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Uganda: Controlling Population through Family Planning Education

Introduction

Uganda is a small, landlocked nation filled with fertile farmlands that are cultivated in the south year round and less fertile grounds in the north where pastoralism has taken root. ("Mongabay.com") Despite the country's agricultural advantages, it is not capable of sustaining the rapidly growing population. The need for help on family farms has furthered many Ugandan families' desire for more children. This desire also requires that more food be produced to feed families that were already struggling to feed their families. This is further compounded by the lack of birth control available in rural areas of Uganda, and a significant lack of family planning education. Even families that recognize that they cannot support more children do not have access to the resources they need to help prevent more pregnancies, and in many cases women are not able to make the choice whether or not to have more children because of gender inequality in Uganda. To stop this rapid population growth, family planning education and women's access and right to use birth control must be a primary focuses of the country.

Uganda has the third fastest-growing population in the world at over 3.5%. In comparison, China's population is only growing a 0.49%. The average number of children per woman in Uganda is nearly seven, the second highest in the world. To make matters worse 35% (2001) of the Ugandan population is below the poverty line. ("Welcome to the CIA Web Site — Central Intelligence Agency") Even people above the poverty line in Uganda still have to spend a majority of their income on food. 69% of the population spends at least 63% of their income on food. Most of these families are forced to live on the equivalent of one United States dollar a day or less. ("Encyclopedia of the Nations - Information about countries of the world, United Nations, and World Leaders") Because of all of this, most families in Uganda never have enough food to feed everyone; in fact, forty out of every hundred children in Uganda die from malnutrition according to reports from the Food and Agricultural Organization (FAO). As the population continues to increase, this number is expected to increase as well. ("www.theeastafrican.co.ke/news") The population not only has to deal with a lack of food, but also an increased amount of disease due to the increased poverty levels of families trying to provide food for their children.

Uganda's primary crops include potatoes, corn, and millet for subsistence farming families. Some farmers grow cash crops, like coffee, tea, and tobacco, and in the northern drier pastures, goat, cattle, and chickens are raised. (Byrnes) Often Ugandans are forced to produce crops on lands that are owned by landlords that require them to pay high rents to use their land and the landlords then do nothing to reinvest in the villages from which they are charging rent. Families often have to live on what they grow or raise, in the north families often live off their animals, while in the West they often live off sorghum and millet, and around Lake Victoria a dish of baked bananas known as matoke is the staple food source. ("African Studies Center") This makes it difficult for families to sell their crops to earn money to survive, forcing these families to work multiple jobs. Ugandan women often are forced to do much of the work on the farm, as well as take care of the children and maintain the home. Because of gender inequality in the country they are not able to go out and work anywhere else. This makes it especially difficult for households run by single women to earn enough money to feed their families. These crops produced are necessary to feed not only the families that are growing them, but also the cities that are starting to grow far more rapidly than ever before. Right now this is not being done despite over 80% of the workforce being in agriculture. ("Welcome to the CIA Web Site — Central Intelligence Agency") Another problem arises as these people move to the cities.

As people flock to the cities of Uganda, especially the capital Kampala, there is a need for more space to accommodate all of the people. In fact the estimated rate of urbanization in Uganda for the next five years is expected to be about 4.8%. ("Welcome to the CIA Web Site — Central Intelligence Agency") Unfortunately, to do this, the cities are expanding outward, forcing them to destroy much of the surrounding environment. For example, the capital city of Uganda, Kampala, is growing faster than any other urban area in the country. (Lwasa) The environmental result of this is the destruction of the lands surrounding the city, including vital forests and wetlands of the area. Cities are also making it easier for some waterborne and airborne diseases to spread. Further complicating the situation is the general lack of health care in Uganda.

Uganda has one of the highest incidences of several deadly diseases including, hepatitis A, typhoid fever, malaria, and HIV/AIDS. In fact, Uganda has the eighth largest population in the world of people living with and dying from HIV/AIDS. ("Welcome to the CIA Web Site — Central Intelligence Agency") Ugandans often struggle to receive medical attention, even when they need it, because of high costs and few doctors. Families often have to travel far to receive medical attention, so they often wait as long as possible before seeking medical attention; often it is then too late for physicians to do anything to help. To make matters worse very little is spent by the Ugandan government on health care. This is especially true in rural places where improved drinking water is not yet available to everyone. Improved drinking water has not reached up to 36% of the rural population in Uganda. ("Welcome to the CIA Web Site — Central Intelligence Agency") These diseases spread quickly because of the often cramped conditions low income families are forced to live in.

A lack of education in family planning for women, lack of access to modern contraceptives, and gender inequality in Uganda have led to the country's overpopulation and urbanization epidemics. These are all interrelated issues. The lack of education stems from women in Uganda generally being deprived of an education, which has been proven to increase the fertility rate of women dramatically. Though women are now beginning to get better educations in Uganda they are still not learning about family planning or contraceptives. This causes women to misunderstand what contraceptives are and what effects they have. They are also discouraged to seek out family planning education because of pressure from their husbands, families, and communities. ("Khan, Bradley, Fishel, and Mishra") This furthers their desire to avoid family planning practices, which prevents families from trying to space out their children or stop having children altogether when they have reached the limit of how many they can support. Despite the fact that Uganda has been working hard to improve its education systems and increasing the people's literacy

Family Planning Taking Root, But Not Fast Enough

Ugandan women are starting to see that family planning is a good option to help them decide when the right time to have children is, and access to modern contraceptives has been on the increase. However, there is still a high unmet need for family planning, with approximately 41% of Ugandan women reporting they would like family planning to help them stop having more children or to space their children more appropriately. ("Khan, Bradley, Fishel, and Mishra") Northern Uganda has the largest need for this family planning practice, mostly due to the fact that most of the larger cities where family planning is more readily available to women are located in the South. This is a serious issue in Uganda; projections show that without a significant reduction in the nation's population growth, the country will have a population of 103 million people by 2050. Some experts say that this estimate is optimistic and that the population will have grown far more than that without some way to slow the population's growth. ("www.theeastafrican.co.ke/news")

The outlook for reducing the overpopulation issues in Uganda is improving; the average fertility rate has fallen in the last 20 years from 7.1 to 6.3 births per woman. ("Millennium Development Goals") Unfortunately, this rate is not falling fast enough to prevent the population from growing exponentially

beyond what can be maintained at the moment. Without a significant increase in family planning Uganda's population is going to continue to grow faster than can be managed for the next several decades. The majority of this problem comes from rural women rather than their urban counterparts. The unmet need for family planning in urban settings as of 2006 was 27%; in rural settings it was 42.6%. ("Khan, Bradley, Fishel, and Mishra") This drastic difference in need has ties to the fact that most medical centers are found within cities, and it is difficult for women in rural places to acquire modern contraceptives.

Between 1995 and 2006, the unmet need for family planning in urban areas had stayed relatively the same, while in rural areas it had increased from 29% to 42.6%. The use of family planning in the same time period had also increased from 12% to 20.8%. This shows that the need for more family planning is growing faster than it is being met. Other data shows that limiting the number of children is more popular among women already using family planning, 12.7% to 11% for women currently using family planning versus 16.1% to 24.5% who want to use family planning. These increases in family planning show that women are looking to limit or space out their children more and these needs are starting to be met throughout the country. ("Khan, Bradley, Fishel, and Mishra") However, there is still a large gap in the number of women receiving family planning services and those that wish to have it but are not able to do so. Without a consistent way of bringing family planning to the people in rural Uganda, there is no way to start improving the lives of the poverty-stricken people.

Many other issues affect this topic; one would be, as the population grows the Ugandan government will not be able to afford the programs that they provide for their citizens. For example the rapid growth in population would require school teachers' student bodies would be ten times larger than they are today, in the next fifty years. Global Warming could affect the ability of Ugandan farmers from getting their crops grown every year. If Uganda continues to urbanize as it has been doing it could lead to a major shift in the workforce from agriculture to services. This could make it more difficult for people to feed their families because the farmers that were once mostly farming for them now have to do it for the entire country. All of this though could be helped, at least a little, by introducing family planning to Ugandan women.

The Benefits of Introducing Family Planning Methods to Women and Families

Increasing access to modern contraceptives and family planning services would allow Ugandan women to limit the number of children they have to a manageable amount and allow them to space their children so the greatest financial burdens that the parents face are not building atop one another. Appropriate spacing would allow families to have one or two children at a time, which would then allow the children to grow past their youth to a point where they will be able to help provide for their families and themselves. Meaning with fewer children there would be less food that the family would consume themselves in a year. This would allow them to sell more of their crops at markets or grow more cash crops and start earning money on them instead. The higher income would allow families to provide better educations, medical care, and much more for their children.

By introducing family planning the overall population growth in the country would begin to reduce. This would solve many of the problems the country is currently facing or could potentially be facing in the future. The rapid urbanization would be slowed to a point where environmental destruction would no longer be necessary to provide enough space for people. With fewer people living in cities and the government able to focus more money toward other projects, such as health care, Ugandan people should begin to see health concerns beginning to disappear. This may not be a drastic shift, but it will slow infectious diseases from spreading within cities. If the Ugandan government were then able to route money from programs trying to expand cities and other things that are resolved with the introduction of family planning, it would be able to spend more money on health care and expand into rural areas of the

nation. This would reduce the cost as well as make it easier for people living in remote areas to access health care.

By taking the progress that has been made in Uganda over the last several years and building on that it would be relatively easy to provide family planning throughout Uganda. For example the education system in Uganda has improved a great deal in the last couple decades. Uganda's education system has been steadily improving over the years. The literacy rate in Uganda for men and women between the ages of 15 and 24 has increased to nearly ninety percent. Around 60% of children in Uganda complete primary school. This number has been on the increase for the last two decades. ("Millennium Development Goals") Women are also starting to catch up to men in their education which is a good sign on the road to gender equality in the country. The success that Uganda has had in improving their education system could be a good way for them to improve access to family planning education.

Conclusion

The introduction of family planning must begin in the schools. That is one place where women are beginning to stand and have a near equal right to learn and are not being intimidated not to by husbands, families, or community's. It is also necessary to expand the Ugandan health care system to small secluded areas of the country. If clinics opened up in northern and western Uganda women who simply did not have the ability to get contraceptives would then be able to. The most important thing to address though would be the gender inequality in Uganda. The only way family planning and contraceptives will work is if men stop trying to discourage their wife, sister, or daughter from seeking it. By introducing it in schools it can not only be taught to women, but also men so that they might be able to understand that contraceptives are not dangers and that family planning is not wrong.

While there have been steps in Uganda's past to try and control population growth, they did not start at the bottom and work their way up. By starting with education, women will always have the knowledge that they can choose to space or limit their children to a way that they can support and provide the absolute best for. Knowing this for far longer than they do today and knowing all the facts about them will end the fears some women have and empower others to seek them out even against the pressure from those around her.

The next step is for the Ugandan government to increase spending on health care. By increasing the number of facilities it will be far easier for women to get advice from medical professionals about family planning. With easier access women will be able to question and get support from their physicians.

Finally, the last thing that has to be done for this to work is the government in Uganda has to attempt to stop the gender inequality in the country. The inequality makes it so women cannot have a voice in their marriage and decide for themselves if they wish to have another child, until the last twenty years it was illegal for women to try and purchase contraceptives without permission from spouse. Today with the help of the Ugandan government it is possible to start empowering these women to stand up for themselves and try to start using family planning not only for themselves but to provide the best possible future for their children.

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