

BACKGROUND

This study was carried out to investigate the factors that influence the uptake of family planning methods among HIV infected individuals at TASO Mulago HIV clinics.

About 33.4 million people estimated to be living with HIV/ aids globally, majority 67.1 in sub Saharan Africa with a higher prevalence in women of reproductive age having higher fertility desires with limited access to family planning. It has been documented that one in 5 HIV infected women use family planning.(UNAIDS/ WHO 2009).

This dissertation presents findings of a cross sectional study carried out among (220) HIV positive clients attending HIV care clinics in TASO Mulago Kawempe division Kampala district, Uganda.

OBJECTIVE

The main objective was to access the factors influencing the uptake of family planning methods by HIV infected individuals at TASO Mulago HIV clinics Methods and results. This was a cross-sectional study with a sample size of 220 both male and female clients who attend their HIV clinics at TASO Mulago.

Results show that over a quarter of the respondents were aged 25-34 years. Three quarters of respondents were married (49%) while 27% had at least primary school level. The majority of the respondents were Roman Catholics. 80% of the respondents reported that the main source of FP information was health facility and community sensitization; three fifth received FP counseling from the HIV clinics. At TASO Mulago 84% were currently using FP methods where by single users were two thirds. More than of half of the clients received FP services from TASO Mulago HIV clinic. Results of logistic regression show that Catholics were less likely while Pentecostals were more likely to be using FP methods compared to Protestants ($p < 0.005$).

Cohabiting and widowed respondents were more likely to use FP compared to the married clients. Respondents who had completed secondary and higher education had higher odds of using FP compared to women with no education ($p < 0.005$).

Respondents who lived closer to the facility tended to use FP methods more than their colleagues

who had to walk for an hour or more. Respondents who did not discuss FP with their spouse were less likely to use FP compared to their counterparts. HIV positive females who had information about FP were less likely to use FP compared to their counterparts.

CONCLUSIONS AND RECOMMENDATIONS

It is recommended that the church at large should encourage the Catholics to start using Family Planning methods especially among HIV infected clients, consider involving FP education sessions in primary education co curriculum, equip village health teams with FP services should develop programs targeting married couples, develop guidelines for male involvement as well as stepping high their knowledge about family planning since they take most decisions concerning family planning and other family matters.

The other major factor hindering the uptake is side effects which need to be addressed to dispel myths surrounding modern family planning use especially if it's integrated at HIV care points. Community sensitization among female clients who have completed primary education and those below primary level should be emphasized. In addition VHTs should encourage men to give support to their women.

Continuous counseling on available family planning services, provision of comprehensive family planning services desire to discuss couple negotiation skills for family planning use is called for which ensures that quality family planning related services are routinely provided.