

Evaluation of Factors that Contribute to Low Utilization of Methods for Family Planning Among Adolescents at Adjumani Hospital, Adjumani District

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ABSTRACT

Globally, approximately 80 million unintended pregnancies worldwide are accounted for low utilization of family planning (FP) methods during adolescent and postpartum period. Young people's sexual and reproductive health affects their lives and the health of the global community. The purpose of this study was to find out factors that contribute to low utilization of Family Planning Methods among adolescents attending family planning clinic at Adjumani Hospital, Adjumani District. A cross-sectional and descriptive study which employed quantitative method of data collection was used for a period of four weeks and the study was conducted at Family Planning clinic in Adjumani Hospital. A purposive sampling method was used. Only 45 adolescent aged 12 to 20 years old attending Family Planning clinic freely assented/consented to participate in the study. The results showed 25 (56%) of the adolescent were of age range 18-20 years and 5 (11%) who were 12-14 years. 31 (69%) respondents agreed that their culture allowed the use of FP method. Only 14 (31%) participants said that their culture does not allow the use of family planning method and revealed that FP affects their fertility. They also said that the culture considered it as a crime in the community. Nearly 38 (84%) have ever visited family planning clinic while very few 7 (16%) have not visited, most 27 (71%) were attended by Nurse while only few 3 (8%) were attended by Doctor. The results from this study shows that respondents' family planning use conflict with their cultural/religious belief and majority claimed that family planning encourages cheating in relationship.

Keywords: Adolescents, Family Planning, fertility, condoms

INTRODUCTION

Family planning (FP) is the right of all couples or individual to decide freely and responsibly the number and spacing of their children and to have the information and means to do so [1-4]. Family planning permits individuals to influence the timing and the number of births which is likely to save lives of children by reducing unwanted pregnancies, injury, illness and deaths associated with child birth, abortions and sexually transmitted infections (STI) including Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS), syphilis [5-7].

According to World Health Organization (2014), defines the adolescents as the

transitional period from childhood to adulthood characterized by significant physiological, psychological and social. High-risk behaviors such as rape, poverty and unsafe sex in exchange for monetary incentives put adolescents at risk of unintended pregnancy and STI like HIV which affect their reproductive health [8]. Globally, approximately 80 million unintended pregnancies worldwide are accounted for low utilization of family planning methods during adolescent and postpartum period [9]. It is also estimated that 350 million couples worldwide lack access to the full range of modern FP methods [10-13]. In India, 55 million unintended pregnancies occur every year

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to women not using FP method; another 25 million occur due to incorrect or inconsistent use of FP method and method failure [14].

According to Population Reference Bureau report, over the past decade use of family planning among married women in West Africa has increased from 6.3% to 13.9% [15]. Kenisha [16], found in Ghana that 96% of respondents heard of FP, most named; injectable, oral contraceptive pills as FP method used and 48% used FP method in the past 1 year. Low FP methods utilization in Ghana were concerns about the side effects, religious/cultural reasons, and partner opposition [16].

The Demographic and Health Survey (DHS) of Uganda found that the overall Contraceptives prevalence rate in the country was 24%, with 18% Contraceptives prevalence rate for modern methods [9]. Studies conducted at the refugee settlements in northern Uganda to expand these programmes to the region have shown that male refugees were vehemently opposed to the use of FP, and many women adolescence used methods clandestinely [17].

The majority of sexually active adolescents are not using contraception in Adjumani [18]. This predisposes adolescents to a wide range of reproductive health problems which include STI including HIV/AIDS, teenage pregnancy, unsafe abortion practices and school dropouts among others [19-30]. This study therefore looks to find out factors contributing to low utilization of Family Planning Methods amongst adolescents attending family planning clinic at Adjumani Hospital, Adjumani District.

Problem statement

Young people's sexual and reproductive health affects their lives and the health of the global community worldwide [20-22]. Every year about 14 million young women give birth, among the adolescent and young girls living in the developing world; there are 2.7 million unintended pregnancies in South Central and Southeast Asia and 1.2 million in Latin America because of low FP use [22].

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In Africa, according to UNFPA reported that young people may hesitate to visit FP clinics due to lack of usual consent, inconvenience locations and hours, limited FP supplies and negative provider attitudes [4, 23]. Laws and policies also may restrict youth's access to information and services, by limiting FP services to married people and those over 16 years, or by requiring parental consent [24].

In East Africa over the past decade use of family planning among married women was 26% (PRB, 2008). Though FP in Uganda was found to be a major concern of community adults and adolescents; yet, at the same time, the community has low acceptance and limited range of options available. The unmet need for FP services in Uganda is currently 41% [9].

Despite this needs, in Adjumani district, still exist a gap in the FP method utilizations [30-43]. Even the FP use data in Adjumani Hospital, lacks proper information on adolescence utilization. This inspired the researcher to come up with the study to find out factors contributing to low utilization of Family Planning Methods amongst adolescents attending family planning clinic at Adjumani Hospital, Adjumani District.

Aim of the Study

The purpose of this study was to find out factors contributing to low utilization of Family Planning Methods amongst adolescents attending family planning clinic at Adjumani Hospital, Adjumani District.

Specific Objectives of the Study

- To determine the demographic factors contributing to low utilization of Family Planning Methods amongst adolescents attending family planning clinic at Adjumani Hospital, Adjumani District.
- To explore the cultural factors contributing to low utilization of Family Planning Methods amongst adolescents attending family planning clinic at Adjumani Hospital, Adjumani District.
- To access health related factors contributing to low utilization of Family Planning Methods amongst adolescents attending family

planning clinic at Adjumani Hospital, Adjumani District.

Research Questions

- What are the demographic factors contributing to low utilization of Family Planning Methods amongst adolescents attending family planning clinic at Adjumani Hospital, Adjumani District?
- What are the cultural factors contributing to low utilization of Family Planning Methods amongst adolescents attending family planning clinic at Adjumani Hospital, Adjumani District?
- What are the health related factors contributing to low utilization of Family Planning Methods amongst adolescents attending family planning clinic at Adjumani Hospital, Adjumani District?

Study Design and Rationale

The study was across-sectional and descriptive study which employed quantitative method of data collection for a period of two weeks. This study was considered because data collection was done at one point in time and the researcher would explain the factors contributing to low utilization of Family Planning methods amongst adolescents.

Study Setting and Rationale

The study was conducted at Family Planning clinic in Adjumani Hospital, Adjumani District. Adjumani Hospital is public hospital located in Adjumani District; the district is located in the West-Northern region of Uganda approximately, 650km from Kampala the capital city of Uganda. The district is surrounded by neighboring districts of Moyo in the North, Gulu in the South, Aura in the West and Amuru in the Eastern part. Adjumani Hospital is a centre of the referral in the district for 13 health centers with several villages and this location is chosen for convenience and accessibility.

The Adjumani Hospital has numbers of department/wards in its public wing that is surgical, medical, theatres, maternal and child health, psychiatric, laboratory,

Justification of the Study

Adolescent low utilization of family planning is still a global concern with unintended pregnancy being the risk for complications of pregnancy delivery than other women. Infants born to adolescent mother are also at risk. This study would help the Uganda MoH, Adjumani District Health Team, staff of Adjumani Hospital and other stake holders to identify gaps priorities and develop best measures that will improve the quality of care given to the adolescence which will reduce the risk of low utilization of family planning methods in the country.

The study will also create awareness among the health care providers on the dangers of providing effective methods of family planning to adolescent who are sexually active. The findings from the study can be used as a reference by other researchers who would like to carry out research on the similar topics.

METHODOLOGY

radiology, reproductive health, other special departmental unit offering different services which run in 24 hours and other diagnostic services including Human Immune Virus/Acquired Immunodeficiency syndrome (HIV/AIDS) counseling services. The hospital has maternal and child health clinic where Family planning services are offered and it includes family planning methods provided by a qualified 3 nurses, 2 medical clinical officers and a Doctor on daily basis from 8:00am to 5:00pm. The factors contributing to low utilization of Family Planning Methods amongst adolescents in this area, therefore was estimated to be 50% = 0.5, implying that, $my\ p = 0.5$

Sample Size

Where, N = Total number of adolescent aged 12 to 19 years old attending Family Planning clinic at Adjumani Hospital, Adjumani District.

According to the Adjumani Hospital (2016), November report on family planning register reported an average of 51 adolescent attended family planning clinic that month. Implying 45 respondents

Nf is sample size for study population < 10,000. This means sample size for the

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target population would be at 45 respondents (adolescent aged 12 to 19 years old attending Family Planning clinic at Adjumani Hospital, Adjumani District).

Sampling Procedure

The researcher used purposive sampling method. This sampling technique was chosen because of its applicability in the situation where the subjects with required features happen to be in few numbers.

Eligibility Criteria

Inclusion Criteria

The study considered only adolescent aged 12 to 19 years old attending Family Planning clinic at Adjumani Hospital, Adjumani District and those who would assent/consent voluntarily to participate in study during the time of interviews to make easy access of information within time range.

Exclusion Criteria

The study did not consider any adolescent aged below 12 to 19 years old attending Family Planning clinic at Adjumani Hospital, Adjumani District and those who would not assent/consent voluntarily to participate in study during the time of interviews for ethical issues.

Study Variables

Dependent Variable

Low utilization of Family Planning Methods amongst adolescents attending family planning clinic at Adjumani Hospital, Adjumani District

Independent Variables

Demographic factors contributing to low utilization of Family Planning Methods amongst adolescents attending family planning clinic at Adjumani Hospital, Adjumani District.

Cultural factors contributing to low utilization of Family Planning Methods amongst adolescents attending family planning clinic at Adjumani Hospital, Adjumani District.

Health related factors contributing to low utilization of Family Planning Methods amongst adolescents attending family planning clinic at Adjumani Hospital, Adjumani District.

Research Instruments

The semi-structured questionnaires written in English consisting of open and

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close ended questions were used to collect data on factors contributing to low utilization of Family Planning Methods amongst adolescents.

Data Collection Procedures

Data were collected using a self-administered and by interviewer administered questionnaire developed under supervision. Data would be collected in morning from 8:30am till mid-day. Interviewer administered questionnaire were used to collect from the respondent who did not understand English with the help of Researcher.

Data Management

All data collected from the questionnaires were kept confidential to avoid any reached by any unauthorized personnel except the principal researcher. This included data coding, data cleaning and data entry where the data would be divided into meaningful segments and assigned codes to ease the work during the analysis.

Data Analysis and Presentation

The quantitative data from the filled questionnaires would be compiled to check for the consistencies and coded by using Microsoft excel/word and analyzed using Statistical Package for Social Sciences (SPSS) version 18.0. They were presented on pie charts, graphs, frequency distribution tables, and simple narrations for interpretation, discussion, recommendation and conclusion

Ethical Considerations

Before the researcher went to collect the data, a proposal was submitted to the school for approval by Research committee of KIU- Western Campus, School of Nursing Science and a letter of introduction was obtained from the School administration. This letter was presented to the Medical Superintendent of Adjumani Hospital who gave permission for the research to be conducted. The study number, not names of respondents were used during data collection to conceal the identity of the respondents and the information got from them were kept confidential.

RESULTS

A total of 45 respondents/adolescent aged 12 to 19 years old attending Family Planning clinic at Adjumani Hospital, Adjumani District voluntarily

assent/consented to participate in this study, their responses were collected and presented as seen below.

Demographic Factors Contributing Low Utilization of Family Planning Methods amongst Adolescents

Table 1: Show demographic characteristics of the participants n=45

Description	Variables	Frequency (n)	Percentage/ (%)
Age range	12-14 years	5	11
	15-17 years	15	33
	18-19 years	25	56
	Total	45	100
Sex	Male	19	42
	Female	26	58
	Total	45	100
Religion	Protestants	8	18
	Catholics	24	53
	Muslim	10	22
	Others include Born again	3	7
	Total	45	100
Marital status	Single	17	38
	Married	20	44
	Cohabiting	4	9
	Others were separated	4	9
	Total	45	100
Educational level	Never gone to school	2	4
	Primary	22	49
	Secondary	14	31
	Tertiary/ University	7	16
	Total	45	100
Occupation	Employed	2	4
	Unemployed	43	96
	Total	45	100

Table 1 results show that out of 45 participants, a large proportion 25 (56%) were of age range 18-19 years compared to few 5 (11%) who were of age group 12-14 years.

A majority 26 (58%) of the participants were female while minority 19 (42%) were male respondents. On the same table 1 above findings indicates that, majority 24 (53%) of the participants were Catholics while minority 3 (7%) were other religion like Born again.

Results above show that, the highest proportion 20 (44%) of the participants were Married compared to lowest 4 (9%) who were Cohabiting and 4 (9%) were other kind of marital status like separated respectively.

Majority 22 (49%) of the participants had attained primary education while the minority 2 (4%) had never gone to school. Majority 43 (96%) of the participants were unemployed while the least 2 (4%) said that they were employed

The cultural factors contributing to low utilization of Family Planning Methods amongst adolescents

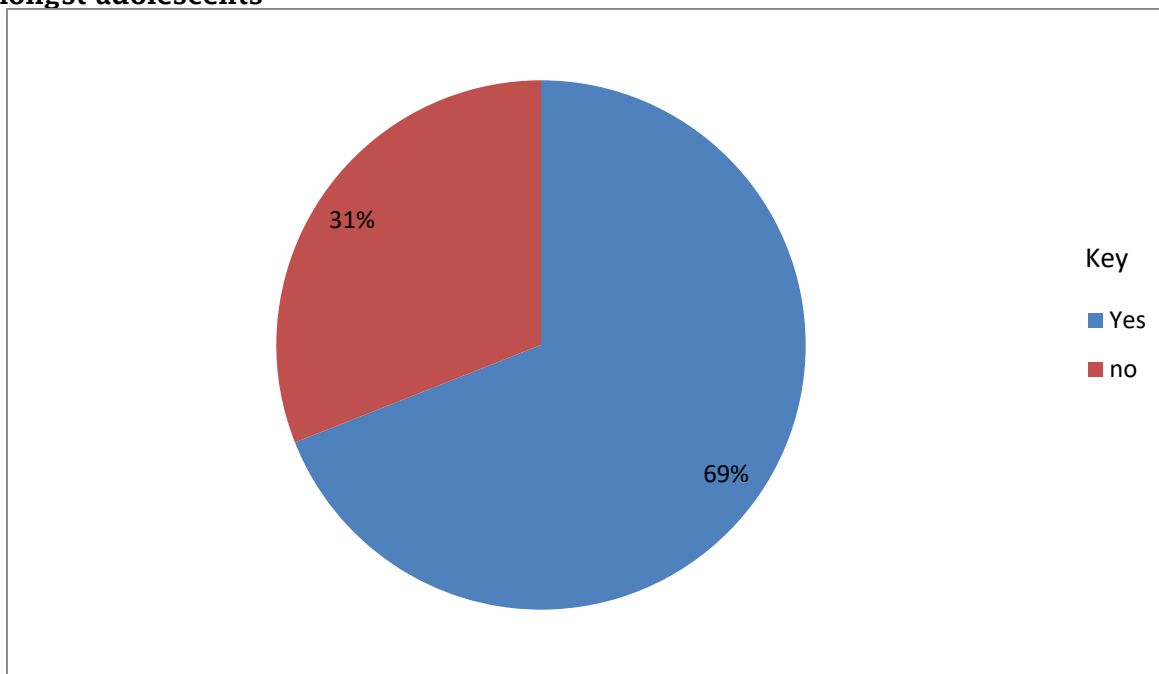


Figure 1: showing whether participant’s culture allow the use of family planning method. n=45

The findings on figure 1 show that out of 45 participants, a large proportion 31 (69%) participants their culture allow use of family planning method compared to only 14 (31%) whose culture does not allow use of family planning method.

Note: of only 14 (31%) participants whose culture does not allow use of family planning method revealed that family planning affects their fertility and said the culture considered it as a crime in the community.

Table 2: Showing whether participants have discussed about family planning use in adolescent stage and whom they discussed with. n=45

Description	Variable response	Frequency (n)	Percentage
Participants have ever discussed about the use of family planning	Yes	34	76%
	No	11	24%
	Total	45	100%
Whom have participant discussed about the use of family planning in adolescent stage	Mother	7	21%
	Friends	14	41%
	Health worker	10	29%
	Other (husband, sister)	3	9%
	Total	34	100%

Table 2 above, out of 45 respondents, majority 34 (76%) have ever discussed about the use of family planning in adolescent stage (Yes) meanwhile few participants 11 (24%) have never discussed

about the use of family planning in adolescent stage (No). Of the 34 participants who have ever discussed about the use of family planning in adolescent stage, a large proportion of

the participants 14 (41%) had discussed about the use of family planning in adolescent stage with the friends

Kiden meanwhile very few 3 (9%) had discussed with other people like the husband and or sister.

Table 3: Showing whether family planning use conflict with respondents cultural/religion belief and the reasons why it is so. n=45

Description	Variable response	Frequency (n)	Percentage
Whether the family planning use conflict with respondents cultural/religious belief	Yes	30	67%
	No	15	33%
	Total	45	100%
Reasons why the use of family planning conflict with cultural/religious belief	Encourage cheating in relationship	10	33.3%
	Want more children	10	33.3%
	Interferes with sexual intercourse	8	26.7%
	Other (sin)	2	6.7%
	Total	30	100%

Table 3 above, out of 45 respondents, majority 30 (67%) revealed that family planning use conflict with their cultural/religious belief meanwhile minority 15 (33%) revealed that family planning use does not conflict with their cultural/religious belief.

Of the 30 respondents who 30 (67%) who revealed that family planning use conflict

with their cultural/religious belief, majority 10 (33.3%) claimed that family planning encourage cheating in relationship and people want more children respectively meanwhile very few 2 (6.7%) were Others who believes it is a sin.

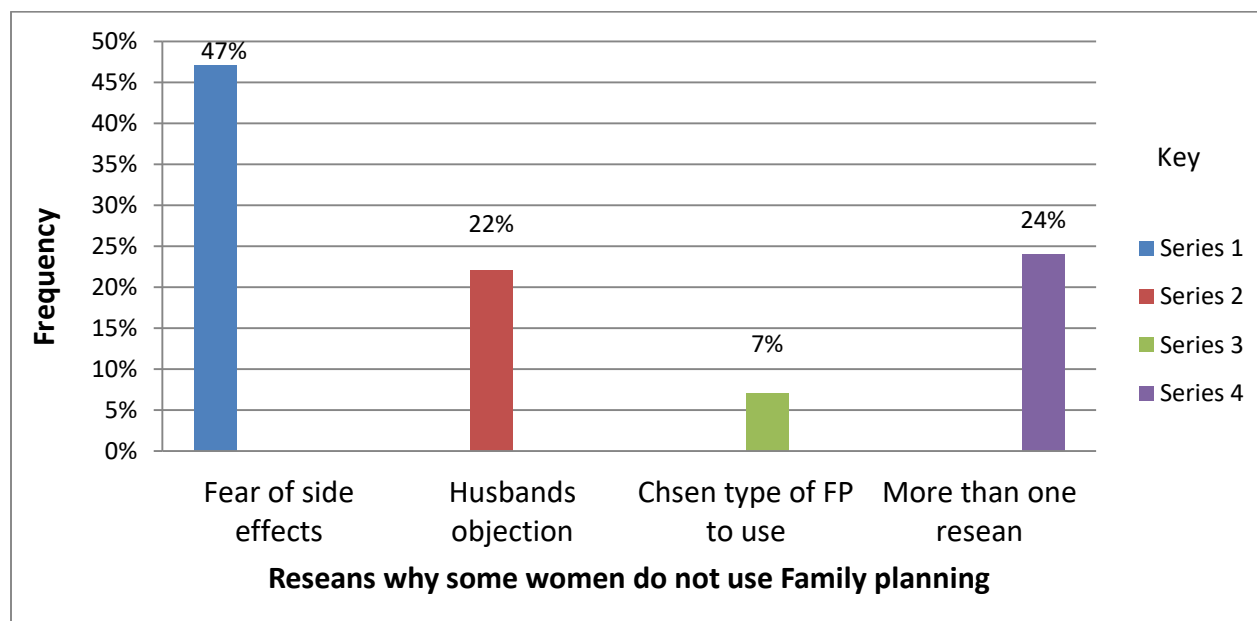


Figure 2: A graph showing general reasons why some women do not use family planning. (n=45)

Figure 2 above, out of 45 participant's majority 21 (47%) do not use family planning because of fear of side effects

while few3 (7%) said chosen type to use is rear.

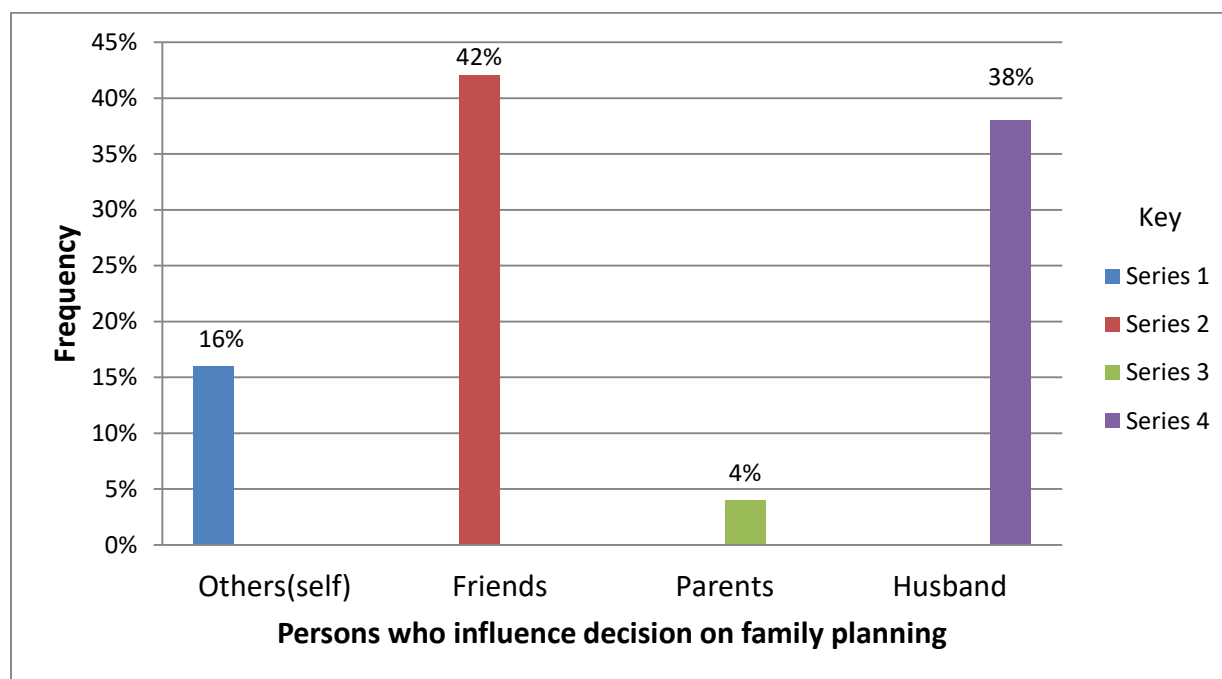


Figure 3: showing a person who influences decision on family planning. (n=45)

Figure 3 above, of 45 respondents, a majority 19 (42%) decision to use family planning are influence by friends while

very few 2 (4%) decisions are influence by their parent

Health Related Factors Contributing to Low Utilization of Family Planning Methods Amongst Adolescents.

Table 4: Showing whether participants have ever visited family planning clinic, health worker who attended to them and their attitudes. n=45

Description	Variable response	Frequency (n)	Percentage
Whether the participant ever visited family planning clinic	Yes	38	84%
	No	7	16%
	Total	45	100%
Health worker who attended to them	Doctor	3	8%
	Clinical officer	8	21%
	Nurse/midwife	27	71%
	Total	38	100%
Attitudes of the health worker on providing family planning services	Good	36	95%
	Bad	2	5%
	Total	38	100%

Out of 45 respondents on the table 4 above, a majority 38 (84%) have ever visited family planning clinic while very few 7 (16%) have not visited.

Out of 38 respondents who have ever visited family planning clinic, most 27 (71%) were attended by Nurse while only few 3 (8%) were attended by Doctor.

A large proportion who have ever visited family planning clinic said that attitudes of the health worker on providing family

Kiden planning services were good 36 (95%) while very few 2 (5%) respondents said were bad.

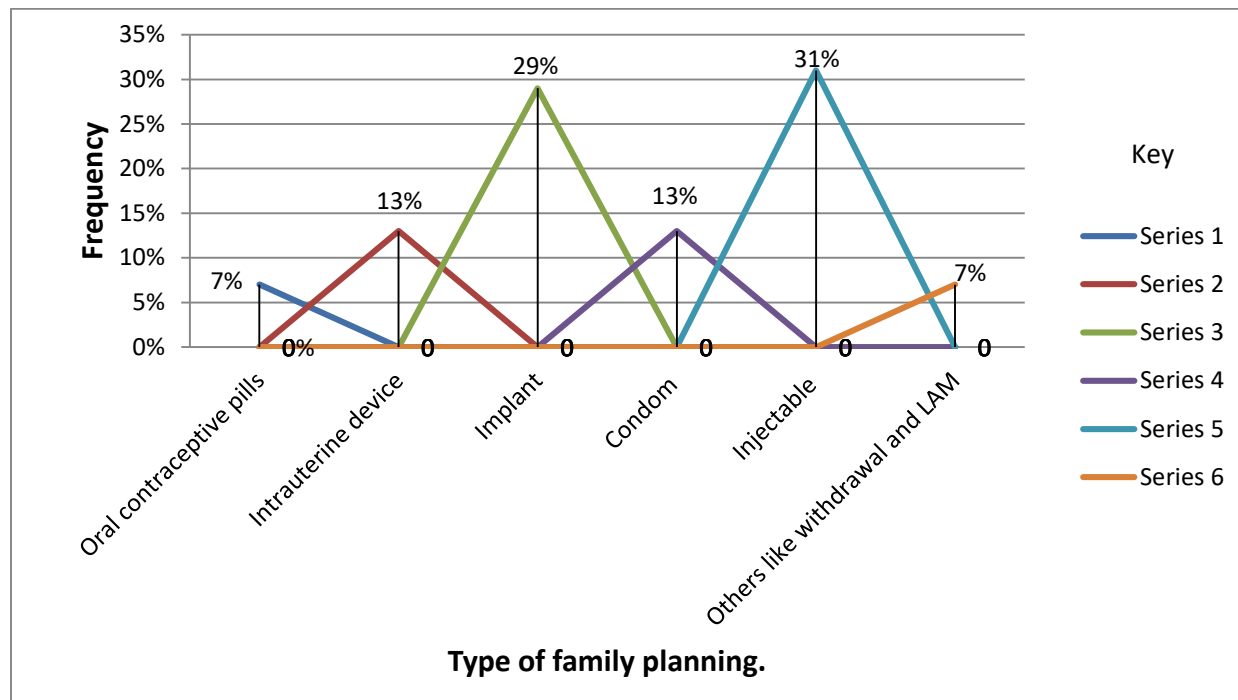


Figure 4: showing type of family planning the participants have heard about among adolescent. n=45.

On figure 4 above results revealed that a large proportion 14 (31%) of the respondents heard about injectable as type of family planning amongst the

adolescents while minority 3 (7%) of the respondents heard of oral contraceptive pill and others like withdrawal, lactation amenorrhea method (LAM) respectively.

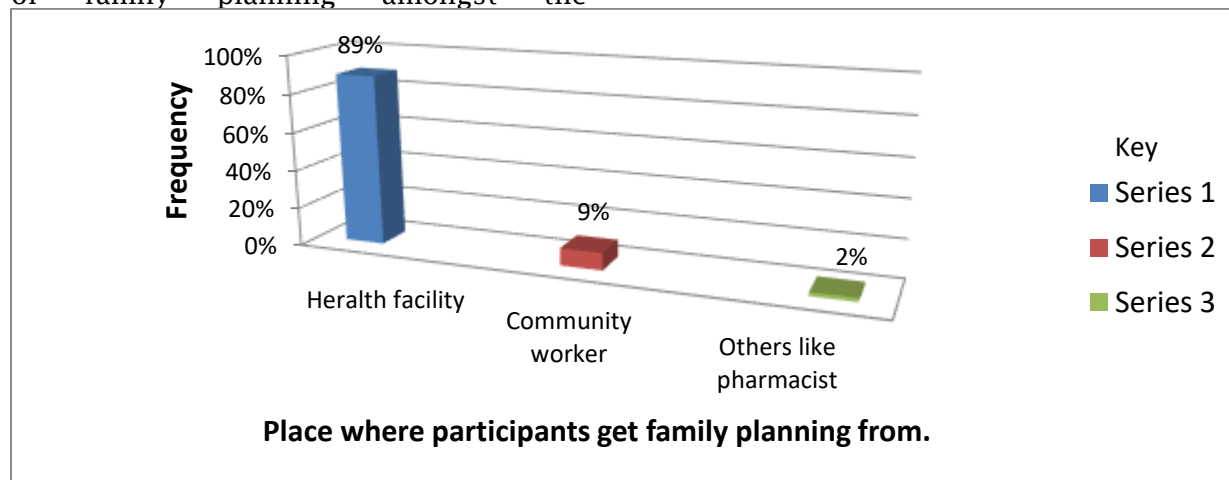


Figure 5: Show place where participants get family planning method. n=45

Results on the table 4 above, a majority 40 (89%) get their family planning method from health facility and minority 1 (2 %) get it from other place like pharmacy

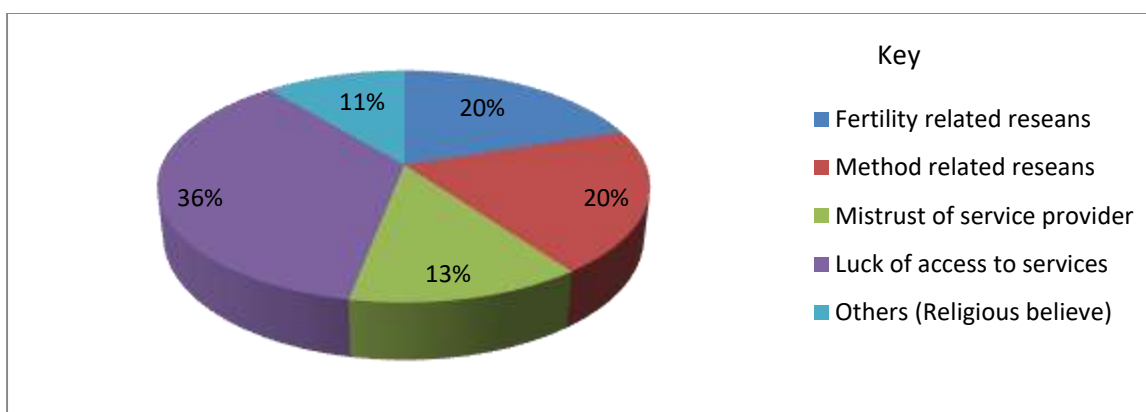


Figure 6: showing barriers to family planning practices among adolescent. n=45

Figure 5 above, a majority 16 (36%) of the respondents said that lack of access of

services as a barrier of family planning practices while 5 (11%) were other barrier like religious belief.

DISCUSSION

Demographic Factors Contributing To Low Utilization of Family Planning Methods

The study findings showed that only 45 respondents/adolescent aged 12 to 19 years old attending Family Planning clinic at Adjumani Hospital, Adjumani District freely assented/consented to participate in this study.

According to the results show that a large proportion 25 (56%) of the adolescent were of age range 18-19 years compared to few 5 (11%) who were of age group 12-14 years. This implies that many participants were of active reproductive age at the end teenage of the adolescent.

The results further revealed that majority 26 (58%) of the participants were female while minority 19 (42%) were male respondents. This was in disagreement with Malta *et al.* [25], who observed that 40.1% of the students had one partner in life, 30.5% were sexually active, mostly males (43.7%) than females (19.7%), with higher numbers in public (33.1%) than in private colleges (20.7%).

The findings indicated that, majority 24 (53%) of the participants were Catholics while minority 3 (7%) who were other religion like Born again. Religion play great

influence when it comes to use of family planning.

According to the results show that, the highest proportion 20 (44%) of the participants were Married compared to lowest 4 (9%) who were Cohabiting and 4 (9%) were other kind of marital status like separated respectively. This was in line with Imaledo *et al.* [26], who found that more than half of the students (52%) had either a boyfriend or girlfriend and 144 (52.0%) of the respondents had sex with someone in the University of Port Harcourt, Rivers State, Nigeria and also adolescents being sexually active at this age could end them in marriage and cohabiting in order to fulfill the sexual needs.

The results showed that majority 22 (49%) of the participants had attained primary education while the minority 2 (4%) had never gone to school. This result implied that most of the respondents had at least attained some form of education though low education could affect participants' level of understanding on certain thing like family planning methods use. This agreed with Batyra [27], who said education enhances cognitive skills that can affect

one's ability to process the surrounding world and possibly influence change.

Majority 43 (96%) of the participants were unemployed while the least 2 (4%) said that they were employed. This could support the Higgins *et al.* [28], finding that three-quarters of students (77%) lived with both parents, which is quite high compared to this study (13.8%) due inadequate financial support.

Cultural factors contributing to low utilization of family planning methods:

The findings from the study show that out of 45 participants, a large proportion 31 (69%) participants their culture allow use of family planning method compared to only 14 (31%) whose culture does not allow use of family planning method. This finding was in agreement with Patricia [29] and Dunkle & Decker [30], findings that unequal power in a relationship can also be manifested in the form of intimate partner violence (IPV), which may affect contraceptive use through multiple pathways related to women's decreased ability to influence the timing and circumstances of sex.

Is addition, only 14 (31%) participants whose culture does not allow use of family planning method revealed that family planning affects their fertility and said the culture considered it as a crime in the community. This was supported by Ankomah *et al.* [31], myths and misinformation negatively related to contraceptive use included the belief that contraception makes adolescent become promiscuous, contraception causes cancer, and contraception is expensive. Similarly, in agreement with Williamson *et al.* [32], report that contraceptives are prevalent throughout sub-Saharan Africa and elsewhere, usually related to side effects, safety, and long-term effects on fertility.

According to the results, a majority 34 (76%) have ever discussed about the use of family planning in adolescent stage (Yes) meanwhile few participants 11 (24%) have never discussed about the use of family planning in adolescent stage (No). The result was in agreement with Nalwadda [33], who found that there is negative peer and rumors especially among adolescent

participants which further compromise negotiation to youth and contradictions mainly from male adolescents, parents, society-church, schools and health units that have taken conflicting positions and in favor and against FP use resulting into different messages on FP methods.

Of the 34 participants who have ever discussed about the use of family planning in adolescent stage, a large proportion of the participants 14 (41%) had discussed about the use of family planning in adolescent stage with the friends meanwhile very few 3 (9%) had discussed with other people like the husband and or sister. This finding agree with Nalwadda *et al.* [33], who found Ugandan youth revealed the prevalent belief that the final decision to use a condom is up to the man, as is the final decision to use contraceptives to prevent pregnancy.

Furthermore, most 30 (67%) revealed that family planning use conflict with their cultural/ religious belief meanwhile minority 15 (33%) revealed that family planning use does not conflict with their cultural/ religious belief. Individuals tend to favor large family sizes in agreement with Bankole & Audam [34], results and with cultural status often tied to family size for both men and women [35], of the 30 respondents who 30 (67%) who revealed that family planning use conflict with their cultural/ religious belief, majority 10 (33.3%) claimed that family planning encourage cheating in relationship concurs with Nalwadda *et al.* [33], study report that contraceptives could be cheating in their relationship and people want more children respectively meanwhile very few 2 (6.7%) were others who believes it is a sin. This concur with Kiene *et al.* [35], found out that Ugandan women cite the need to have many children as a way to keep their husband satisfied and to avoid abandonment and social stigma [35].

According Kiene *et al.* [35], found patients commonly believes that hormonal pills accumulate in the body, lead to "deformed children," and cause cancer. The study results revealed that majority 21 (47%) do not use family planning because of fear of side effects while few 3 (7%) said chosen

type to use in rear. Similarly, in agreement with Williamson et al. [32], study findings that contraceptives are prevalent throughout sub-Saharan Africa and elsewhere, usually related to side effects, safety, and long-term effects on fertility scare people.

Nearly, majority 19 (42%) of the adolescents' decision to use family planning are influence by friends while very few 2 (4%) decisions are influence by their parent. This study was in line with Nalwadda [33], found out that Adolescent's lack of power in relation to adults and lack of decision-making power is a major obstacle to Family Planning use.

Health related factors contributing to low utilization of family planning methods:

According to the study findings, nearly majority 38 (84%) have ever visited family planning clinic while very few 7 (16%) have not visited. Slightly in support to Sileo [36], report that although family planning has preventative health benefits, it is typically treated as a woman or couple's personal choice, and is similarly recommended to all women presenting to care.

Furthermore, a large proportion who have ever visited family planning clinic said that attitudes of the health worker on providing family planning services were good 36 (95%) while very few 2 (5%) respondents said were bad. This result was in agreement with Renjhen [37] findings

The demographic factors which were relevant to the study and contributing to low utilization of Family Planning Methods amongst adolescents include; sex, level of education, occupation and religion. The study subjects were adolescent aged 12 to 19 years and more than half of the participants were female and unemployed respectively. The majority of the adolescents were Catholics.

The study results found that respondents' family planning use conflict with their cultural/ religious belief and majority claimed that family planning encourage cheating in relationship. Adolescents do not use family planning because of fear of side effects.

which showed that good provider attitude, accessibility and affordability has been extensively showed elsewhere in Sikkim, India. And disagree with Kiene et al. [35], study results that in Uganda reports mistrust of service providers as a major barrier to accessing sexual health services makes adolescent feel discouraged about coming for family planning services.

The study results revealed that a large proportion 14 (31%) of the respondents heard about injectable as type of family planning amongst the adolescents while minority 3 (7%) of the respondents heard of oral contraceptive pill and others like withdrawal, lactation amenorrhea method (LAM) respectively. According to results show majority 40 (89%) gets their family planning method from health facility and minority 1 (2%) get it from other place like pharmacy. This concurs with Njoroge [38], that contraceptive service health care provider positive attitude (52%), contraceptive affordability (21.6%), accessibility/safety (17.4%) and use of contraceptive to prevent pregnancy and HIV/STIs (15.1%) were strongly associated with contraceptive uptake.

Finally, a majority 16 (36%) of the respondents said that lack of access to services as a barrier of family planning practices it is reasonable to state therefore that positive attitude about contraceptives and good knowledge about their use are key motivators for actual use [39].

CONCLUSION

Most respondent who visited family planning clinic were attended by Nurses, respondents heard about injectable as type of family planning amongst the adolescents compare to many other family planning methods, lack of access of services as a barrier of family planning practices and other barrier like religious belief.

Recommendations

Education contributes significantly to the quality of adolescent's lives. Improving adolescent's access to education and encouraging continuous and constant exposure would significantly increase use of family planning and reduce unmet need.

Community-based family planning services need to be expanded and strengthened in rural Adjumani so as to disseminate information, and counseling on family planning and provide services to

Kiden the needy, especially to the unreached and underserved populations.

Continuous health education programs should be maintained after accessing the family planning practices belief on the methods particularly adolescents.

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