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Formative Research Report: Group Learning Through Community Organizations

(Acholi-Sub Region, Uganda)

Georgetown University's Institute for Reproductive Health and Save the Children

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FACT Fertility Awareness for Community Transformation

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LIST OF ACRONYMS AND KEY PHRASES

CPR	Contraceptive Prevalence Rate
DHS	Demographic and Health Survey
FACT	Fertility Awareness for Community Transformation
FAM	Fertility Awareness Methods
FCHV	Female Community Health Volunteers
FGD	Focus Group Discussion
FP	Family Planning
ICRW	International Center for Research on Women
IPV	Intimate Partner Violence
IDP	Internally Displaced Persons
IRB	Institutional Review Board
IRH	Institute for Reproductive Health, Georgetown University
SCI	Save the Children International
TASO	The AIDS Support Organization
TFR	Total Fertility Rate
UNCST	Uganda National Council for Science and Technology
US	United States of America
USAID	United States Agency for International Development
VHT	Village Health Team
WHO	World Health Organization
YEILD	Youth Initiative for Employment and Sustainable Livelihood and Development

1.0 Executive Summary

As a part of the "Fertility Awareness for Community Transformation (FACT) Project," the *Group Learning through Community Organizations* solution aims to increase fertility awareness and expand access to Fertility Awareness-based Methods (FAM) at the community level. This solution will provide group learning of fertility awareness and three FAM options, as well as information about a range of other family planning (FP) methods, and referrals to services. FAM includes Standard Days Method®, TwoDay Method®, and Lactational Amenorrhea Method. This solution will be offered to members of a youth empowerment program (Youth Initiative for Employment and Sustainable Livelihood and Development, YEILD), as well as the broader community in Northeastern Uganda.

To inform solution development, formative research was conducted over a two month period in two sub-counties of the Acholi sub-region of Uganda, that encompasses the Gulu district and city. The qualitative research included 20 focus group discussions and 13 in-depth interviews with YIELD members, YIELD Facilitators, Community Leaders, and FP Providers. Data was analyzed using matrices to organize findings and identify main themes.

Formative research indicates a general acceptance of FP, in light of post-conflict economic conditions. Participants also noted the benefits to women and children's health and wellbeing. Both men and women, older and younger, voiced support for FP in terms of spacing or limiting family size. However, male opposition to FP, particularly modern FP methods, and cultural values that promote large families undermine use of methods.

Participants also shared knowledge of various FP methods, identifying the benefits and barriers of each. Participants spoke at length on perspectives and experiences using hormonal methods, FAM, and condoms. While the benefits of using hormonal methods were noted, concerns related to side effects posed a substantial barrier to use. Natural FP methods, including FAM, were viewed positively, especially by men. At the same time, participants tended to question the effectiveness of these methods and practices, particularly given women's difficulties in negotiating condom use or abstinence during fertile periods. With regard to FAM, participants indicated favorable attitudes towards all three methods, especially given the lack of side effects and opportunities for improved couple communication. Participants also noted misconceptions about fertility and method use. Male and female condoms were discussed, and male condoms were particularly preferred by men. Other methods and practices were less common and included intrauterine contraceptive devices, surgical methods, and using herbs or pain relievers to prevent pregnancy.

In discussing access, geographic access to health facilities did not seem to be an issue, though other barriers to services were said to exist. Participants, including FP Providers, noted gaps in service provision, staffing and supply shortages, and a lack contraceptive choices. Moreover,

FP Providers mentioned an aversion to providing services to married women without a husband's consent and generally offerred only limited services to young unmarried people.

When asked about communication, it was noted that community-level discussions around FP were not common. Women were said to have greater opportunities to discuss FP with peers, compared to men. Couple communication about FP was also said to be difficult. It was seen as a woman's role to start discussions on FP, yet they faced challenges, including potential conflict and violence in doing so. Ultimately, women seemed to feel as if they had little power in achieving their fertility desires and were often driven to use FP methods in secret.
After the group learning of FAM was explained, all groups of participants expressed interest. YIELD members specifically noted that they had not received information on fertility or FAM and encouraged efforts to include men and women together, highlighting the importance of engaging men in FP. FP Providers indicated support, as well as interest in integrating FAM into their existing services.

The *Group Learning through Community Organizations* solution has potential to reach YIELD program members and the broader community by building upon existing support for FP and the desire to learn more about fertility and FAM. The solution will offer fertility awareness information broadly to men and women throughout the community, as well as educational sessions on FAM to interested couples and will incoporate strategies to address barriers to FP use. FP providers will be sensitized to FAM methods, and referrals for other FP services will be made. In light of the significant gender issues raised by this research, including the perception that intimate partner violence (IPV) is often linked to FP use, the solution must not only encourage couple communication and decision-making, but address inequitable gender norms and power issues at the root of sexual and reproductive health behavior. Introduction of fertility awareness and FAM provides a unique opportunity to engage men in FP, address their concerns, and contribute to the work of shifting gender norms. At the same time, FAM are not appropriate for all couples and the solution must offer careful screening and counseling as well as access to other choices to ensure that couples have access to a method that is approriate for them.

2.0 Introduction and Background

Georgetown's Institute for Reproductive Health (IRH) is supported by the United States Agency for International Development (USAID) to implement the project, "Fertility Awareness for Community Transformation (FACT) Project" (Cooperative Agreement No. OAA-A-13-00083). FACT is a five-year project implemented by IRH in partnership with the International Center for Research on Women (ICRW), Population Media Center (PMC), and Save the Children (SC).

FACT aims to foster an environment where women and men can take actions to protect their reproductive health throughout the course of their lives. As a research, intervention, and technical assistance project, FACT is testing solutions for increasing fertility awareness and expanding access to Fertility Awareness-based Methods (FAM) at the community level. IRH and its partners employ a systematic approach to testing hypotheses through developing and assessing innovative solutions to improve fertility awareness and expand availability of FAM. FACT will test two hypotheses:

1. Increased fertility awareness improves FP use.

2. Expanded access to FAM increases uptake of FP and reduces unintended pregnancies.

The Group Learning through Community Organizations solution will focus on the second hypothesis and will be developed and tested in the Acholi Sub-region of Uganda. This solution entails providing individuals in a group setting with three FAM, information about a range of other FP methods, and referrals to services. FAM include the Standard Days Method®, TwoDay Method®, and Lactational Amenorrhea Method.

Table 1 | Fertility Awareness Method

FERTILITY AWARENESS METHODS (FAM)	Standard Days Method® (SDM) identifies a fixed fertile window in the menstrual cycle when pregnancy is most likely and is typically used with CycleBeads®, a visual tool that helps women track their cycle to know when they are fertile. Results of an efficacy trial showed SDM to be more than 95% effective with correct use and 88% effective with typical use, well within range of other user-dependent methods (Arevalo, Jennings, Sinai 2002).
	TwoDay Method® relies on cervical secretions as the fertility indicator. Results of the efficacy trial published in 2004 showed it to be 96% effective with correct use and 86% effective with typical use (Arévalo, Jennings, Nikula, Sinai 2004).
	Lactational Amenorrhea Method (LAM) is based on post-partum infecundity and is highly effective if three specific criteria are met: breastfeeding only, no menses, and the baby is less than six months. LAM is more than 99% effective with correct use and 98% effective with typical use (Labbok, et al. 1997).

Like other FP methods, FAM are traditionally offered in a one-on-one provider-client interaction. Research suggests that FAM can successfully be taught in groups, but this strategy has never been tried outside of small-scale pilot initiatives (Seidman 1997). Participants in the *Group Learning through Community Organizations* solution will be exposed to fertility awareness during the first session, and information will be tailored to the needs at each life stage. Basic information on a range of FP methods, referral to services, and discussions on barriers to FP use, such as social and gender norms, will be provided. Group members interested in using FAM will receive the FAM of their choice in subsequent group instruction sessions, designed only for those group members interested in the specific FAM.

The solution will be implemented through Youth Initiative for Employment and Sustainable Livelihood and Development (YIELD), a SCI program designed to empower youth aged 15-24 to gain work skills and employment. The program was chosen, in part, because of the opportunity to reach older youth. YIELD is active in three districts in Uganda: Gulu, Nwoya, and Amuru. About 1,600 youth are involved in the program in 30 groups so far, with a target of 3,600 youth in 100 groups. Some group members are married, some are parents, and others are single. YIELD Facilitators are members selected by the group for the role. Group sessions mostly focus on technical and entrepreneurial skills, as well as life skills.

IRH and SCI conducted formative research to explore the acceptability of various FP methods. They considered factors that influence motivation to use FP methods, and social/cultural factors that affect knowledge and perceptions of fertility and menstruation, as well as couple communication around FP. The research also investigated considerations related to group learning dynamics. In the next phase of the project, findings from this research will be used to inform the development of strategies to address critical aspects of delivering fertility and FP information in a group setting in a culturally appropriate and acceptable manner.

3.0 Study Context

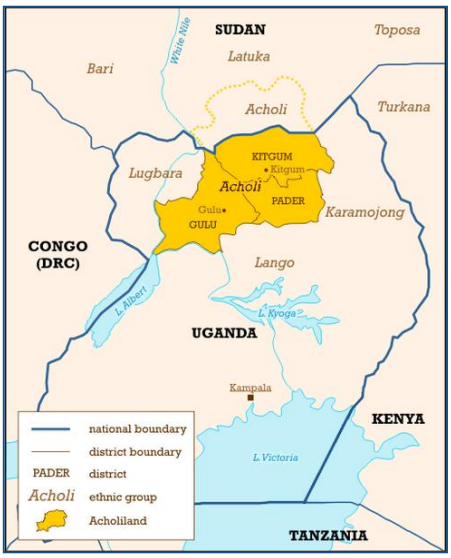

Figure 1 | Regional Map

Between 1986 and 2006 the Northern Region of Uganda that encompasses the Acholi sub-region and Gulu, was the site of conflict between the Lord's Resistance Army (LRA) and the Ugandan People's Defense Forces (UPDF). The conflict began when the LRA, a rebel group led by Joseph Kony, led an armed uprising that aimed to overthrow the Ugandan government. Throughout this period, residents of the area were subjected to violence, torture, and displacement (Akumu, Amony, and Otim 2004; Branch 2008). In 1996, the Government of Uganda implemented a policy of forced displacement among people in the Northern Region to protected villages/camps. Approximately one million people in the Acholi sub-region were affected by the displacement, particularly in Gulu (Branch 2008).

Following a ceasefire agreement in 2006, internally displaced persons (IDPs) began moving out of the camps and back to their areas of origin or other locations. By the end of 2011, the majority of IDPs had left the camps (UNHCR 2012). The region is now in a rehabilitation phase as communities try to rebuild both their livelihoods and the traditional familial and social structures that were eroded during the conflict. Regardless, the population continues to face economic, health, and social challenges that were created or exacerbated by the conflict and displacement.

Currently, only about a third of the population has access to latrines, and access to safe water varies greatly across the sub-region (UNOCHA 2011). Though new health facilities have been built, medical staff and equipment are in short supply. The Acholi sub-region has the second-highest human-immunodeficiency virus (HIV) prevalence rate in Uganda (after Kampala), and there are fears the rate could grow in the absence of strong testing, treatment, and counselling services (UNOCHA 2011).

The conflict also had a tremendous effect on creating land disputes due to displacement, transforming patrilineal authority, and increasing sexual and gender-based violence (Akumu, Amony, and Otim 2004; Branch 2008). In the Northern Region, nearly 61% of women ages 15-49 report experiencing physical violence after the age of 15 (often through husbands/partners). Nearly 25% of women report experiencing sexual violence (Uganda Bureau of Statistics & ICF International Inc. 2012).

The Ugandan government has made sexual and reproductive health a priority. Both birth spacing and youth-friendly sexual and reproductive health services are backed by the allocation of government resources (Haub & Gribble 2011). Uganda's Ministry of Health (MOH) has also developed a National Population Policy Action Plan for 2011-2015 that gives priority to

sexual and reproductive health (MOH 2010). Even so, the total fertility rate (TFR) remains high, at 6.2 children (Uganda Bureau of Statistics & ICF International Inc. 2012).

According to the 2011 Uganda Demographic and Health Survey (DHS), people in Uganda face many sexual and reproductive health challenges. Maternal and child morbidity and mortality are high, and impacted by teen pregnancy and gender-based violence. The country's contraceptive prevalence rate is 24%, and unmet need for FP is 34% among married women. Among married women, 21% want to space their children's births, and 14% would like to limit the number of children they have. When asked if they had *heard of* methods of FP, the majority of Ugandan women and men were aware of at least one method and most were aware of at least eight. Condoms are the best known method (97% of women, 99% of men), followed by injectables (94% and 91%) and pills (93% and 92%). Lactational Amenorrhea Method (LAM) is the least well known of modern methods (13% and 11%). "Rhythm/moon beads" are also not as well-known as other methods (Uganda Bureau of Statistics & ICF International Inc. 2012).

In the Northern Region of Uganda, the Total Fertility Rate (TFR) is slightly higher than the national rate, at 6.3. The median age at first birth is about 18 years, and about 26% of women aged 15 to 19 years have begun childbearing. About 23% of currently married women are using a modern FP method, while 43% have an unmet need for FP[1]. Among women not using contraception, over 70% did not discuss FP either with a community health worker or at a health facility in the past year. Among those who gave birth at a health facility in the previous five years, less than 20% received counseling on FP before being discharged (Uganda Bureau of Statistics & ICF International Inc. 2012).

The *Group Learning through Community Organizations* solution has the potential to contribute to addressing these FP challenges through:

- Improved knowledge of the menstrual cycle and fertile period
- Greater insight into how methods work
- Better couple communication/increased empowerment for women
- Increased understanding of the conditions for using LAM
- Provision of knowledge-based methods not dependent on commodities and stock outs
- A wider choice of methods, including ones without the side effects of hormonal methods (side effects are the major reason for discontinuation)
- Support for correct and continued use of methods

[1] "Rhythm/Moonbeads" is a term used in the Ugandan DHS which considers it a "traditional" method. "Moonbeads" is the brand name for CycleBeads, the tool that supports SDM use. Because "Rhythm/Moonbeads" are classified as "traditional" by the Ugandan DHS, users of Moonbeads are considered to have unmet need.

4.0 Research Objectives and Methods

4.1 Research Objectives

The primary objective of this study was to collect information needed to design the *Group Learning through Community Organizations* solution. The research explores the acceptability of various FP methods (including FAM), factors that influence motivation to use FP methods, cultural factors that affect knowledge and perceptions of fertility and menstruation, as well as couple communication around FP. The research also investigates learning preferences and considerations related to group learning.

Formative research investigated four main areas to inform the development of the solution: FP, fertility awareness, FAM, and feasibility of implementing the group interventions. Research questions include:

<u>Family Planning</u>

- To what extent is FP use acceptable among women and men?
- What do women and men know about FP methods?
- What are the barriers and facilitators of FP use among women and men?
- What social/cultural (e.g., gender norms) and environmental factors (e.g., access) influence FP use and unmet need? How do they influence them?
- How do women and men communicate about FP (e.g., number of children, timing of sex, condom use, and abstinence)?

<u>Fertility Awareness</u>

- What do women and men know about fertility (e.g., risk of pregnancy, observable signs of fertility)?
- How does knowledge of fertility affect FP use?

<u>Fertility Awareness-based Methods (FAM)</u>

- What do women and men know about FAM?
- How acceptable is FAM among women and men? Among FP Providers?
- What are the barriers and facilitators of FAM use among women and men?
- How do social, cultural, and environmental factors influence knowledge, awareness, and use of FAM?

<u>Group Intervention Dynamics</u>

- How acceptable is delivery of information about FA and FAM in a group setting among community group members?
- What aspects of FAM can be taught by a female facilitator? A male facilitator?

- What referrals or other links exist between the community groups and health facilities in the area? How effective are these links?

4.2 Methods

Formative research was conducted in the Bungatira and Anaka sub-counties of the Acholi sub-region in Northern Uganda during June and July 2014. The study design and tools were informed by landscape assessment activities that had taken place earlier in the year with platform members, community leaders, and providers. The research involved focus group discussions (FGDs) and in-depth interviews conducted with YEILD members, YIELD Facilitators, as well as Community Leaders and FP Providers. FGDs were conducted by field researchers of the same sex as the participants. All research instruments were translated into Acholi (the local language), and facilitators were fluent in Acholi. In-depth interviews with FP Providers were conducted in English, as providers are fluent in English.

A total of 20 FGDs were conducted with YIELD group members of reproductive age (18 – 45 years for women and 18-50 years for men). Youth aged 15-17 years who were members of YIELD and are married and/or parents (therefore considered emancipated adults) were also included. The study was designed to maximize diversity between groups for comparative purposes, with separate groups for women aged 25-45 (older females), women aged 18-24 or emancipated adults aged 15-17 (younger females), men aged 25-50 (older males), and men aged 18-24 or emancipated adults aged 15-17 (younger males). Ten FGDs were held in each district, with 8 participants per group (See *Table 1*). In all, 160 women and men participated in FGDs to explore FP needs, reasons for unmet need, gender and other norms related to FP use, facilitators and barriers to contraceptive uptake, and interest in learning about fertility awareness in a group setting and using FAM.

Table 2| Distribution of Focus Group Discussions

FOCUS GROUP DISCUSSIONS	ACHOLI SUB REGION	
	Bungatira	**Anaka**
	Number of groups:	
Older women (25-45)	3	3
Younger women (18-24) or emancipated adults (age 15-17 and married/parent)	3	3
Older men (25-50)	2	2
Younger men (18-24) or emancipated adults (15-17 and married/parent)	2	2
TOTAL	10	10

A total of 13 in-depth interviews were conducted in the two districts (see *Table 2*) with various stakeholders. In-depth interviews were held with YIELD Facilitators, Community Leaders, and FP

Providers. Four YIELD Facilitators participated, sharing their perspectives on the feasibility, level of interest, and opportunities to engage YIELD members in learning about fertility awareness methods (FAM). Five interviews were conducted with Community Leaders, including religious leaders, local council chairpersons, and sub-county community development officers who gave their perspectives on cultural dynamics and FP use at a community level. Four FP Providers also took part in interviews, discussing their experiences related to supply-side issues and impressions of FP use. Three clinic-based providers worked in health facilities and one worked as part of a Village Health Team (VHT), tasked with delivering health information directly to community members.

Table 3 | Distribution of In-Depth Interviews

IN-DEPTH INTERVIEWS	ACHOLI SUB REGION SUB REGION	
	Bungatira	**Anaka**
	Number of Groups:	
YIELD Facilitators	2	2
Community Leaders	2	3
FP Providers	2	2
TOTAL	6	7

Participants were recruited by Save the Children International (SCI), with support from a SCI-implementing partner, the Acholi Education Initiative (AEI). When participants arrived for FGDs or in-depth interviews, they were given an overview of the study and then consented privately. The consent process included a consent form and script that was read aloud by an interviewer. Given known levels of literacy, participants completed the consent form in front of a witness who was fluent in the local language, literate, and not affiliated with the study or with SCI. Each witness was informed of the confidential nature of the study and agreed to not share names of or information about any study participants with anyone else. The consent script detailed the study information and participants rights (including the voluntary nature of the study). Both participants and witnesses signed the consent form before participating. All research activities were held in locations central to the parishes from which participants are drawn. FGDs lasted about two hours and were held in private areas where the conversation could not be overheard. In-depth interviews lasted about one hour and were conducted in private locations convenient to participants.

After the completion of data collection, research team members in the U.S. and Uganda collaborated to analyze the FGD and in-depth interview transcripts. Matrices were developed to organize findings and identify main themes. Team members read each transcript, recorded findings by theme, and wrote summaries of findings under each theme. The summaries were compiled into a database, and researchers subsequently analyzed the findings across focus groups and interviews to identify overarching results.

Later, researchers from Uganda and the United States held events with various stakeholders (i.e., formative research participants, FP providers, district and sub-county leaders, and local NGO representatives) as a form of post-research member-checking, a method used to increase the credibility and validity of findings (Creswell 1994).

The study protocol and research instruments were approved by the Georgetown University's Institutional Review Board (IRB) in Washington, DC, as well as by the Ugandan review boards of The AIDS Support Organization (TASO) and the Uganda National Council for Science and Technology (UNCST).

5.0 Results

During the course of the FGDs and interviews, participants spoke of FP acceptability in general and described the current contextual considerations that affect the use of FP methods. Participants also spoke of knowledge, attitudes, and behaviors related to specific methods, including FAM. In addition, participants discussed FP communication within the community and among couples—elucidating facilitators of and barriers to such communication. Finally, participants discussed interest in learning more about FAM and suggestions for engaging the community.

5.1 Family Planning Acceptability

FP acceptability is shaped in part by the post-conflict and post-displacement dynamics in the Acholi sub-region. Adjusting after returning to ancestral villages from IDP camps and other locations remains a challenge, as noted by Community Leaders and YIELD Facilitators who were asked to discuss challenges facing their communities. There are said to be few economic opportunities, which underpins problems among men, such as idleness and alcoholism. For women, there are limited opportunities for education, which is said to drive many to early marriages. Land disputes, related to tensions among those who settled during or shortly after the conflict and those who returned to find new settlers on their land, are also a problem. With few resources, many families struggle with cultivating their land and, by extension, the ability to sustain their family. Many community members also find it a challenge to grow enough food for their families and to pay for essentials, making it difficult to invest in important, but less immediate expenses, such as children's school fees. This, in turn, exacerbates issues of alcoholism and violence.

> "The most pressing problem is poverty because when you see how people came back home from the camp, right now people are using their hands to cultivate. You know how hard it is to dig using hands? You can grow maize and weeds come. Maize gardens can be weeded three times so that it grows well to help for home consumption and some for sale to help mothers in the households—like buying salt, soap, and others with paying for children in school. There is also a school fee for children, so with that the little harvest cannot sustain them for long." (Community Leader)

> "Land conflicts, young girls now marry at an early age, youths used not to over drink, but now they drink a lot… Because of no employment, youths resort to gambling, like playing cards, drinking. Girls also go to their homes (eloping with a man) because maybe they do not have parents, or it could be that there is no [money for] school fees, so they end up going to their homes … They got this from the camp because people were many and there was nothing to do." (YIELD Facilitator)

"Concerning people's lives now that people have left the camp and come back to their homes: they don't know what to do and they are producing (children) anyhow. There are many children, so that a parent has no ability to give them what they want in a home. That can also bring conflict in our homes. These are the things happening in our area." (Community Leader)

These difficult circumstances encourage interest in using FP, with many community members recognizing the benefits of having smaller families spaced over time. Attitudes toward spacing, timing, and contraceptive use are affected both positively and negatively by cultural factors, and gender and power dynamics. Participants spoke of how post-conflict economic considerations encourage FP use because of values that promote the health and well-being of children. At the same time, participants spoke of male opposition to FP that is rooted in values that promote large families, as well as post-conflict pressures to repopulate. Women also described the health and empowerment benefits that stem from contraceptive use, while also recognizing that gender-related opposition to FP undermines women's autonomy (See Figure 1).

When asked about FP, participants from all groups (younger and older men and women) spoke of FP as a way to space births and limit family size. Participants mentioned the benefits of FP, in light of the current economic conditions. In both cases, the health and wellbeing of children was paramount.

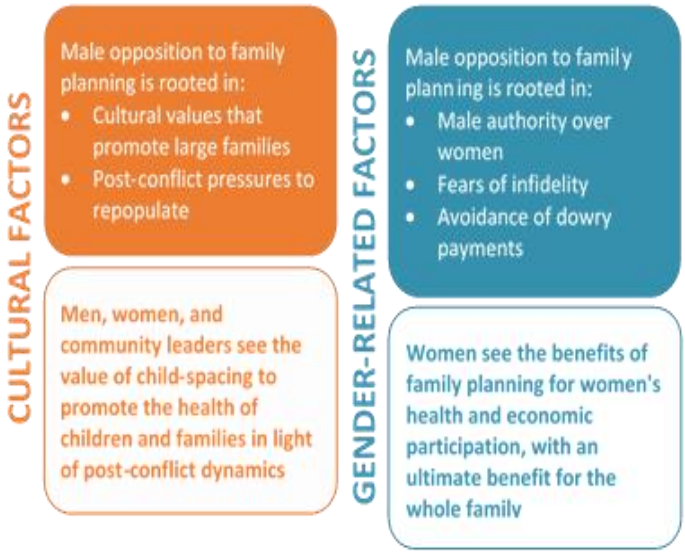

Figure 2| Factors That Influence Family Planning Acceptability

"Family planning is a way of preventing pregnancy and also spacing the children in order to grow healthily." (Younger Woman)

"Family planning has come, because in the past people used to over-produce children who were closely spaced and this was not good for health. It would make children's growth difficult." (Younger Man)

"When you are going to produce, you should know that you produce children whom you are capable of (taking care of), because right now you see feeding is needed for the child, clothing is needed for the child, and education is needed for the child." (Older Man)

Community Leaders also support FP for the health and benefits of families. One Community Leader noted that the first groups to use FP methods are likely to face difficulty, but will achieve

good outcomes compared to those that do not. A Village Health Team (VHT) member noted that people in the community can see the benefits of using contraceptives immediately, which reinforces use.

> "According to me and people in this area…family planning is good. And the first ones who space children sow small, but reap much. One who doesn't, sows much but the weakness of his family is much." (Community Leader)

> "The people do support our work because they are now seeing the benefits of it. For instance, there is a woman that I once convinced to join family planning because she used to produce children one after the other and so her children would suffer malnutrition and now she appreciates what I told her since she joined family planning." (FP Provider)

While most participants reported a high degree of support for FP, male opposition to limiting family size and using contraceptives was described by both men and women as common throughout the community. However, during FGDs, male participants generally expressed supportive views of FP. Negative personal views, such as this example of a younger man describing his reluctance to support contraceptive use, were rarely expressed.

> "If I hear about family planning, I really get a sudden shock! Just like one of my brothers earlier mentioned. I will say, 'Oh my mother, trouble has started!' I would like to say, child-spacing/family planning has some demerits, and also some few merits. But I would like to start it this way, as I see that some demerits are there. Because in the first instance, if I start to do family planning, I may give birth to two or three children… then with the family planning that I am doing, I will just realize that years have gone, and the woman's age will have gone too much, so you will end up having only three children. Then among those three children, you may even lose all of them if God has planned like that. I would like to tell you that maybe of the three children, God could have given one who is mentally retarded. You will realize that he will have left you also. But if you give birth to many children, at least ten children, some five can be available to help and they will surely help you very much. Now if you give birth to few children, among the few, maybe only one is able to help you well at home. That is why I may also say family planning is bad." (Younger Man)

When describing male opposition to FP, most men spoke of cultural and post-conflict related barriers. Older men cited a strong desire for large families that undermines FP acceptability. As one older man noted, cultural beliefs, promoted by elders, discourage use of contraceptives and promote large families. One YIELD Facilitator noted opposition to FP methods rooted in a desire for male children.

> "I think the reason why family planning is difficult to use, some people depend on local belief. In those early days, our elders used not to work with those artificial methods, so what stops us from using…people really need to give birth to many children. That is my idea." (Older Man)

> "Most times it is the old people who like talking about the bad part (of using family planning) because they say that is a way of preventing giving birth to boys." (YIELD Facilitator)

Others attributed male opposition and the pressure to have large families to post-conflict times. It was said that traditional FP methods (i.e., abstinence) fell out of practice during the conflict. Others noted a post-conflict need to repopulate due to lives lost in the insurgency.

> "It's like this: you know that in the real sense, in the past days, those things didn't happen—the high rate of birth that people are having now. People started the bad practice during the insurgency, but if you are wise, you should use the olden method that our grandparents used to do. But now people are confused; people are hurrying to give birth." (Older Man)
> "The elders say that the issue of family planning is killing Acholi, because people have died so all the methods of preventing pregnancy are foolish." (Group Facilitator)

5.1.1 Gender and Power Dynamics

Gender and power dynamics that undermine FP were evident. While many women reported a desire for FP because of the health and economic benefits of child-spacing and smaller families, men indicated a resistance to FP attributable to male dominance and control. One basis for opposing FP was a fear of women's independence that could lead to family separation. Men also explained that they sometimes welcome/desire pregnancy so that their in-laws will not pressure them for bride price payments, which they are unable to make.
Many women described the benefits of FP, for their own health and autonomy. Women reported that using contraceptives affords them various opportunities, such as the ability to engage in economic activities. Several also mentioned that contraceptive use allows them to look and feel healthier, and have time for other activities.

> "I also heard about the implant, which is often inserted in the arm of women. It takes about three to ten years depending on what you have chosen. So this gives ample time for the woman to relax with her husband and provide adequately for her children." (Younger Woman)

> "Men want children, but after one or two children it is now left for the women to cater for them. School fees, medical care is on you, the woman. You as a woman will have no time to clothe yourself and when you go to your fellow women, you would not be looking good. This is the reason why I took a step to use this way of child spacing instead of just sitting home, growing small, and looking bad. When my hair is not looking good, moving bare-footed in the name of many children; that is why I took my time to go for this." (Older Woman)

At the same time, both women and men explained that men oppose contraceptive use because they wish to control women. As one older man bluntly noted, men have authority over

women's bodies. According to him, women who refuse sex and pregnancy are certain to face negative consequences.

> "The right (authority) for the home is for us men, I will die with it (with that authority). We men have rights, women have no right. A woman refuses her body, you will tell her, "Who has a right for your body?" She has to accept if not, tomorrow it will bring problems." (Older Man)

Both women and men also noted that men's stated fears of infidelity permeate FP decisions. As one young woman commented, some men feel that women who have many children will not be able to stray or separate from their husbands. One young man also mentioned that some men refuse to let their wives use contraceptives because they will be healthier, possibly drawing the attention of other men, leading to infidelity or divorce.

> "Men do not want [family planning] because think when you are producing many children, you cannot go anywhere…but when you have like two children, the man sees that you can still get someone else and they do not want that." (Younger Woman)

> "There are some women who are not trusted in the house. If a woman now knows that she is promoting family planning and has got injections or she will have got the implant…it can make her look very nice; other men will start admiring her. So you will realize that she will have left her first husband for another husband. This is the reason why some men don't accept. If she is giving birth, then no man will disturb you as they know that this one already has her children and husband. But if one is using the family planning method, they will say, 'This one is still free!' And they will remove her from you. So this is the sole reason why men don't often agree so much." (Younger Man)

Although most Community Leaders support having smaller families, one religious leader voiced a lack of support for modern FP methods, attributing contraceptive use to the breakdown of traditional families. This leader criticized women's advocacy for contraceptives and linked use with promiscuity and prostitution.

> "And the issue of this modern family planning, it's bringing about prostitution in the place, since some (women) are moving with the pills in their bags thinking that is their protection. Besides, there is rampant divorce and family break up because of that (family planning). Women don't want to give birth now because they say they have the rights to control themselves, because some people say that when you give birth frequently, you will get old very fast. So women use the pills as a defense mechanism to protect them, to control themselves because they don't want to get old." (Community Leader)

Other evidence of male opposition rooted in efforts to control women was a resistance to FP that was attributed to bride price payments. Several young men noted that if a woman is pregnant, her parents/relatives cannot take her back home when her husband is unable to

pay. Therefore, young men were said to refuse contraceptive use to enable them to avoid the bride price, yet keep their wives.

> "It's us… it is us, the men, who like opposing family planning. The first reason is that, when I bring my wife and if you see that I have made her pregnant, my in-laws will not be disturbing me. But if I don't make her pregnant, when she has already inserted implant in her arm, then they will pick her and go away with her. This makes me to hurry to give birth so that they will not take away my wife." (Younger Man)

> "They say that the people of your wife (the relatives of the wife) will constantly ask you for dowry so what the man does is to constantly keep the woman pregnant so that when they find her pregnant, they cannot ask for dowry anymore because it's culture. So they do that to dodge paying the bride price, that's why family planning is hard. Because if you don't have the money to pay your in-laws, the only thing is to keep their daughter pregnant always." (Younger Man)

Although male opposition to FP was widely reported, participants' own expressed views tended to be supportive of smaller families and contraceptive use. These findings indicate acceptability among many men and women, both older and younger, as well as among cultural leaders. Participants seem receptive to messages about child-spacing and see the benefits to health, as well as the economic advantages of having smaller families. However, pervasive cultural values and gender-related barriers that undermine FP exist and must be addressed to increase FP uptake.

5.2 Family Planning Methods

Men and women of both age groups were aware of and discussed modern FP methods including hormonal methods, FAM, and condoms. To a lesser extent, both male and female participants mentioned but did not speak in-depth about a range of other methods and practices, such as intrauterine contraceptive devices, tubal ligation, vasectomies, and withdrawal, as well as traditional practices such as using Lutoto (an herb) and pain relievers (i.e., Panadol).

5.2.1 Hormonal Methods

When asked generally about FP methods, many women (both older and younger) spoke of hormonal methods, especially Depo-Provera and Implanon. They also tended to express positive attitudes towards using them. Both methods were said to be very effective in preventing pregnancy and easy to use.

> "I use the one that is injected. When you use it for three months, you rest and after three months of rest you again start using it and you cannot get pregnant that is the good thing." (Older Woman)

According to FP Providers, Depo-Provera was the most commonly used method, and many women described their experiences trying this method. Several women also spoke of using implants. Oral contraceptives were mentioned less, and fewer women were said to use them. Several women spoke of trying multiple methods in an attempt to find one that was suitable.

> "I have seen the goodness of family planning on me. I have used about three methods: injection, the one for swallowing (pills) and the one that is sewn (implant). So I feel it is easy to go for family planning because feeding here in Uganda has become very hard. Also paying school fees, medication, and clothing is a problem. Sometimes you see that your neighbor has few children, the children are going to school and are happy. Then you see the one who is giving birth to many children and will be forced to go and get the family planning to see that their children are also taken care off. That is why I chose to use it, so that I have less children and am able to feed them, pay their school fees, and take care of their medication. It is because of these that I found it easy to go for family planning." (Older Woman)

Barriers to Hormonal Method Use

Although many women spoke positively of hormonal methods, a number of barriers were also apparent. Both men and women shared misconceptions about methods. Further, many participants expressed concerns related to side effects. These concerns were strongly voiced among older men and inhibit FP acceptability resulting in covert use of hormonal methods, despite increased risks of conflict and violence for women (See Figure 2).

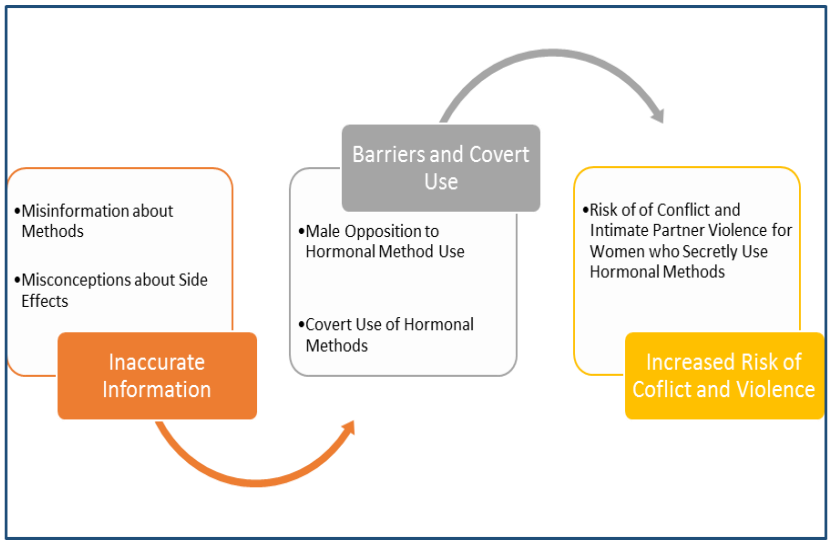

Figure 3 | Barriers to Hormonal Method Use

Although many women understood basic information about hormonal methods, misconceptions were reported. Men were generally less familiar with methods, and also reported confusion. For instance, several men and women reported a need for blood screening to determine method compatibility.

> "You can go to the hospital with your husband, they will test your blood for compatibility of a method then they will give you a method matching to prevent pregnancy and space birth." (Younger Woman)

> "The benefit of the injection is that your blood will be screened to be sure you can absorb a certain amount of medicine and so you will be able to make your own choice on how long you can be injected until you want to be pregnant." (Younger Man)

Women, men, and FP providers expressed concerns related to side effects that undermine use. These included expected side effects, such as heavy bleeding, weakness, and nausea, as well as effects not associated with hormonal method use or which are rare. These included abnormal growth in the womb, babies born with disabilities, and death. This led some women to avoid these methods and others to use them with trepidation. Several women who had used these methods spoke of discontinuing use, with some switching methods in an effort to find a method with fewer side effects.

> "Family planning is good but it often leads to too much bleeding. The women lose weight so much and general body weakness that sometimes it leads to producing children with disability—like body weakness in the newborn children who are sometimes even born when they are paralyzed." (Younger Woman)

> "I also used the injectable. When I did once for three months, I used to bleed constantly for all the three months until I went back to the hospital where they advised me that I needed to change to another method that could match with my blood, and that is why I say family planning is difficult to use." (Older Woman)

Men also expressed strong reservations about the potential effects of contraceptive use for women and children. Older men, especially, voiced strong concerns about harmful side effects. These concerns led some men to refuse to allow their wives to use hormonal FP.

> "It is a problem. A woman who has been using family planning can give birth to a baby whose other parts of the body are abnormal. I witnessed a baby to one of the women who was using family planning; she gave birth to a baby who was so weak. I also saw this with my brother`s wife. She gave birth to a baby, but the baby died. After getting pregnant again, she did not use family planning and the baby was normal." (Older Man)

According to one FP Provider, fear of side effects were so prevalent that symptoms of health problems are frequently misattributed to contraceptives.

> "Mainly people lack knowledge in family planning because they think when you start using, you should not fall sick (have side effects). When you are taking their history, the first thing they will tell you is that because they are using family planning, they are sick. Yet when you test for malaria, it is positive." (FP Provider)

Despite concerns about side effects and their husband's opposition to use, the desire to avoid pregnancy frequently resulted in covert contraceptive use. Women and men of both age

groups noted that women whose husbands refuse to let them use FP will acquire methods without their husbands' knowledge. Participants also consistently noted that women who use FP without their husbands' consent do so with great risk of conflict and violence.

> "I have learned about the goodness of family planning, as opposed to the bad things people used to tell me about it—like body pains, excessive bleeding. And so I decided to attempt it myself. I have found out that it is actually good and is not causing anything bad to me, I was being fearful for no good reason. I am using the injections. Family planning is a good thing because it gives you breathing space. Something bad these days is that men don't want the issues with family planning as they want you to continue giving birth that you may get old very fast. I tried to talk to my husband about it but he refused, I then decided to do it myself silently. He even threatened me that if he ever heard that I went in for family planning he was going to do something horrible that even my parents will wonder. That is why I went and did without his knowledge and thank God I have not had any side effects of it. I therefore continued using it and now I have three children. I therefore encourage my fellow mothers to take on family planning as they will be able to take care of their children well by clothing them, and paying for them in school, even you will be able to dress well." (Older Woman)

> "If there is no agreement, then family planning will now be difficult to use. Or when the woman maybe wants to use family planning/space births but the husband does not, the woman will escape and go to have herself injected with a family planning method. Then for me as the man, if I realize that she has swallowed that drug, I will want it removed." (Younger Man)

In general, many women indicated a preference for hormonal methods given their effectiveness and ease of use. At the same time, limited knowledge, as well as concerns and experiences with side effects seem to undermine uptake and continuation of these methods. Concerns related to side effects also reinforce male opposition to modern FP method use and lead many women to conceal use, putting them at risk of violence.

5.2.2 Fertility Awareness-based Methods (FAM)

During discussion of natural FP methods, participants were asked about modern FAM methods including Standard Days Method, TwoDay Method, and the Lactational Amenorrhea Method. Participants expressed positive attitudes towards these methods, particularly because of the lack of side effects. Men, especially, tended to appreciate the use of natural FP methods. Acceptability of natural FP among women varied, largely due to the perceived effectiveness of the methods and the ability to negotiate condom use or abstinence during fertile periods.

Standard Days Method (SDM)

Men and women of all ages reported some awareness of SDM. Most frequently, participants referenced MoonBeads (a local brand of CycleBeads) and/or methods that rely on knowledge of fertile periods (safe/unsafe days). One older man reported having been exposed to a training on SDM.

> "The time I saw the beads, I saw how they were trained. Other beads have different colors, when you start counting one color, you count until you finish. During unsafe days they will show you that starting from this color, you should not get in to contact (have sex) with a man. When your period has passed from this color to this color, in this period you are free to have contact (have sex) with a man and nothing will happen." (Older Man)

In discussing SDM, both men and women acknowledged various benefits and barriers to using the method (See Figure 3). Participants valued the fact that SDM is an accessible, natural method that can foster improved couple communication. Barriers were related to low knowledge and concerns related to negotiating unsafe days during the fertile period.

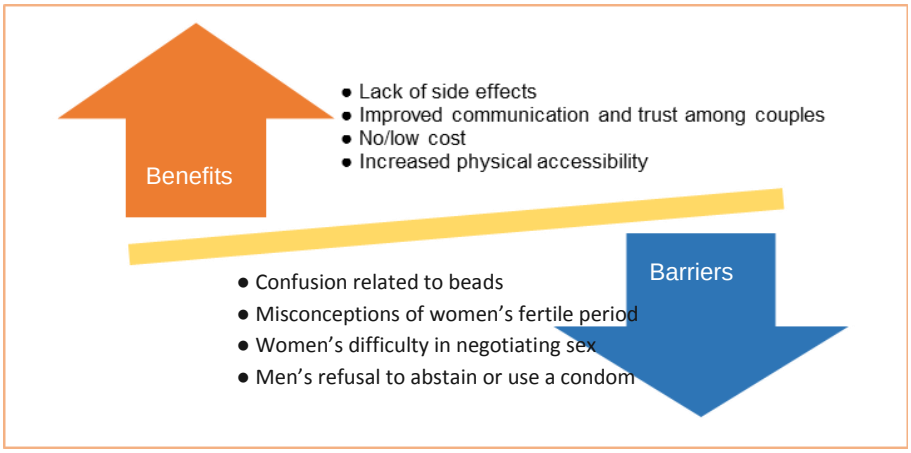

Figure 4 | Benefits and Barriers of SDM Use

Although some participants were familiar with MoonBeads and knew how to use them correctly, few knew the method by name, instead referring to "beads" or "safe"/"unsafe days." Of those who spoke of the method, most indicated positive attitudes because of a lack of side effects.

> "What I have seen is the beads…I can say that on that bead, it may be good because it can be a family planning method which is the natural means." (Younger Man)

Others noted that because of the need to manage the fertile days, using SDM supports communication and trust among couples. For instance one older woman expressed, "I feel that the method (SDM) shows love." Men and women described how the method fosters communication and trust through decision-making during the fertile period.

> "Family planning method is one of method of mutual understanding between husband and wife where you can let a man know that you are in the danger days (unsafe days), then

you will not have sex. This will make you not to conceive when you don't want." (Younger Woman)

Additional benefits of SDM were related to increased accessibility. Specifically, affordability and geographic accessibility were said to motivate interest in using SDM. One young man noted the advantages of a low-cost method, available in the community, with no side effects.

"For me I think that it's because it's less costly. You don't need to go to the hospital. It has no negative impact (side effects) and it works so long as the couple are in good terms." (Younger Man)

Barriers to SDM Use

Despite awareness and support for SDM, participants of both sexes and ages reported misconceptions. One area of confusion was related to the beads themselves, with many unsure of how to use them. For instance, one young man seemed to confuse beads with oral contraceptives. This confusion extended to FP Providers, with one inaccurately explaining how to use the beads.

"I have seen beads…it may be good because it can be a family planning method which is the natural means…but…the woman might have swallowed that bead when the man has not yet made up his mind." (Younger Man)

"For Moon Beads, it has colours, the red, white and brown, so we teach them on how to use. So we teach the mothers that during the safe days like when they have started menstruating today, they count four days, count beads and they put it aside up to seven. Then when they reach on the red, during this period at the initial stage, they can have sex even during period, except it is not healthy—they feel it's not clean for them. When they reach on the red, we tell them to avoid intercourse because they can easily conceive. Again after red immediately, they have to push another one and they don't have to have sex yet, so after the red, the whites are normal, they can have sex normally without any fear of conception." (FP Provider)

Participants also lacked understanding of a woman's fertile period. Understanding when "safe" (i.e., days when pregnancy is unlikely) and "unsafe" (i.e., when pregnancy is more likely) days occur was confused by both men and women. Most participants thought that a woman is most fertile during and just after her menstrual period.

"First of all, natural family planning method is where a man will not have sex with a woman if she is in her periods. So when you don't have sex during period, your wife will not conceive, so this is one of the methods (participant uses), since we shall not be using the artificial methods." (Younger Woman)

> "The unsafe days, to me, vary, as people take different number of days to complete their periods. If maybe a woman takes three days for menses, on the fourth day, if she has sex, she will conceive." (Younger Man)

Although women were not able to correctly identify the fertile days, many mentioned approaches which prevent pregnancy by using condoms or abstaining during the fertile phase. This highlights the need for correct information about the fertile phase during the menstrual cycle. Without this knowledge, these practices will not be effective in preventing pregnancy.

> "Since [a woman] will be unsafe during her periods, they can use condoms to prevent her from conceiving as [her husband] will want to have sex." (Younger Woman)

Women also described difficulties in abstaining during fertile times. Many reported that even when husbands agree to abstain during fertile days, excessive alcohol use leads them to forget or aggressively pursue sex. One participant expressed concern that her husband would manipulate her beads, rendering her unable to correctly identify her fertile window.

> "The bad side of it is that when I discuss it with my husband and he allows me to get the beads, there are men who are drunkards. When he comes home drunk the day I am supposed to count the risk days and he fails to understand…you know, alcohol can control even a teacher or president. He (the husband) might fail to understand and forcefully we would have to have sex, since he might become like a baby in his mind. This is its bad side." (Older woman)

> "The method is not well liked by women, as the men who return from the drinking joints force women into to sex. So they feel the men like going against the rules of mutual understanding." (Younger Woman)

> "Let me talk about the Moon Beads. I may be using the beads for child spacing but when my husband is not for it such that I may move the beads as required, but in my absence the man moves it back to the previous steps—meaning I will not correctly follow that days. And before I know it I will be pregnant as I will not have counted them correctly because of the reversals." (Older Woman)

Because of the challenges that women face avoiding unprotected sex during the fertile days with their husbands, FP providers expressed reluctance to recommend the method to clients.

> "And again with the natural method, the husband and woman have to be with the knowledge. Most of these men are drunkards, and you know how they behave when they are drunk. They just come and jump on their women anyhow. They will not even compromise, so it's not easy." (FP Provider)

> "For natural, I am also hesitant because our men just understand for a short time and then they change their mind…'I have to enjoy sex with her even if it's on the unsafe days.' This will make the woman to end up getting pregnant." (FP Provider)

Overall, many participants seem very interested in SDM, particularly because of the lack of side effects, opportunity for improved couple communication and decision-making, low cost, and accessibility. Women also seemed to generally have a good understanding of managing fertile periods through abstinence and condom use. However, misconceptions about a women's fertile period are common and will pose challenges to correct use. Moreover, difficulty negotiating the management of fertile days coupled with men's refusal to abstain will undermine effective use.

TwoDay Method

The TwoDay Method of observing vaginal secretions was not familiar to any participants, although FP Providers did mention the Billings method. One provider indicated that some community members who use the Billings Method might be interested in other natural FP methods.

> "I think very few are interested in using this, and especially those who have studied and they can monitor the secretion. There is what we call the Billings Method, they observe their mucus, whether its thick, it means the woman will not conceive and when the mucus is light, then the woman can easily conceive, so we tell them. However, only few women come for it and mainly the educated." (FP Provider)

To learn more about acceptability of the TwoDay Method, participants were asked about secretions and sexually transmitted infections (STIs). While some women associated secretions with fertility, most did not. Both men and women tended to equate secretions with sexual fluids and, to a lesser extent, STIs. Participants also imparted familiarity and basic understanding of STI symptoms and treatment.

Secretions

Although women and men were familiar with vaginal secretions, most were unaware that secretions are an indicator of fertility. Only very few women related secretions with fertility, and few understood secretions in the context of the menstrual cycle. For instance, one older woman linked secretions directly with fertility and a general ability to conceive.

> "To me the secretion means a sign of mature eggs in a woman and when this happens, this to the woman will mean that her eggs are ready for fertilization so she can conceive anytime." (Older Woman)

Overall, there seemed to be a great deal of confusion as to what secretions signify and how this information can be used to prevent unintended pregnancies. As one older woman noted, "I know the fluids come but I do not know that it is used as a birth control method." Most commonly, older and younger women tended to confuse secretions with sexual fluids. To a lesser extent, some women confused secretions with discharge related to STIs. Men held similar beliefs, though were much less familiar with secretions.

> "It (secretions) do not come every time, but when you are in sex moods and even when you did not have sex and sleep, you can wake up when you are wet." (Younger Woman)

> "The secretion comes when it is hot, and its whitish in colour, it itches whereby you need up pouring hot water on it and it will give you a burning feeling and sometimes it may cause some rashes in the vaginal area." (Older Woman)

STI Symptoms and Treatment

With regard to STIs, participants of all groups were aware of symptoms (e.g., pain, burning, swelling, discharge). While many noted that STIs can be acquired through multiple sexual partners, participants also noted inaccurate causes of transmission, such as using bathrooms and poor hygiene.

> "The infection sometimes is caused by having sex between many sexual partners, this is common. When a man has many women he has sex with, he will contract the infection from one woman and keeps on passing it to the others until it reaches you." (Older Woman)

> "What I know that can bring infection into the women's vagina can be the bathroom. You know for women, when they go to urinate, they at least go lower to the ground. But for us men, we remain higher a bit. So given that someone previously urinated there and did not have clean genitals with some germs in the urine, it can bring infection on the other woman who comes to use the same facility." (Younger Man)

Participants from all groups also noted that a visit to a clinic or hospital was necessary for effective STI treatment, though men noted a reluctance to visit such facilities due to stigma. Women also noted a tendency of men to avoid modern treatment because of shame.

> "Men also go to the same health center (as women). Many men do not like going to test because of fear that in case he is infected, he will be ashamed." (Older Man)

> "Some of other men really never go to the hospital. They divert to use local herbs. Unless it's very serious, then he will go to the hospital." (Younger Woman)

While participants were not familiar with the TwoDay Method, there seems to be some existing knowledge related to other methods that use observable secretions, as well as associations

with fertility. Some participants confused sexual fluids with vaginal secretions that are indicative of fertility, indicating a need for clarification. Misconceptions related to the transmission of STIs and reluctance among men to visit modern health facilities were also noted, and thus, STI education is important and referrals and encouragement for STI testing and treatment may be necessary.

Lactational Amenorrhea Method (LAM)

LAM was described to participants through a story depicting a woman using the three criteria of the method. Many participants indicated familiarity with using breastfeeding to space children, though few understood the full LAM criteria. Similarly, participants spoke positively of the method, others reported skepticism about the method's effectiveness, likely related to misperceptions about the criteria that lead to unintended pregnancies (see Figure 4).

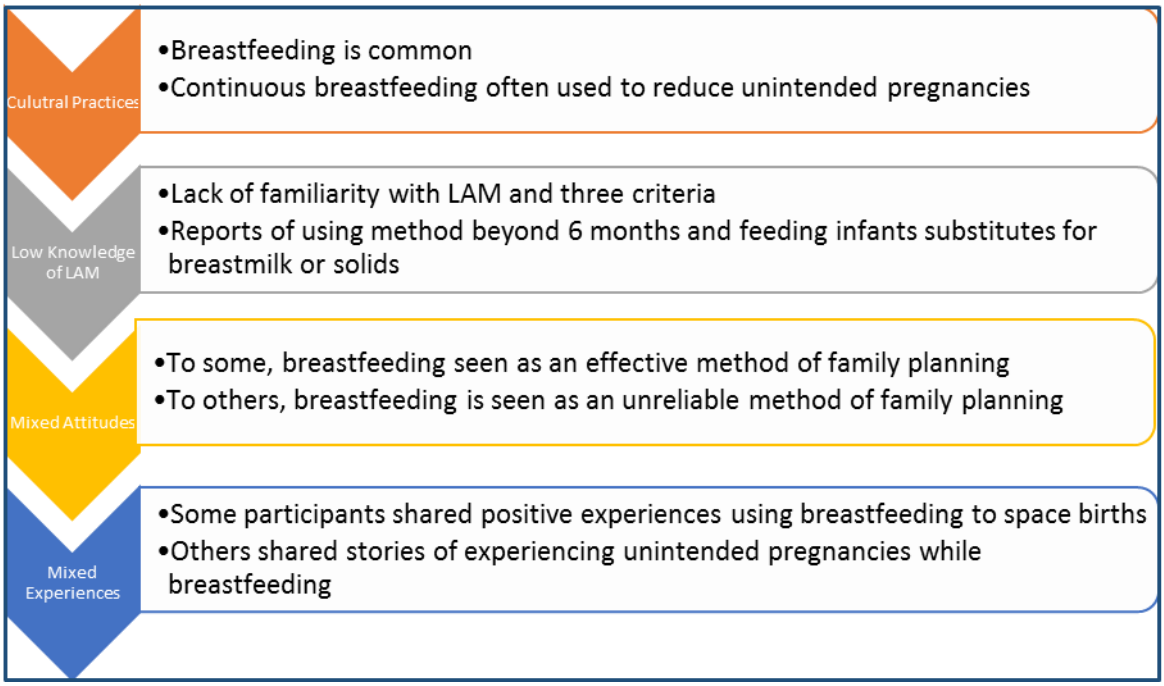

Figure 5| Use of Breastfeeding to Space Births

Breastfeeding is said to be common in the Acholi sub-region. Both men and women frequently associated breastfeeding with FP, though most had not heard of LAM. Relatedly, few participants understood all three criteria of LAM for the effective use of breastfeeding to space children. Although many women cited constant breastfeeding and lack of menstruation, few understood the six-month window of effectiveness, including some FP providers.

> "This method works and you will continue to breastfeed your child until even three years, it happens to me, as soon as I stop my child from breastfeeding, I will start my period and when I get into sex, I will never miss, I conceive there and then." (Younger Woman)

"Lactational amenorrhea: when they breastfeed their babies, they do not have their menstruation (referring to mothers) and when they breastfeed their babies on demand both day and night and this can go up to eighteen months." (FP Provider)

"While those who are promoting LAM, they can breastfeed up to two years without menstruating or even getting pregnant." (FP Provider)

It was also noted that feeding infants supplements to breast milk was common. This was due in part to women having to leave the home to work in the fields, as well as cultural norms related to feeding. Both older men and women reported that introducing solids before six months is common, which inhibits exclusive breastfeeding and the effectiveness of LAM.

"Concerning breastfeeding, there are people who do not accept it, they say when a baby reaches four months, it is better that something salty be given. There are few who would understand but in our area, the issue of giving food, porridge and also mixing water with sugar is done when a baby is three months." (Older Woman)

"I have seen women start giving soup when their child is 5 months. Women give porridge to babies as early as four months." (Older Man)

Because of misconceptions about LAM criteria, attitudes towards using breastfeeding to space children were mixed. Many participants expressed positive attitudes towards using breastfeeding to prevent unintended pregnancies, citing a desire for natural FP methods.

"I see that the breast feeding method as the natural family planning method allows the child to put on very good weight and remains healthy, this keeps the woman very fit, she does not get pregnant until the time that she starts weaning the child during this period." (Young Woman)

"I feel that women have a belief there very strongly (about breastfeeding), because you will see that some have not taken time to go to the hospital, they are breastfeeding, and they have not used any artificial family planning method. They wait until they start experiencing period that is when they go to the health facility, where they will select the methods." (Younger Man)

Others reported mistrust and skepticism, because they were aware of instances where women had experienced unintended pregnancies while breastfeeding. In fact, the names "Akumu" and "Okumu," for girls and boys conceived shortly after another birth and before a return of menses were mentioned by many participants across groups.

"I see the method is risky, as it may change so you will end up, getting pregnant before a child matures by two to two and a half years." (Younger Woman)

"…the child will be given the name Okumu/Akumu for a boy and girl respectively as in our area here; meaning a child conceived without the mother experiencing period." (Younger Woman)

"In Acholi here we have heard of the children who are called Okumu or Akumu where a woman gets pregnant without getting her periods." (Younger Man)

Because of this, women and men reported using breastfeeding as a FP method with mixed outcomes. Some spoke positively of successfully using the practice to prevent pregnancy, though it is not clear whether those participants understood the method's criteria. Others described difficult experiences with unexpected pregnancies while breastfeeding.

"This is happening on me. My wife has a child of one year and two months and has not gotten her periods. But not all women want this method because there are others who want to get babies immediately." (Older Man)

"I also say that the LAM is not a good method of family planning as it makes women to conceive early. I felt bad when I got pregnant and yet I had a small baby whom I was carrying. So imagine I had morning sickness with a small child, it was tough for me." (Older Woman)

Overall the concept of using breastfeeding to space or avoid pregnancy exists in the community and many people view breastfeeding as a good method to reduce the likelihood of unintended pregnancies. However, low knowledge of the three criteria of LAM undermines its effectiveness. Variability in practices related to breastfeeding and weaning infants among women attempting to use breastfeeding as a FP method, likely leads to unplanned pregnancies and increases mistrust of the method.

5.2.3 Condoms

When discussing various methods of FP, condoms were mentioned by all groups of participants. Both male and female condoms were mentioned, though male condoms are more frequently used. Participants discussed the benefits of using male condoms in particular, as well as barriers to use.

Condoms were said to be good option for those who prefer non-hormonal methods. Overall, participants demonstrated a good understanding of correct use. Men, especially, seemed to prefer male condoms.

"Condoms are good because it prevents unwanted pregnancy so if you want to make love to your wife, put it on and when you are having intercourse as a man and you release your sperm; remove the condom before your penis cools to avoid anything wrong from happening." (Younger Man)

> "I want to talk about condoms; it is good because we have heard that the family planning pills have many side effects. Condoms when used properly help to prevent pregnancy. Why I say family planning pills is not very good is that when women use them, at the end they can produce children with no arms and this causes lameness so I prefer to use condoms because they are good." (Younger Man)

Compared to male condoms, female condoms were discussed less frequently, though some women described appreciating the ability to control use. Even so, female condoms were said to be less popular. This was reiterated by one FP Provider, who felt that even with counseling, participants were reluctant to use them.

> "If you see that some trick has come for the use of female condoms. If it reaches the time to go to the bedroom, I will run first and rush to dress up my female condom. Then we shall start having sex, so he will not know." (Older Woman)

> "Women use female condoms, but these ones are not very common although it can also prevent pregnancies." (Younger Man)

> "It's only the female condoms, these mothers don't like it and I am not comfortable with it. Because once you counsel them, they don't want to take it and I feel it's a waste of time." (FP Provider)

Overall, women and men described many benefits of condoms. Some described condoms as a good method for managing women's fertile periods. Others noted that the advantages of condoms included accessibility and STI and HIV prevention.

> "Condoms are also easy to get, it reduces the risk of contracting diseases." (Older Man)

> "I have seen the male condom, the good thing is that it helps to prevent spread of HIV virus from one person to another." (Younger Man)

Several barriers to condom use were also noted. Specifically, myths related to condom use, such as concerns that condoms can explode and infect people with diseases and that a condom could remain in a woman's reproductive tract and cause health problems were mentioned by men and women. Women also expressed concerns with their ability to negotiate condom use, similar to what was expressed regarding abstinence, particularly when men had been drinking.

> "Then having sex with condom is also good, but if the condom remains in your uterus, then it will give you trouble. It's good if you know how to use it, but if you don't know, then the challenge will be on you the woman." (Older Woman)

"I have never used family planning but I think the one that is injected is better than condom because if you have a man who is a drunkard, he might not have the time to put on a condom (laughing in the background)." (Older Woman)

Overall, condom use appears to be relatively common and popular among men. Female condoms were discussed less frequently and appear to be less frequently used. Participants described the value of using condoms to manage fertile days and understood their value in preventing STIs, including HIV. Misconceptions about condoms were also evident and may undermine use. Further challenges in negotiating condom use might make it difficult for use with FAM methods.

5.3 Access to Family Planning Methods and Information

When discussing access to FP methods, participants did not tend to describe problems with geographic accessibility. Barriers to accessing health services were largely described within the health facility, mainly related to the provision of FP information and services. Barriers for women accessing services without a husband's consent and for unmarried youth were also described. FP methods were said to be primarily obtained from government health facilities. Women also spoke of accessing FP from Marie Stopes Uganda (MSU), Reproductive Health Uganda (RHU) and private clinics. Generally, participants reported that services were geographically accessible and that some providers came to the community to deliver information and services. Participants also noted the free services offered at the government health facilities as an additional facilitator of FP use.

"When women want to get family planning services, they go to the hospital, however, they are very many [other services] now days. In the main government hospital, even Marie Stopes is there. And others are there, maybe called productive health (referring to RHU)? And even there is already the mobile teams who move into the community and other health centers. You can choose any of those and share with them your interest." (Older Woman)

"Women need to go to the hospital to access family planning services in government hospital where they give you for free." (Younger woman)

"Even if it's far, if they (women) hear that it (family planning) is free of charge they can carry themselves on a bicycle. Especially nowadays, people's eyes have opened especially in the field of producing children." (Younger man)

Barriers were also noted among all participants. Women mentioned gaps in counseling, such as not being given details on side effects. Younger women pointed out a lack of choice in methods, as well as stock outs in the facilities that can increase the risk of unintended pregnancies. Younger men reported an inconsistent supply of condoms.

"My view is that the doctors should clearly tell us the effect of the family planning because there those whose husbands can never allow them to go for it because they fear the effects." (Older Woman)

"Sometimes at the health facility, drugs for family planning get stocked out. So sometimes [methods are] not available and it ends up being so risky for the woman. She may conceive again if she has sex during this period." (Younger Woman)

"I feel that condom use is not good…sometimes it may not be available at all here in the village here. Getting condoms can be difficult." (Younger Man)

FP Providers also noted stock outs, staffing shortages, and not having all methods available as barriers to FP services. Some government providers mentioned referring women to private organizations, such as MSU.

"Sometimes we also experience stock out and this won't be good, as the mothers will demand them. And in the process of us completing the restocking process, they will have ended up getting pregnant. And then, we are understaffed. If the other one is off duty, the other one had problems, the mothers come when they need family planning, and another antenatal, some end up going back without accessing the service." (FP Provider)

Another barrier noted by FP providers was a reluctance to offer services to married women without husbands' consent. Although women have the legal right to access services on their own, providers explained that they valued husbands' involvement in FP, particularly as it reduces the risk of conflict and violence in the home.

"For instance a man cuts the woman's arm with a razorblade to remove the drug (implant) and they come to say, 'Doctor why do you do this?' And yet the law says it's their rights to use it. So it's still a challenge." (FP Provider)

"There was a woman who came, the husband never wanted her to use family planning. After counseling her, she chose [to use] Depo then we gave it to her. But the man came to the health Centre he was quarreling and wanted to fight everyone. And that woman has never come back for revisit." (FP Provider)

"Husbands must be involved because they are the biggest opposers of family planning. Having them on board will reduce domestic violence." (FP Provider)

Some FP Providers were also reluctant to provide services to young unmarried clients and often limited their method selection to condoms. As one FP Provider described, "I feel free, especially giving them condoms. Even the girl who came (and was refused services), I asked her whether she can take condoms but she refused and said she wanted injectaplan."

While geographic access and free services at health facilities improve access to FP, there are other barriers to consider. Women described needing more information on FP, such as details about side effects. Among women, inadequate counseling and limited choices were reportedly issues. FP providers also noted stock outs, staffing shortages, and limited selection of methods as barriers, as well as a reluctance to provide services to women without a husband's consent and limited method selection for young unmarried people.

5.4 Family Planning Communication

Participants were asked about how people in the community talk about FP, as well as how couples discuss FP and make decisions. In both cases, FP communication was said to be uncommon. At the community level, talking about FP was more frequent between women and their peers. Men were unlikely to discuss FP outside the home. Among couples, discussing FP was said to be risky for women and it was noted that women had little power in decision-making.

5.4.1 Community-Level Discussion on Family Planning

Community Leaders and YIELD Facilitators were asked about FP communication among peers and the broader community. According to the participants, FP discussions at that level were limited, especially among men. This communication among peers was said to be restricted to discussions around observations of child-spacing and rarely about use of FP methods.

> "They talk freely if they see that someone has spaced children very well, they are being sent to school, and they are taking good care of the children. So they comment that it looks that they are using different drug which make them live healthy, space children very well and even care for the family so well, and yet some of those words come because they don't know deeply about family planning." (Community Leader)

Across all participants, women were said to have greater ability to communicate with peers about FP across various public spaces (e.g., water points, markets, churches, hospitals, community meetings, etc.), compared to men. Some women mentioned that discussing FP with other women could help diffuse information throughout the community through women's social networks.

> "Other people can know from stories being told by friends, like [she] can tell a friend how she is managing her sexual life then that person will learn and start using it too, and the information will be relayed to other people in the community." (Younger Woman)

5.4.2 Couple Discussion on Family Planning

Men and women of all ages spoke of the benefits of couple decision-making and some participants shared their own experiences:

"When I hear about family planning, I become happy because we shall be discussing issues with my wife on how we should plan to get our children, how we should protect our children so that they get fed, how we should pay our children in school so that they go ahead with studies, and how we should look for money to maintain our home for future." (Older Man)

Despite positive attitudes towards couple communication, all groups of participants reported that thorough conversations about FP among couples are not common and are inhibited by a variety of factors. FP decision-making is said to be limited by rigid gender roles and expectations, and risk of violence. These decisions are also heavily affected by the influence of other family members, especially the mother-in-law who is said to be influenced by the father-in-law (See Figure 5).

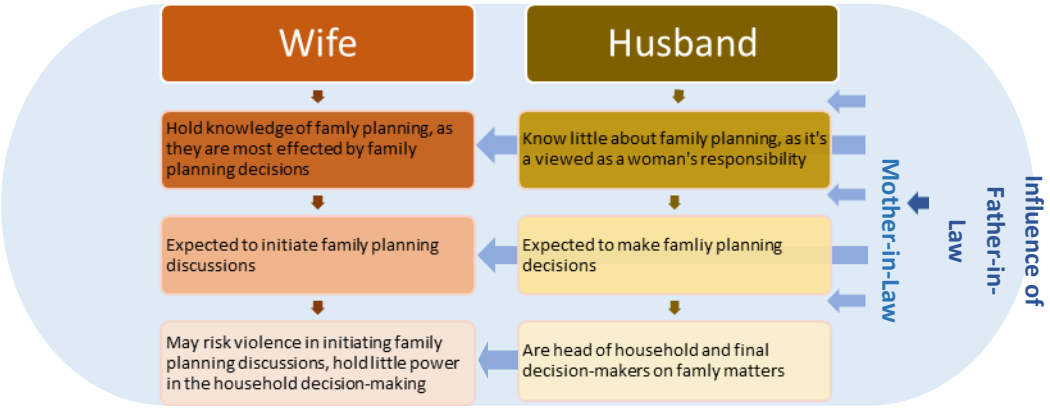

Figure 6 | Gender and Responsibilities

Because women experience pregnancy, childbirth, and raise children, they are expected to be exposed to more FP information. Further, they are most affected by FP decisions, and so it is said to be their responsibility to educate themselves and to relay it back to their husbands. As one Community Leader noted, "Men, they learn from women because when the women learn about it, they come to talk about it to their husbands." Because of this, women are also expected to initiate FP discussions with their husbands.

"Women should initiate the topic of family planning as they are the ones who are closer to the process of conception such as menstruation period." (Older Man)

"The woman is the one to come up with ideas about family planning and should really push for them because she is the one who will suffer the most in raising up the child. For example, lack of enough sleep, sickness of the child, looking for food, medication, as many men these days are drunkards etc. As for the other members of the family, no single one of them is going to help in the raising of the children and none of their views count. And so the woman is the one supposed to begin and hence igniting the discussion." (Older Woman)

"It's the woman who gets to share with her husband or her parents to use family planning. Often the women initiate and the men give their feelings." (Younger Woman)

Women want this dialogue but are skeptical of their husbands' support of their FP desires. Moreover, some women are reluctant to bring up the matter, because of violence. Young women, in particular, find it difficult to discuss FP and report feeling fearful.

"This discussion of knowing how many children a family should have is very rare in Acholi land, especially for the village woman. At least for the educated woman, she can discuss with her husband. For the village woman, if you bring it up, they (husband) will just harass you to go away with the topic. Instead they (husband) will say, 'Let's just give birth because my father's home has been so weak because of few children.'" (Older Woman)

"The first one (conversation) depends on the understanding of the man. Some men are rude, while others are calm. So we women find it difficult, sometimes you may also say to him in a humble way, but he will reply with violence. So that makes is difficult to women for real." (Younger Woman)

Although women are expected to initiate FP discussions, it was noted by all groups that husbands are typically the ultimate decision-makers. Many participants described the Acholi community as a patriarchal society where the man is the head of the home and make's final decisions on FP use. Women were said to have little role in decision-making.

"About idea in man and woman, husband and wife, the one whose opinion must be vital so that issue of family planning in the house is in place, must be the man. Because it's the man who will see that what he does in the house, is it being done well? Is there enough food for children? Are school fees being paid effectively for children? Do you think that a woman can do all those things? The woman can't do those things. I still end here. Thank you." (Older Man)

"Discussing this issue may also be difficult because in our culture, women are often deprived form taking decision so one partner may oppose which is commonly the man while the other accepts, and this is the woman who most times accept since she bears all the burden of giving birth." (Younger Woman)

While women acknowledge the importance of involving husbands in FP decision-making, older women reiterated that they would seek FP on their own if necessary. Younger women seemed more likely to abide by the husband's decision, so as to avoid conflict and violence.

"I know between a man and a woman in a home, even children, the most respected person is a man. And the one whose words are taken most is also a man. So when you want to go for family planning, you should first tell your husband before thinking about going

without his notice. But in the case he refuses, then you go without his notice." (Older Woman)

"If the woman decides stubbornly to access the family planning without the consent of her husband, it will result to violence in the house." (Younger Woman)

Women also noted the important role that members of the broader family play in FP decisions. Mothers-in-law were said to be responsible for educating their sons' wives on traditional approaches to birth spacing. Mothers-in-law at times were said to help promote FP. However, women also noted that mothers-in-law often discourage modern FP use, as they tend to be influenced by their husbands.

"…one and a half months after giving birth my husband told me I should leave my mother in-law's house, but she became tough on him telling him that I am still a young girl and so he should give it two months first. That was because I didn't know how I should take care of myself." (Older Woman)

"I say that, most often it is the father in-law who opposes the daughter in-law to the use of family planning, even if a woman discussed with her husband. Commonly at least the mother in-law will support to the use because she will have seen the challenges of child care in her life." (Older Women)

"I feel it's really the decision of the father-in-law also that matters in this topic. People like the mother in-law just supplement what has already been agreed by the father-in-law." (Younger Woman)

As noted, FP discussions in the community and among couples was said to be uncommon. While women have more exposure to information about FP and opportunity to discuss it among peers, men do not seem to have a similar experience and are unlikely to discuss FP. Within couples, it is a woman's responsibility to start conversations about FP, but with risk of conflict and potential violence. Ultimately, FP decisions are made by men and are influenced by in-laws that tend to discourage modern FP method use.

5.5 Interest in Group Learning of Fertility Awareness Methods

When asked about interest in learning about FAM, most participants expressed strong interest in learning more, especially about SDM and LAM. As one young man noted, "I believe that people will have the desire to understand those things (FAM) into details and begin to use them appropriately." Many participants also reiterated the benefits of the methods, particularly that they are natural methods with no side effects, and more accessible through not having to regularly visit a health facility.

"I think the people of this area will not refuse it (FAM) because it is easy to use. People fear other family planning methods like sewing, swallowing or injections because of its negative side effects that is why even if you tell them about that, they will not accept because of the effect." (Older Woman)

"Our group's interest (in FAM) can be much because of the many challenges in accessing the family planning that women go through, in hospitals and even the side effects are not pleasing to women." (Older Man)

Community Leaders and FP Providers also expressed support and interest in learning more about FAM. FP Providers spoke specifically of incorporating the information into their work. YIELD Facilitators noted that the sessions would be very valuable, as most YIELD groups had received little or no information on fertility awareness or FAM methods.

"I would so much be interested (in offering natural methods) whereby we can also integrate other services alongside this service like per week we have two outreaches. If you tell people to come and get information for family planning methods, they may not come but when you tell them about immunization, HIV test, malaria test then they can be willing." (FP Provider)

"I will support, together with my people, when we come and listen to how the program will be…you should come openly to give teaching to the community so that people get the knowledge of family planning." (Community Leader)

"…Most groups have many women so I think they will accept receiving the knowledge. And when they are informed, they will receive it with joy.… We have never seen any organization [teach that] here, even in the health centre. So you can place your programs among others here, because this can open people's eyes since there are people who are still ignorant and do not know how to live their lives but with more knowledge, they can get helped." (Group Facilitator)

When asked about group teaching and learning dynamics, participants of both sexes recommended that women and men be taught together, particularly as there was a need to engage men in FP use to increase communication and joint-decision-making. Furthermore, many participants indicated that the sex of the facilitator was not as relevant as the adequacy of their knowledge and training. However, others noted that gender and age differences are important to consider for effective teaching.

"I feel any group who has the idea on family planning can come and teach us well." (Younger Woman)

"I see that when there is need to teach the group members, we need to have the young women grouped differently from the older women, while the older men grouped separately

> from the younger men, then the teaching will benefit the community well. This is true because the age difference will make young girls shy away from responding in the presence of their brothers, mothers and fathers possibly." (Older Woman)

YIELD Facilitators also offered many suggestions for integrating the intervention into existing community group activities. One suggestion was that YIELD members can be trained or provided adequate information about fertility and FP and then develop plans to disseminate the information to other community and group members.

> "I know that in our group, concerning family planning, you can give us things so that when we go for education, they can be like indicators to show people. Because when we go as a group, you show people and tell them that this is done like this. Those things you can give us, and also, we can make concert to show people." (Group Facilitator)

In general, all stakeholders seem interested in an opportunity to learn more about FAM. FP Providers also expressed interest in incorporating FAM into their work. When discussing group teaching and learning dynamics, participants noted that it is feasible to offer group learning of FAM through the YEILD platform, and to engage and educate men and women simultaneously, as appropriate.

6.0 Conclusion and Recommendations

These formative research findings demonstrate some support for FP among the community, particularly given the current challenging social and economic conditions. This context offers an opportunity to help promote a supportive environment for increased modern FP use. Furthermore, support for natural FP and methods without side effects, as well as interest in learning more about FAM, demonstrate an opportunity to build upon facilitators of use, while working to address barriers and ultimately increase FP use among those with unmet need.

6.1 Family Planning

Findings indicate that the acceptability of FP within the community is mixed. Many participants expressed a desire for smaller families, given health and economic benefits, and in light of the current struggles of adjusting from conflict and displacement that continue to affect the Acholi sub-region. However, several factors undermine acceptability, particularly pressures to have large families and male opposition to FP. To increase the uptake of FP methods, it will be necessary to address these broader values that undermine FP use.

The desire for large families that is rooted in cultural values and a pressure to repopulate highlights the importance of building upon existing support for smaller families that increases the health and wellbeing of children and families and promoting the benefits of healthy timing, spacing, and limiting of pregnancies. Given women's struggles with agency in FP, healthy gender dynamics must be encouraged. To support more equitable gender norms, men must be actively engaged in learning about FP and the benefits of egalitarian decision-making among couples.

Findings from the study indicate that men have less exposure to FP information and are less likely to discuss it among peers in the community. Furthermore, results exposed some of the challenges faced in couple communication, particularly rigid gender roles and expectations. Women are expected to start conversations about FP but risk conflict and violence in doing so. Women have little authority in making FP decisions. Ultimately these decisions are often made by men, in line with their role as head of the household. In-laws also influence FP decisions, with fathers-in-law who tend to discourage FP use being most influential. This highlights the importance of reaching the broader family with FP information and reinforces the importance of targeting men and women with accurate information, as well as efforts to encourage effective couple communication and egalitarian decision-making. In light of the high levels of IPV described in relation to FP communication and use, a strategy for addressing IPV and linking participants to existing resources is essential.

6.2 Fertility Awareness

With regard to fertility awareness, findings indicate significant misconceptions about fertility, particularly when a woman is most likely to get pregnant during her menstrual cycle. Most participants believed a woman to be most fertile during or shortly after menstruation. Providing accurate information on the menstrual cycle and the fertile period, can help to address these gaps in knowledge about fertility. This will allow for a more accurate understanding of individual fertility and likelihood of pregnancy, and therefore increased ability to effectively manage fertile days.

Barriers to using FP methods were also described. While hormonal methods, such as Depo-Provera and Implanon, were popular because of ease of use and effectiveness, many participants described misconceptions and strong concerns about side effects that undermine use. Participants also indicated desires for natural FP methods that are free of side effects, but had low knowledge and misconceptions about using FAM methods. These findings indicate a need for education and FP counseling that provides in-depth information on hormonal methods and side effects, as well as accurate information on FAM methods to allow for informed decision-making in selecting methods that fit within individual's life stage and circumstance.

Informed decision making can be encouraged through providing fertility awareness and FAM education, while simultaneously sensitizing FP providers and supporting existing services through referrals. FP Providers held some misconceptions about FAM and several noted a reluctance to offering services to women without a husband's consent. This highlights the importance of delivering accurate information to providers and engaging men in learning about FP methods, including FAM. In delivering sensitization to providers, their misconceptions about FAM methods can be clarified, helping to build capacity, and the opportunity for increasing method selection for couples interested in FP.

6.2.1 Fertility Awareness-based Methods

Many participants expressed interest in natural FP methods that can be accessed without frequent health facility visits. Moreover, participants were familiar with aspects of FAM. However, few held in-depth knowledge on SDM, TwoDay Method, or LAM. These findings lend support to delivering comprehensive information about FAM in the community.
With regard to SDM, participants indicated some awareness of the method, but did not know the method by name and many were not familiar with how to use CycleBeads. More often, participants understood the notions of safe and unsafe days. Women also indicated understanding of how to manage fertile days through abstinence and condom use, but reported challenges to doing so, especially when men refuse to abstain. These findings underscore the importance of delivering accurate information on the fertile period, to enable effective management fertile periods. Challenges that women face in managing fertile days with their partners, highlight the potential benefits of including couples in SDM education. As

participants acknowledged, SDM offers opportunity to build understanding and trust through effective couple communication. By sharing information on SDM with couples, both men and women can learn to effectively identify fertile days and strategies to manage fertile days can be developed together.

In exploring factors related to the TwoDay Method, it was evident that participants know very little about vaginal secretions. Association of vaginal secretions with fertility was almost nonexistent. Most women associated vaginal secretions with sexual fluids, or even with symptoms of STIs. Men knew little about vaginal secretions and were uncomfortable with the topic. It will be important to help participants understand the relationship of fertility and secretions, enabling accurate identification of a woman's fertile period. As with SDM, the TwoDay Method can also help couples identify effective ways to manage fertile days together. Information on the TwoDay Method can also enable men and women to distinguish healthy and unhealthy secretions and encourage treatment for those experiencing symptoms of STIs. While breastfeeding was said to be common across the community, participants felt mixed about the effectiveness of LAM and reported unexpected pregnancies while attempting to use breastfeeding as a method. Many participants, including FP Providers, held misinformation related to the three requirements of LAM, particularly about the duration for which breastfeeding can be used. It was also common for individuals to introduce supplements and solid food to infants younger than six months. It will be important to and increase understanding of exclusive breastfeeding requirements and duration of use among community members and providers, so that couples can develop effective plans for transitioning to other modern methods of FP when they no longer meet the LAM requirements.

6.3 Group Learning Dynamics

Nearly all participants in this study indicated interest in learning about FP and FAM through YIELD, and felt that information could be effectively delivered in a group setting. Participants reiterated the need to include both men and women, especially as men do not tend to be engaged in learning information about fertility or FP, leading to misconceptions that reinforce opposition to FP.

Participants did not voice strong opinions on facilitator characteristics. The main criteria for facilitators were not related to sex, as much as adequate training and preparation for delivering quality information. With regard to teaching in groups, participants indicated that certain topics may be more effectively taught in sex and age segregated groups (e.g., fertility awareness sessions). However, it was noted that other groups will benefit from couples being taught together, such as when delivering information on specific FAM methods.

7.0 Validation and Dissemination

Summaries of preliminary findings of this study were disseminated to district leaders and community members to ensure accurate interpretations of the findings and to inform the concept design of the *Group Learning through Community Organizations* solution. Findings from this study, were used during a Concept Development workshop and participatory activities held in villages, using human centered design approaches to elicit meaningful input on concept design.

Based on the findings from this study and the subsequent dissemination and concept development activities, a solution concept was developed with three central components (see Figure 6). The solution will offer fertility awareness information to YIELD members and the broader community. Thereafter, interested couples will be referred to FAM sessions of their interest. FP Providers will also be sensitized to FAM methods and referrals to other FP methods will be offered as part of the solution.

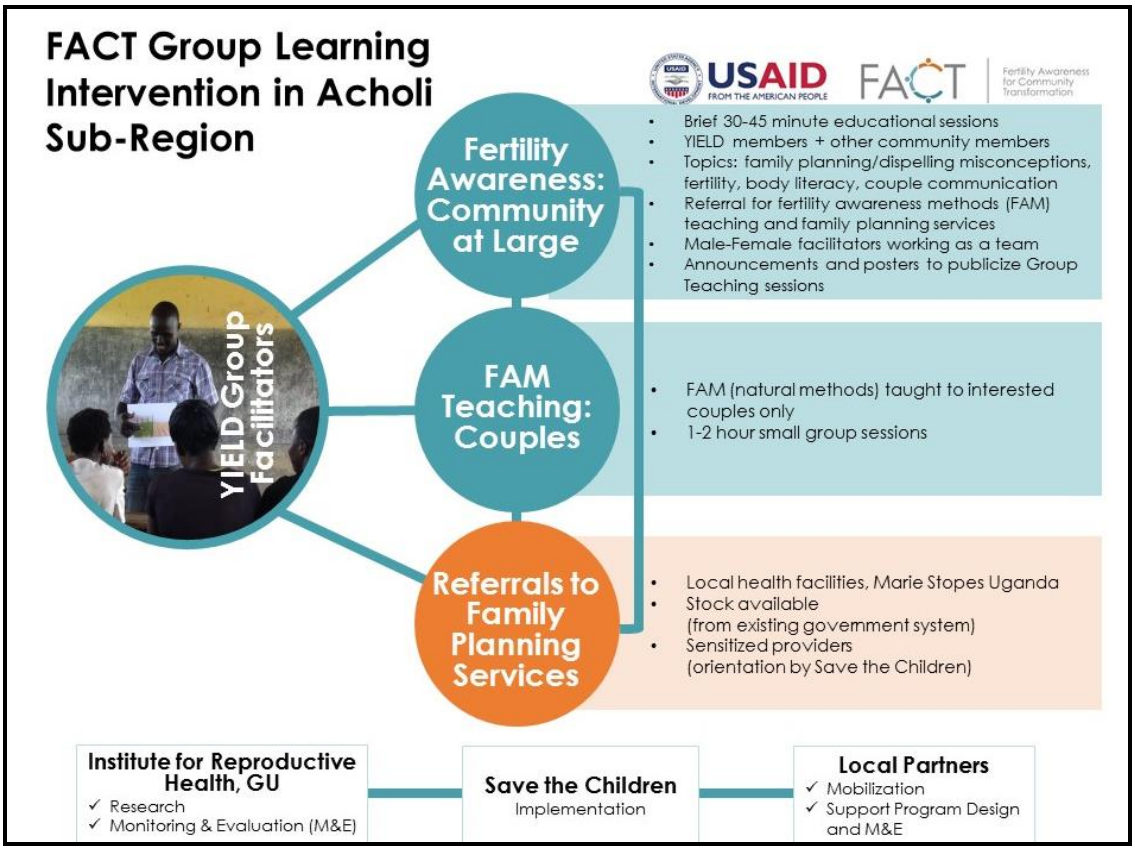

Figure 7 | Group Learning Through Community Organization Solution

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