness on the collected hard copy data and soft copy of the entered data. Collected data was recorded in excel data sheet and was analysed using descriptive statistical analysis approach with Microsoft excel and SPSS version 24. The presentation of results was done using tables.

3.10. Reliability and validity measures

Pretesting of the questionnaire was done to estimate the reliability and validity of the questionnaires. Questionnaires were distributed in 12 women who attend family planning

services at Kibuye health center. The validity of data collection instrument was measured by using content validity index (CVI) and the validity efficiency was calculated. CVI is calculated by taking the total number of valid items over the total number of items.

$$CVI = \frac{R}{R + IR}$$

Where, R: relevant questions and IR: irrelevant questions.

From the responses of the participants, the relevant questions were 10 and the irrelevant questions were 2. So CVI was calculated as follow;

$$CVI = \frac{10}{10 + 2}$$

So the CVI was found to be 0.83. The instrument was certified once the CVI is above 0.75. so the instrument was certified because the CVI was greater than 0.75.

Table 1: Legend Cronbach's Test of Reliability

Cronbach's Alpha	Internal consistency
$\alpha \geq 0.9$	Excellent
$0.8 \leq \alpha < 0.9$	Good
$0.7 \leq \alpha < 0.8$	Acceptable
$0.6 \leq \alpha < 0.7$	Questionable
$0.5 \leq \alpha < 0.6$	Poor
$\alpha < 0.5$	Unacceptable

The Cronbach's alpha was calculated to perform the reliability test using Statistical Package for the Social Sciences (SPSS) version 24. The number of items was 12 and Cronbach's alpha was found to be equals to 0.86. According to legend Cronbach's test of reliability this value indicate that the instrument was good as the value obtained is between 0.8 and 0.9.

3.11. Ethical consideration

Official letter written by the administration of KIBOGORA POLYTECHNIC with the research proposal with allowance to carry on the research in different departments of Kibogora health center were presented. Finally, the study was guided by the need for confidentiality and respect for ethical principles, all information records and data collected was kept safely.

CHAPTER 4. RESULTS

4.1. Socio-demographic characteristics of the participants

In the present study the socio-demographic characteristics of the study participants was determined basing on the age, marital status, Education level and occupation. The socio-demographic characteristics of the participants is summarised in table 2.

Table 2: Socio-demographic characteristics of the participants

	Educational level	Frequency	Percentage
Distribution of respondents according to their educational level	Illiterate	7	4.14
	Primary level	34	20.12
	Secondary level	91	53.85
	University level	37	21.89
	Total	169	100
Distribution of respondents according to their occupation	Farmer	98	57.99
	House wife	23	13.61
	Salaried	48	28.40
	Total	169	100
Distribution of the study participants according to their age	Under 20	23	13.61
	20-25	51	30.18
	26-29	74	43.79
	Over 30	21	12.43
	Total	169	100

The ages of the respondents were considered while studying the demography of the participants. Women who are in the range of 26 to 29 years old were many compared to other age group at the frequency of 74 (43.79%) followed by those who are between 20 to 25 old of age who have the distribution of 51 (30.18%). The participants who were above 30 years of age were few in

number compared to others at the frequency of 21 (12.43%). The study participants who were below 20 years old were at the distribution of 23 (13.61%).

While conducting data in the present study, the study participants were required to fill their level of education. Most of the participants had secondary level of education at the frequency of 91 (53.85%) followed by those who have university level of education at the frequency of 37 (21.89%). Illiterate people were few in number compared to others because there at the frequency of 7 (4.14%). Participants who have primary level of education were at the frequency of 34 (20.12%). The distribution of the study participants basing on their occupation was also considered during while collecting data. Most of the participants were farmers at the frequency of 98 (57.99%). House wife were few considered with other occupation of the participants at the frequency of 23 (13.61%). Salaried participants were at the frequency of 48 (28.40%).

4.2. Knowledge about family planning utilization of women attending Kibogora health center

In the present study knowledge concerning family planning among women attending Kibogora health center was assessed. Table 3 summarises the knowledge about the use of family planning among women attending Kibogora health center.

Table 3: Knowledge about family planning utilization of women attending Kibogora health center

	Yes		No		Do not know	
	N	%	N	%	N	%
Have heard about family planning	159	94.1	10	5.9	0	0.0
Can mention at least three contraceptive methods	94	55.6	64	37.9	11	6.5
Agree that couple should space their child birth	98	58.0	54	32.0	17	10.1
Agree that couples should limit the number of their child birth	84	49.7	62	36.7	23	13.6
Contraceptive methods prevent sexual transmitted diseases	30	17.8	61	36.1	78	46.2
It is important that a contraceptive method must be natural	74	43.8	45	26.6	50	29.6
A wife is more prominent to use contraception than a husband	89	52.7	40	23.7	40	23.7
Contraception needs to be private	89	52.7	25	14.8	55	32.5
Contraception method is easy and can be stopped at any moment	81	47.9	24	14.2	64	37.9
Would advise all women to use contraception	105	62.1	48	28.4	16	9.5

Among the study participants 159 (94.1%) agreed to have heard about family planning while the rest disagreed. 94 (55.6%) of the respondents agreed that they can mention at least three contraceptive methods. For the statement that couples should space their child birth, 98 (58%) agreed with the statement, 54 (32%) disagreed while the rest 17 (10.1%) had no idea about that.

Most of the participants agreed that couple should limit the number of their child birth at the frequency of 84 (49.7%), 62 (36.7%) disagreed while 23 (13.6%) had no idea. 46.2% of the study participants had no idea on the statement that contraceptive methods prevent sexual transmitted diseases, 61 (36.1%) disagreed with the statement while only 30 (17.8%) agreed. About the statement that contraceptive method must be natural, 74 (43.8%) of the respondents agreed, 45 (26.6%) disagreed and 50 (29.6%) said they do not know.

Many from the study participants agreed that a wife is more prominent to use contraception than a husband at the distribution of 89 (52.7%). 89 (52.7%) wished that contraceptive methods should be private, 25 (14.8%) disagreed while the rest 55 (32.5%) had no problem with any way. 81 (47.9%) of the participants knew that contraception method is easy and can be stopped at any moment, 24 (14.8%) disagreed with the statement while 64 (37.9%) had no idea about that. Most of the participants would advise all women to use contraception at the frequency of 105 (62.1%), 48 (28.4) would not and 16 (9.5%) had no idea about that.

4.3. Attitude and practice regarding family planning utilization among women attending Kibogora health center

Attitude and practice regarding family planning among the study participants were assessed. The summary of the responses from the respondents are summarised in table 4.

Table 4: Attitude and practice regarding family planning utilization among women attending Kibogora health center

	Yes		No		Don't Know	
	N	%	N	%	N	%
Have ever used any method of contraception	112	66.3	57	33.7	0	0.0
Have changed contraception from one method to another	40	23.7	72	42.6	57	33.7
Have met some side effects in time using contraception	64	37.9	48	28.4	57	33.7
Have husband use any durable contraceptive method	52	30.8	82	48.5	35	20.7
Husband help or support in contraception decisions	84	49.7	72	42.6	13	7.7
Receive contraceptive services easily	94	55.6	51	30.2	24	14.2
Is their importance of family planning	97	57.4	21	12.4	51	30.2

Among the 169 total participants of the study, 112 (66.3%) had had ever used any method of contraception while the rest 57 (33.7%) had not. 40 (23.7%) of them have had changed contraception from one method to another, 72 (42.6%) had not, and 57 (33.7%) had no idea. 64 (37.9%) participants said to have met some side effects in time they were using contraception, 48 (28.4%) had not while the rest 57 (33.7%) were not sure. 52 (30.8%) agreed to have husband who had used any durable contraceptive method, 82 (48.5%) disagreed and 35 (20.7%) had no idea about that. Considering the statement that husband help or support women in contraception decisions, 84 (49.7%) agreed, 72 (42.6%) disagreed with the statement while 13 (7.7%) were not sure about the statement. The study participants were asked if they receive contraceptive services easily and 94 (55.6%) of them responded yes 51 (30.2%) said they don't receive service easily and 24 (14.2%) were not sure.

CHAPTER 5. DISCUSSION

5.1. Knowledge about family planning utilization of women attending Kibogora health center

The present study assessed the knowledge about family planning utilization of women attending Kibogora health center as summarised in table 3. The findings of the present study are in line with those of Connolly et al. (2020). In their study they focused on the awareness level of different techniques adopted for family planning. Their results revealed that the awareness level of family planning was significantly high in upper-middle socioeconomic group than low socioeconomic group.

The finding of the current study can also be related with the study of Bitzer and Simon (2021) that revealed that 61.5% respondents had knowledge of family planning methods and 71.5% adopted family planning methods. Gomez et al. (2019) also assessed the knowledge, attitude and practice of contraception among the college students. 98% of the participants had knowledge about family planning and 86% of them had heard about contraceptives. In their study only 2% had no adequate knowledge on family planning.

The findings of the study conducted by Ajong et al. (2016) are in line with the findings of the present study. In their study, they conducted a cross sectional community based study from in the period of two months, targeting women of childbearing age. The knowledge of women of gestation in the Biyem-Assi Health District was relatively high but still insufficient. The proportion of contraceptive non users who have no desire of approving any contraceptive method in future is still excessively high.

Another study related to the present one was published by Birabwa et al. (2021) in journal called *Frontiers in Global Women's Health*. In their study they used a cross-sectional study design, they interviewed 626 women aged 15–49 years living in informal settlements of Kira municipality, selected through multistage sampling. Using a standard questionnaire, data was collected on socioeconomic characteristics, knowledge of family planning methods, and access to media family planning messages among others. Their study revealed that nearly all women in the survey were aware of FP methods. Differently from the present study, the use of any

contraceptive was found among 42.7% of respondents. There is high general awareness about FP methods and media exposure, but method use was low.

5.2. Attitude and practice regarding family planning utilization among women attending Kibogora health center

To achieve the second object of the present study, attitudes and practices regarding family planning utilization were assessed (Table 4). The findings of the current study are related with the results of the study conducted by Rana and Goli, (2021). Their study showed that 58.8% had favourable attitude and 50.4% had good practice towards family planning on different parameters assessed.

The findings of the present study are contradicted with those of Cahill et al. (2018) that took place in Jimma zone, Southwest Ethiopia, Sudan and Tanzania that revealed low level of attitude and practice of family planning among women attending family planning services. The difference with these studies may be caused by the population assessed were in rural regions and their countries has not focused a lot in educating their people about family planning while people in the region assessed in the present study had some ways they gain information on the family planning.

Other related study was conducted by Barham et al. (2021). In their study, urban residents were more likely to use family planning methods (71.4%) than their rural counterparts (28.1%). This finding was in line with the findings from Ethiopian Demographic Health Survey (EDHS). In the present study the people who participated in the study were located in the rural region which brings difference with the above studies. This might be due to the reason that urban residents are more aware of family planning and hence practicing better.

Like in the present study, the study of Barham et al. (2021) has also found that women who completed primary & secondary education were practicing family planning than those who were uneducated (77.1% and 20.6%) respectively. The same findings were also found in the study done in Jimma, Ethiopia. This might be due to the fact that women who were able to read and write would think in which FP activities are useful to be economically, self-sufficient and more likely to acquire greater confidence and personal control in marital relationships including the discussion of family size and contraceptive use.

CHAPTER 6. CONCLUSION AND RECOMMENDATION

6.1. Conclusion

As family planning is one of the services needed to be accessed by many of women who to control their birth, the present study was conducted to assess the knowledge, attitude and practice on among women attending Kibogora health center. Many of the participants who attended the study were in the range between 26-29 years old, many had secondary school level of education and farmers were many compared to other. The study revealed elevated knowledge on the family planning among women attending Kibogora health center. Attitude and practice regarding family planning utilization among women attending Kibogora health center were revealed to be elevated basing on the study findings.

6.2. Recommendations

Basing on the findings of the present study, it is recommended to:

6.2.1. Kibogora health center

In this regard more adapted education and counseling interventions should be undertaken among women, and family planning messages directed to men need to be included to. As the present study revealed some participants who are not satisfied by the service given to them, it is recommended to improve the quality of service provided. The health center is recommended to help primary healthcare providers to enhance knowledge and skills continuously.

6.2.2. Health worker providers

Health worker providers are recommended to acquaint women with the basic knowledge about family planning and its complication. They are also recommended to continue updating their skills and knowledge regarding the family planning and contraceptive methods.

6.2.3. Women in reproductive age

They are recommended to dare ask any question related to challenges they face in family planning program and attend any meeting aiming in their health promotion. They are requested to consult the health care providers in case of any complication during family planning program. They are also recommended to follow health presentations to the media like radio, newspapers and TV shows about health promotion on family planning.

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APPENDICES

QUESTIONNAIRE

Instructions

This questionnaire comprises two sections and it has been only designed for research purpose. Below you are given some questions, please provide your most appropriate answer by ticking in the appropriate box and filling in the provided space.

SECTION I: DEMOGRAPHIC INFORMATION

1. Sex: Female Male
2. Marital status: Single Married Divorced Widow
3. Number of children
4. Age:
5. Occupation.....
6. Education.....

SECTION II: PATIENT’S KNOWLEDGE CONCERNING FAMILY PLANNING

Yes/No / don’t know: For each statement, please tick where appropriate for your best answer.

	Yes	No	Don’t Know
1. Have you ever heard about family planning?			
3 Can you mention at least three contraceptive methods?			
3. Do you found it acceptable that a couple should space their child birth?			
4. Do you found it acceptable that a couple should limit the number of their child birth?			
5. Can any contraceptive method prevent sexual transmitted diseases?			
6. Is it important that a contraceptive method must be natural?			
7. For a couple of a wife and a husband, a wife is more prominent to use contraception than a husband?			
8. Do you think it is that contraception needs to be private, no one have to know that you use a contraceptive method			
9. Do you think that contraception method is easy and can be stopped at any moment?			
10. If possible, would you advice all women to use contraception?			

SECTION III: PATIENT'S PRACTICE CONCERNING FAMILY PLANNING

Multiple Choice questions: True/False / don't know: For each statement, please tick where appropriate for your best answer.

	Yes	No	Don't Know
1. Have you ever used any method of contraception?			
2. Have you changed your contraception from one method to another?			
3. Have you met some side effects in your time using contraception?			
4. Does your husband use any durable contraceptive method?			
5. Does your husband help you or support you in your contraception decisions?			
6. Do you receive contraceptive services easily?			
7. Is their importance of family planning to you?			

Thanks for your participation!

KINYARWANDA FORMAT

Bafatanyabikorwa,

Amazina yacu ni **MUKANTWARI Vestine** na **MUGISHA Marie Grace**, turi abanyeshuli biga muri kaminuza ya Kibogora polytechniques, tukaba turi gusoza icyiciro cya kabiri cya kaminuza mu ishami ry'ubuforomo. Ubu bushakashatsi bukaba ari bimwe mu byo dusabwa kugirango tubona iyo mpamyabumenyi.

Turi gukora ubushakashatsi mu **kureba ubumenyi bufitwe nababyeyi bivuriza ku kigo nderabuzima cya Kibogora kuri gahunda yo kuboneza urubyaro ndetse no kureba uburyo iyo gahunda yitabirwa.**

Turagusaba gufatanya natwe muri ubu bushakashatsi, amakuru utanga arafatwa mu buryo bwibanga kandi ibizavamo bizifashishwa muri gahunda zo kuboneza urubyaro.

Nitwebwe ubwacu tuzikusanyiriza amakuru mu buryo bw'ibanga kandi bizajya bitwara iminota hagati 25 na 30. Turagusezeranyako imyirondoro yawe ari ibanga.

AMASEZERANO Y'UMUFATANYABIKORWA

Nasomye neza amabwiriza yubushakashatsi kandi ku bushake bwanjye nifuje gufatanya namwe muri kino gikorwa;

Umukono wumubyeyi..... ITARIKI.....

Umukono w'umushakashatsi..... ITARIKI.....

A. IBIBAZO

Amabwiriza

Amazina ntagomba kugaragara ku rupapuro rw'ibibazo, harifashishwa kode.

Ibibazo birimo ibyiciro bibiri kandi byose bigenewe ubu ushakashatsi.

Urashyira akamenyetso ka V ahabugenewe.

ICYICIRO CYA I: IRANGAMIMERERE

1. IGITSINA: GORE GABO
2. INGARAGU YUBATSE YATANDUKANYE NUMUFASHA
UMUPFAKAZI
3. IGIHE YAVUKIYE.....
4. ICYO AKORA.....
5. AMASHULI YIZE.....

ICYICIRO CYA II: UBUMENYI KU KUBONEZA URUBYARO

SUBIZA MU KAZU KA YEGO Cg OYA/ NTABYO NZI: KURI BURI KIBAZO

	yego	oya	Ntabyo nzi
Waba warigeze wumva ibijyanye no kuboneza urubyaro			
Hari uburyo burenze butatu bwo kuboneza urubyaro waba uzi			
Ubona aribyo ko abashakanya basiga umwanya hagati ya buri mbyaro			
Ubona aribyo ko abashakanya baganira ku mubare wimbyaro bazabyara			
Hari uburyo bwo kuboneza urubyaro burinda indwara zandurira mu mibonano mpuzabitsina			
Ningombwa ko uburyo bwo kuboneza urubyaro bukwiye kuba uburyo bwa kamere			
Mu bashakanye uburyo bwo kuboneza urubyaro bureba umugore gusa			
Uburyo bwo kuboneza urubyaro bukwiye kuba ibanga rya nyiri ubwite, singombwa ko inshuti zibimenya			
Kuboneza urubyaro ntibigoye igihe cyose ushakiye kubyara wabuhagarika			s
Ubishoboye washishikariza abagore bose kuboneza urubyaro			

ICYICIRO CYA III: GUKORESHA UBURYO BWO KUBONEZA URUBYARO

SUBIZA MU KAZU KA YEGO Cg OYA/ NTABYO NZI: KURI BURI KIBAZO

	yego	oya	Ntabyo nzi
Haruburyo bwo kuboneza urubyaro waba warigeze ukoresha			
Waba warigeze uhindura uburyo wakoreshaga mbere			
Hari ingaruka mbi waba waragize mu gihe wakoreshaga uburyo bwo kuboneza urubyaro			
Hari uburyo bwo kuboneza urubyaro umugabo wawe yigeze akoresha			
Umugabo wawe agushyigikira muri gahunda zo kuboneza urubyaro			
Serivisi yo kuboneza urubyaro uyibona ku buryo bworoshye			
Hari akamaro ubona mu kuboneza urubyaro			

Urakoze gufatanya natwe!