**AN INVESTIGATION ON LIFESTYLE FACTORS AND HOW THEY INFLUENCE ON MODERN FAMILY PLANNING METHODS AMONG THE COUPLES (AGE 20-35) IN SEME VILLAGE, KISUMU COUNTY**

**BY**

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**SEPTEMBER 2010**

### DECLARATION

I declare that this is my original work and it has never been presented in any learning institution for an academic award.

Sign**…………………………** Date**…………………………**

Name: ……………………….

**Declaration by the supervisor**

This research proposal has been presented to Jaramogi Oginga Odinga University of science and Technology for examination with my approval as the candidate’s supervisor.

Signature:**………………….…** Date:**……………………………**

### 

### DEDICATION

I wish to dedicate this research proposal to my father Mr. Stanley for his continued support and encouragement

### ACKNOWLEDGEMENT

It is my wish to thank each and every individual who played a role leading to the success of this proposal. Special gratitude goes to my supervisor Mr Onguru whose resourcefulness, and constant encouragement, this work would not have been completed without him. He made my study quite enjoyable and more defined. The support accorded by sciences is worth mentioning; especially through the provision of resources required for the completion of this work.

### ABSTRACT

Family planning methods has not being utilized in the community and this is mostly attributed to lack of male involvement. Deliveries of effective family planning services have a direct impact on maternal/child wellbeing.It is because of this study will be study an investigation on lifestyle factors and how they influence on modern family planning methods among the couples (age 25-35) in seme village, kisumu county**.** The study will be conducted at Seme village in Kisumu county september 2018. The specific objectives of the study will be to: establish the effects mental health on modern family planning methods; determine the effects of emotional health on modern family planning methods; and find out the effects of physical health on modern family planning methods. The study will adopt a case study research design. The target population will be 1200 community members of Seme village. A sample size of 290 members will be investigated. Structured questionnaires will be used to collect data. Collected data will be edited, coded and verified in order to detect and correct any error. Data will be analyzed using descriptive statistics and will be presented in form of tables and pie charts.The study will be of significance in identifying the perceived risks, and benefits towards family planning and relationships that affect the attitude of men towards family planning. The study will contribute towards maternal health improvement in Seme village. The findings will also be relevant to the planners of reproductive health services for appropriate and effective interventions.

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### LIST OF ABREVIATIONS AND ACCRONYMS

**FP:** Family Planning

**MCH:**  Maternal and Child Health

**UN:** United Nations

**UNFPA:** United Nations Population Fund

**WHO:**  World Health Organisation

### OPERATIONAL DEFINITION OF TERMS

**Emotional health:**

Is defined as a set of competencies demonstrating the ability one has to recognize his or her behaviors, moods, and impulses, and to manage them best according to the situation

**Family planning:**

Is the [planning](http://en.wikipedia.org/wiki/Planning" \o "Planning) of when to have [children](http://en.wikipedia.org/wiki/Child" \o "Child), and the use of [birth control](http://en.wikipedia.org/wiki/Birth_control" \o "Birth control) techniques to implement such plans

**Mental health:**

Is "a state of [well-being](http://en.wikipedia.org/wiki/Well-being" \o "Well-being) in which the individual realizes his or her own

abilities can cope with the normal stresses of life, can work productively

and fruitfully and is able to make a contribution to his or her community"

# CHAPTER ONE

#### INTRODUCTION OF THE STUDY

## 1.1 Introduction

The chapter covers the background to the study, statement of the problem, objectives of the study, research questions, significance of the study, limitations of the study and the scope of the study.

## 1.2 Background of the study

There are many family planning programs being implemented worldwide to reduce population growth. These programs spread the use of modern family planning methods such as pills and injectables. These programs help people achieve their personal reproductive goals (Robey et al., 1994).Most family planning programs are targeting women and interventions have been to address and mitigate barriers to the use of family planning. According to Cleland et al 2011, attitudinal resistance remains a barrier and access to contraceptives. Many studies and interventions have been done to increase the use of modern family planning methods among women however the progress is still low.As demonstrated by Tawaih et al 1997, the effectiveness and utilization of moderns’ family planning methods among women is poor due to lack of approval from their partners/husbands. The roles and responsibilities of men in the use of modern family planning methods and fertility regulations has been ignored, understudied and underutilized yet sociological factors such as culture and religion are in favourof men as decision-makers both at family levels and community levels .It is against this background that there is need to assess the attitude and willingness of men towards the use of modern family planning methods in order to increase the coverage and utilization of modern family planning services.

Family planning services are defined as educational, comprehensive medical or social activities which enable individuals, including minors to determine freely the number and spacing and timing of their children, and to select the means by which this may be achieved (WHO 2011). Such means include use of contraceptives and the treatment of involuntary infertility. Modern contraceptive methods include all hormonal methods (i.e., the pill, injectables and implants), IUDs, male and female sterilization, condoms and modern vaginal methods (e.g., the diaphragm and spermicides) (AsmaBalala 2009).

The increasing growth of population has become an urgent problem in Ethiopia. The Ethiopian population grew at an alarming rate from about 40 million in 1984 to 54 million in 1994 and about 74 million in 2007. Currently, Ethiopian population is growing more than double the average global population growth rate (2.60% Vs 1.13%). Ethiopia has a high maternal mortality rate (676 per 100,000 live births). Contraceptive use can improve maternal health and is one of the strategies to achieve improved maternal health worldwide. Gordon C, Sabates R, Bond R, Wubshet. (2002)

Poor reproductive health causes widespread hardship to families and communities, particularly in the developing world, where maternal mortality is high. Actions to address these problems include the provision of quality family planning services, emergency obstetric care, post-abortion care, and prevention and treatment services for HIV/AIDS and other sexually transmitted infections. Family planning is one of the highly advocated options in developing countries to control the fast population growth and to decrease the higher maternal and child deaths though it has steadily decreased as an international priority in recent years. Clifton D, Kaneda T, Ashford L.( 2008).

People in developing countries, poorer ones, and the less educated are more likely to have many children. It is immensely important that women at any physical, social or economical status decide on their family planning choices. Their decision and utilization mainly depends on the contraceptive knowledge and access for family planning options and the couple’s educational status. In Ethiopia, educated women and those in the highest wealth quintile are most likely to use contraception. Kebede Y. (2006).

Women living in the slums are less likely to benefit from basic reproductive health services as living in the poorest segment, delivering and caring their children out of streets life. As street people, girls and women in particular, are exposed to sexual exploitation, rape and prostitution, it is important that efforts are done to let them use contraceptive options to prevent unwanted pregnancy and sexually transmitted diseases along with the prevention of sexual harassment. Labbok MH, Klaus H and Barker D,( 1988).

Several studies had been done on the family planning prevalence (usually modern contraceptives) among women though none addressed contraceptive awareness and utilization among street women who are economically, socially and nutritionally disadvantaged. As part of the population, street women have the right to family planning information and access. It is a frequent observation to see women begging on the streets of major streets in Kisumu having one or two babies by their sides. However, data about contraceptives awareness and utilization is scarce among street women. Hence, this study aimed to assess levels of awareness, utilization and associated factors of street women in Seme village, Kisumu county. Trussell J and Grummer-Strawn L,( 2009).

## 1.3 Statement of the problem

Family planning is fundamental in the effort to reduce the Total Fertility Rate and the consequential maternal mortality and morbidity as well as contributing to improvement in infant welfare. Kenya’s unmet need for family planning stands at 34%. Currently married women with contraceptive prevalence rate stands at 24% for all women(UNFPA 2012). There is poor contraceptive utilization mainly due to poor male participation in family planning.Men's fertility intentions, reproductive preferences and their attitudes towards family planning influence the fertility behaviour of their wives and their attitude towards use of contraceptives. Hence in order to increase the use of modern contraceptives, family planning programs need to target men specifically at all levels of the program.In order to promote reproductive health through increased use of modern contraceptives, family planning programs need to target men specifically at all levels of the program. It is therefore against this backdrop that the aim of this research is to assess the effect of awareness on modern family planning methods and help identify underlying factors responsible for the poor participation in family planning in Seme village, Kisumu county.

## 1.4 Objectives of the study

In this section, the general and specific objectives of the study are precisely stated.

**1.4.1 General objective**

The general objective of the study will be to find out the factors influencing modern family planning methods Seme village, Kisumu

**1.4.2 Specific objectives of the study.**

1. To establish the effects of mental health on modern family planning methods in Seme village, Kisumu
2. To assess the effects of emotional health on modern family planning methods in Seme village, Kisumu
3. To examine the effects of physical health on modern family planning in Seme village, Kisumu county

## 1.5 Research questions

1. What are the effects of mental health on modern family planning methods in Seme village, Kisumu county?
2. How does emotional health affect modern family planning methods in Seme village, Kisumu county?
3. To what extent does physical health affect modern family planning methods Seme village, Kisumu county?

## 1.6 Significance of the study

The study will identify perceived risk and benefits towards family planning and relationships that affect the attitude and willingness of men towards family planning. These relationships can be influenced to increase involvement and uptake family planning among men and women in Seme village, Kisumu county.The study will contribute towards maternal health improvement in Seme village .The findings will be relevant and useful to the planners of reproductive health services for appropriate and effective interventions. This study will assist in giving inputs to the policies and strategies that would be put in place and would be evidence based. Furthermore, the study will provide more information on efficient and effective utilisation of the scarce resources available for health to address the use inadequacy in the use of family planning methods.

## 1.7 Limitations of the study

Some respondents might take a lot of time filling the questionnaires. The researcher will move around checking on the respondents. The busy schedule of the village members will make the researcher to reschedule appointments now and again which may hinder the collection of data. This will be overcome by making appointments within busy schedule.

This study will be done in Seme village, Kisumu; therefore, the results may not be generalizable to other villages within Seme sub-county in Kisumu county .This implies that generalization of the outcomes to other similar villages may face a difficulty. Similarly, the researcher will assume that there will be positive response on the questions adduced; a fact that may only be achieved by the exclusive goodwill of the management and by extension, the respondents.

## 1.8 Scope of the study

The study will be based at Seme village in Kisumu county which is one of the largest area in Kisumu, it is located along Bondo road in Kisumu County which is in the western part of Kenya and approximately 347 km from Nairobi the Capital City of Kenya. The study will be conducted during September 2018. The concepts of study will be emotional health, mental health, physical health and modern planning methods.

# CHAPTER TWO

#### LITERATURE REVIEW

## 2.1 Introduction

In the previous chapter a detailed account of background of the study is discussed. In this chapter, review of theoretical literature, critical literature review, summary and gaps and conceptual framework is clearly indicated.

## 2.2 Theoretical literature Review

In this section, review of theoretical literature will be is discussed. The areas which will be covered in this section includes: mental health and modern family planning methods; emotional health and modern family planning methods; and physical health and modern family planning methods.

**2.2.1 Mental health and modern family planning methods**

The assessment, diagnosis and treatment of mental health problems in people with learning disabilities requires a good understanding of the genetic, neurological and social predisposition to mental illness that is likely to account for the much higher rate reported in this population. In addition, it is necessary to know about the developmental disorders, including autistic spectrum and attention-deficit hyperactivity disorders, which frequently coexist with a learning disability. Mental disorders may present atypically and people with diagnosable mental illness tend to be more able, usually with only a mild learning disability. It is extremely difficult to diagnose a mental illness in a person with a severe learning disability because the diagnostic criteria require that the person has the ability to report subjective symptoms. It is very likely that mental health problems are underreported in people with learning disabilities ([Patel et al, 1993](http://apt.rcpsych.org/content/8/2/138.full" \l "ref-39)).

The goal of Family Planning is to assist families in achieving the number of children desired, with appropriate spacing and timing to ensure optimal growth and development of each family member (Hatcher 1977). Failure to plan a pregnancy can adversely affect mental health of the individual, the health of the relationship and the health of the family as a whole. Child spacing is not new in Africa. Traditionally, intensive breast-feeding of long duration (18-24 months) has been the norm, and in many African countries the prevalence of breast-feeding still exceeds 90 percent in the immediate post partum period. Unfortunately this useful and life saving practice for the infant is decreasing especially in urban areas. In some African societies, a long period of abstinence from sexual intercourse after delivery was a major contributing factor to child spacing. Early marriages have been a regular feature of the African society exposing the adolescents to early sexual activity and pregnancies, both of which can carry major health consequences. In developing countries, especially Africa, modern family planning is still new and not wholly accepted by the population which does not have family planning “awareness ". Over the last 30 years, several attempts have been made to get family planning to take off in Africa, but often, there has been no political will and commitment.( Mange 1991)

**2.2.2 Emotional health and modern family planning methods**

Emotional health is the ability to understand and interpret one’s own feelings through internal reflection. The ability to be critical about thoughts and make changes to behaviour can lead to an in-depth understanding about one’s self, which leads to a better understanding of current happenings. Lanser(2000) places a strong emphasise on the importance of self-awareness in guiding and perfecting accessibility to modern family planning methods, including interactions with colleagues and in the establishment of positive and productive community members. Community members need to be aware of their feelings as they may allow uncontrolled emotions to impact on the dynamics and culture of the members. Cherniss (1998)emphasises that effective members are self-confident, which is reflective of their own emotional self-awareness, and ability to control their emotions.

When human reproduction is left unchecked, it results into high birth rates, bringing about large family size with the negative effects on the health of the respective mothers and children. Consequently this leads to negative impact on the family, the community and the nation at large as a result of economic overload in covering the additional demand. Indeed, uncontrolled births can destroy a nation’s development aspirations and prevent its people from enjoying an improved standard of living Monica Akinyi Magadi, et al. (2006)

Improving the reproductive health of young women in developing countries requires access to safe and effective methods of fertility control, but most rely on traditional rather than modern contraceptives such as condoms or oral/injectable hormonal methods. We conducted a systematic review of qualitative research to examine the limits to modern contraceptive use identified by young women in developing countries. Focusing on qualitative research allows the assessment of complex processes often missed in quantitative analyses.

**2.2.3 Physical health and modern family planning methods**

Improving reproductive health is central to achieving the Millennium Development Goals on improving maternal health, reducing child mortality and eradicating extreme poverty. This requires that women have access to safe and effective methods of fertility control. The promotion of family planning, so that women can avoid unwanted pregnancy, is central to the World Health Organisation (WHO, 2008) work on improving maternal health and is core to achieving the Millennium Development Goal on this.

In developing countries, maternal mortality is high, with 440 deaths per 100,000 live births (in sub-Saharan Africa, this figure reaches 920). One in three women give birth before age 20 and pregnancy-related morbidity and mortality rates are particularly high in this group. One quarter of the estimated 20 million unsafe abortions and 70,000 abortion related deaths each year occur among women aged 15–19 years, and this age group is twice as likely to die in childbirth as women aged 20 or over. It is estimated that 90% of abortion-related and 20% of pregnancy-related morbidity and mortality, along with 32% of maternal deaths, could be prevented by use of effective contraception. In sub-Saharan Africa, it is estimated that 14 million unintended pregnancies occur every year, with almost half occurring among women aged 15–24 years. Singh S, Bankole A, Woog V, (2005)[OpenURL](http://www.reproductive-health-journal.com/sfx_links?ui=1742-4755-6-3%26bibl=B7).

Previously identified limits to contraceptive use among adolescents in developing countries include lack of knowledge, sex education and access to services; risk misperceptions; and negative social norms around premarital sexual activity and pregnancy. Only one of these reviews focused on adolescents, and neither focused exclusively on qualitative research nor adopted systematic review methodology to critically appraise the included research studies. Focusing on qualitative research allows the assessment of complex processes, often missed in quantitative studies, and the assessment of study quality allows the selection of the most reliable and valid findings. This, in turn, improves the reliability and validity of the conclusions drawn. Gage AJ, (1998).[OpenURL](http://www.reproductive-health-journal.com/sfx_links?ui=1742-4755-6-3%26bibl=B12)

Although there has been a systematic review of qualitative research on young people's sexual behaviour, we know of no systematic reviews of qualitative studies specific to contraceptive use to determine the full extent of the difficulties faced by young women in accessing modern methods. We undertook a systematic review of qualitative research on young women's own views of their contraceptive choices to examine factors limiting modern method use. By combining the findings from such studies we can demonstrate how themes may be common across settings and contexts. Buckley C, Barrett J, Asminkin,(2004) [OpenURL](http://www.reproductive-health-journal.com/sfx_links?ui=1742-4755-6-3%26bibl=B34)

## 2.3 Critical literaturereview and gaps

This systematic review of qualitative research demonstrates that young women's use of modern contraceptive methods in five developing countries is limited by a range of factors, which centre on lack of knowledge, obstacles to access, and lack of control. Use of hormonal methods was limited because of lack of knowledge and access and concern over side effects, especially fear of infertility. Although often more accessible, and sometimes more attractive than hormonal methods, use of condoms was limited by their association with disease and promiscuity and greater male control of this method. As a result young women often relied on traditional methods or abortion. This is similar to findings elsewhere. This paper adds to the literature by demonstrating that the limits could be common across very different settings and contexts. Our findings are also strengthened by the inclusion of only methodologically rigorous studies.

However, it is important to note that the review is limited to five countries; four in sub-Saharan Africa (Mail, Nigeria, Tanzania and South Africa) and one in South-East Asia (Vietnam). Although the overarching themes were common across all locations and settings, we do not mean to suggest that conditions will be homogenous for all young women in all developing countries. The findings of the South-East Asian study were largely consistent with those from sub-Saharan Africa, and similarities are apparent in other South American and South Asian studies, although these have not focused exclusively on adolescents or qualitative research. This is similar to findings reported elsewhere in a larger review of young people's sexual behaviour. There were also commonalities across urban and rural locations and across education levels (where reported), although differences between these have previously been reported. However, the limited geographical range of the studies in this review and the lack of comparable research in this field from others areas (particularly from east Africa communities) should be noted. Further research is necessary to examine the effects awareness on modern family planning methods.

## 2.4 Summary

The study finds numerous barriers to utilization of family planning methods despite high awareness and acceptability by the women. Strategies to improving access and utilization to family planning methods should therefore include; the involvement of male partners as well as traditional/religious leaders, economic empowerment of women and continuous research aimed at improving safety and reduction of side effects profile of the methods among others.

Increasing modern contraceptive method use requires community-wide, multifaceted interventions and the combined provision of information, life skills, support and access to youth-friendly services. Interventions should aim to counter negative perceptions of modern contraceptive methods and the dual role of condoms for contraception and STI prevention should be exploited, despite the challenges involved.

## 2.5 Conceptual framework

Figure 1 shows a conceptual framework on the factors influencing modern family planning methods

**Independent variables Dependent variables**

**FACTORS**

* Mental health
* Emotional health
* Physical health

**MODERN FAMILY PLANNING METHODS**

Figure 1: Conceptual framework linking Factors to modern family planning methods

Figure 1 show that factors is the independent variable while modern family planning is the dependent variable. The elements of factors which are believed to affect modern family planning methods are mental health, emotional health, and physical health.

# ****CHAPTERTHREE****

#### ****RESEARCH DESIGN AND METHODOLOGY****

## ****3.1 Introduction****

This chapter describes the research procedures and techniques that will be used in the study. It provides an explicit description the study design, target population, sample design and sampling procedure, data collection instruments, validity and reliability of the research instrument, data analyses and presentation

## ****3.2 Research design****

Research design is a basic research, which entails field survey through self-administered questionnaire. The study will be basically a fact finding research and therefore will adopt a case study research design**.** According to Mugenda and Mugenda (2003), a case study design is an in depth investigation of an individual, group, institution or phenomenon. A case study design will be used because it will be easiest way of collecting data in this research. This approach will be used in order to get information from the individual personnel about their knowledge of order processing management. This study will be undertaken because it will facilitate accurate data collection, complete involvement of the key variables and effective analysis procedures.

## ****3.3 Target population****

Target population will be the entire group of people that is of interest to the researcher. Target population is also a whole set of individuals who meet the sampling criteria Kothari (2004). The target population will consist of 1200 community members within Seme village in Kisumu county. This will be distributed as shown in table 1.

Table 1: Distribution of target population

|  |  |  |
| --- | --- | --- |
| **Category** | **Number of respondents** | **Percentage number of respondents** |
| Old men | 300 | 25 |
| Middle aged men | 290 | 24 |
| Middle aged Women | 350 | 29 |
| Young women | 260 | 22 |
| **Total** | **1200** | **100** |

**Source: Research data (2014)**

Table 1show that Kaloleni Estate consists of 1200 adult members.This distributed thus 300old men, 290 middle aged men, 350 middle aged women and 260young women

## ****3.4 Sample design****

A sample is the number of items selected to represent the whole population. (Kothari, 2004)defines sample size as the subject on which the measurement is being taken as the unit of study. A sampling design is the method of selecting items to be observed for a given study (Kothari, 2004).The targetpopulation will be stratified according to age. Required sample will be drawn through randomization process. This will be because stratified sampling technique is easy to use and is more accurate (Mugenda & Mugenda 2003). A sample size of 290 community members will be studied since the entire estate of interest cannot be studied. To arrive at this sample size, Fisher’s model will be used. In this case, it states that when the target population is more than 10,000, the formulae is given as

Table 2: Distribution of sample size

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Target population** | **Sample size** | **Percentage number of respondents** |
| Old men | 300 | 73 | 25 |
| Middle aged men | 290 | 70 | 24 |
| Middle aged women | 350 | 84 | 29 |
| Young women | 260 | 63 | 22 |
| **Total** | **1200** | **290** | **100** |

Table 2 show the distribution of a sample size of 290 community members i.e.73old men, 70 middle aged men, 84 middle aged women and 63young women

## ****3.5 Data collection methods****

The major data collection instrument will be a structured questionnaire**.Questionnaires are defined by Sekaran (2006) to include all techniques of data collection in which each person is asked to respond to the same set of questions in a predetermined order.**Structured questionnaire will be appropriate because of its ease of administration, scoring and ready analyzation of results. It will also be used because it is fast, and cheap in monetary terms. The items in the questionnaire will be developed in line with study objective.

**3.5.1 Validity of research instruments**

Validity is the extent to which the results of the study can be accurately interpreted and generalized to the general population (Cohen, 1988). The questionnaire will be tested in order to check its content, construct and face validity. The questionnaire will be prepared in English and two medical practitioners will assess its content validity Content validity will be done to ensure it contains adequate domain of content it is supposed to represent. Face validity deals with formatting the instrument and includes aspects like clarity of printing, font size and type, adequacy of workspace, and appropriateness of language among others. Construct validity determines the nature of psychological construct or characteristics measured by the instrument.

**3.5.2 Reliability of research instruments**

Reliability is the extent to which research results are consistent and replicable (Kothari, 2004). Reliability is the consistency of the scores when the research instrument is administered from one set of items to another, and also from one point in time to another(Frankel and wallen, 2006**)**. The instrument will be pre-tested with a sample of 20 respondents randomly selected from the target group. The number 20 will be chosen for pre-test because it is the smallest number thatcan yieldmeaningful resultsin data analysis of a survey research.

## ****3.6 Data analysis method s****

After the field work the raw data will be sorted, edited, validated and coded, entered into an excel spread sheet and cleared to detect missing values, the raw data collected will be analyzed by descriptive statistics. Tables and pie chartswill be the most appropriate techniques used in presenting the findings. Pie charts and tables will be used since they can be used to present a huge data, are easy to construct, and are attractive and easy to interpret.

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**APPENDIX 1**

**Questionnaire**

**Dear respondent,**

**The current study is being conducted for the award of Diploma in community health and development in Thika school of medical and health sciences. The purpose of this study is to examine factors that influencing modern family planning methods in Seme village Kisumu county. Please assist the student access the necessary data towards the completion of this project.**

**Any response provided will be treated with utmost confidentiality. Your cooperation will be highly appreciated.**

**Please tick (√) as may be appropriate.**

**SECTION A: Demographics**

**Gender of respondents**

**Male ( )**

**Female ( )**

**Level of education of respondents**

**Primary ( )**

**Secondary ( )**

**College ( )**

**University ( )**

**Age of the respondents**

**13- 19 ( )**

**20-35 ( )**

**36-50 ( )**

**50+ ( )**

**Section B: Specific information**

1. **Mental health enhances the use of modern family planning methods.**

**Strongly agreed ( )**

**Agree ( )**

**Neutral ( )**

**Disagree ( )**

**Strongly disagree ( )**

**Comment……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**2. To what extent does mental health has lead to use of modern family planning methods?**

**Great extent ( )**

**Small extent ( )**

**Moderate extent ( )**

**Does not affect ( )**

**Comment……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**3. How effective is emotional health in ensuring the use of modern family planning methods?**

**Highly effective ( )**

**Effective ( )**

**Neutral ( )**

**Ineffective ( )**

**Highly ineffective ( )**

**Comment……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**4. Physical health improves the accessibility to modern family planning methods**

**Strongly agreed ( )**

**Agree ( )**

**Neutral ( )**

**Disagree ( )**

**Strongly disagree ( )**

**Comment………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..**

**Thanks for your cooperation!**

**Appendix II**

**Work Plan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Time schedule** | **MAY**  **2018** | **JUNE**  **2018** | **JULY**  **2018** | **AUGUST**  **2018** | **SEPTEMBER 2018** | **JAN 2019** |
| **Proposal writing** |  |  |  |  |  |  |
| **Submission proposal** |  |  |  |  |  |  |
| **Data collection** |  |  |  |  |  |  |
| **Data analysis and report writing** |  |  |  |  |  |  |
| **Submission and defense** |  |  |  |  |  |  |

**Appendix III**

**Budget**

|  |  |
| --- | --- |
| **ITEM** | **AMOUNT ksh** |
| **Transport expences** | **100** |
| **Binding** | **100** |
| **Photocopy** | **300** |
| **Pens** | **50** |
| **Total** | **550/=** |