

POPULATION, LANDSLIDES & FLOODS

Integrating Family Planning in Disaster Response Programmes

POLICY BRIEF



A heavily populated rural area in Wanale sub-county, Mbale district, eastern Uganda, with limited farming space per homestead

Summary

Population growth and the resultant pressure on land have greatly contributed to the increased occurrence of landslides in Uganda's mountainous areas and floods in low-lying regions. However, the affected communities do not see the link between their family sizes and these climate disasters. This policy brief presents evidence that engaging the communities in open, in-depth discussions about population growth and climate disasters can increase their support for family planning.



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Introduction

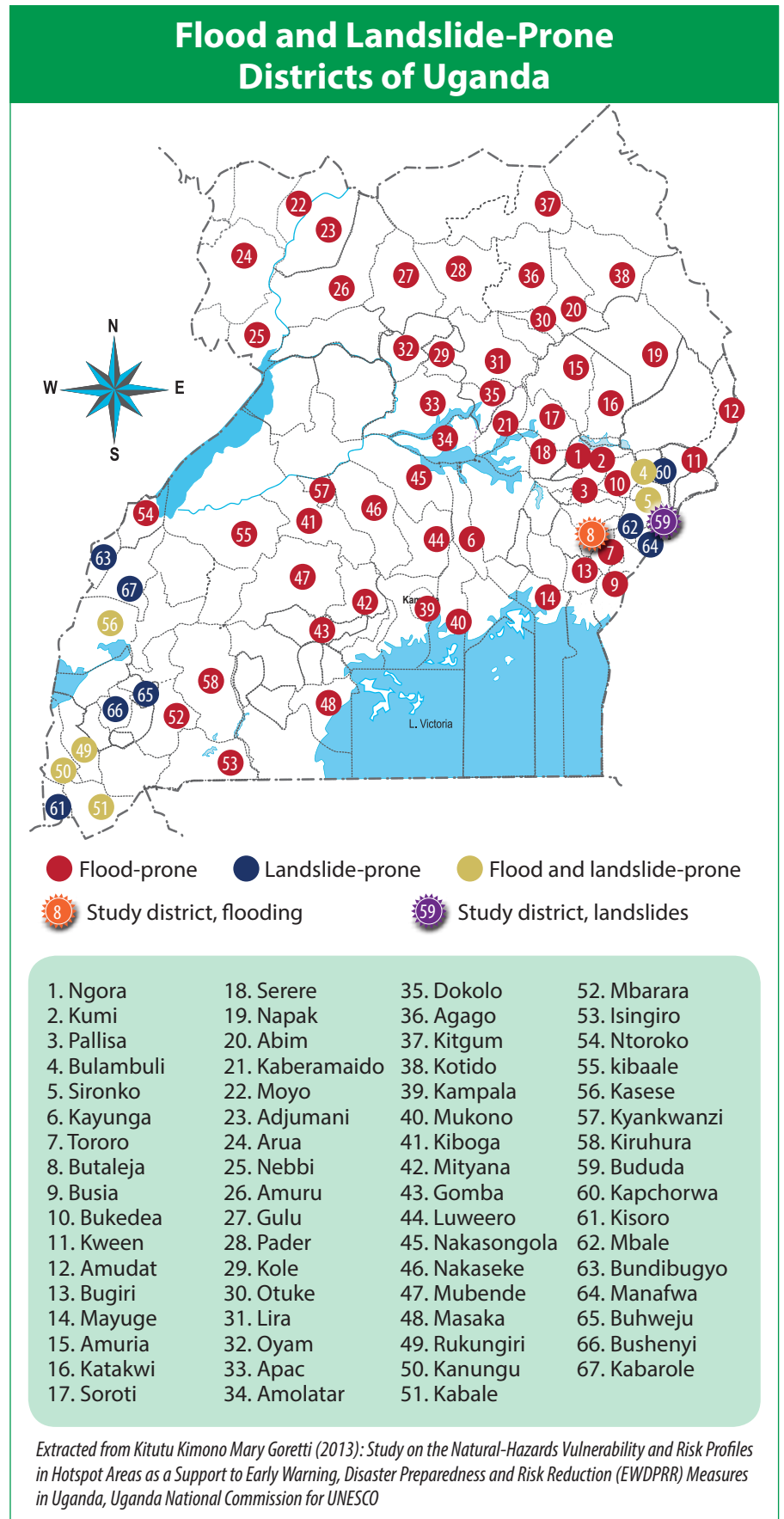
Whereas landslides have occurred on the slopes of Mt. Elgon for ages, the frequency has increased in recent years due to population pressure and climate change¹.

Districts in the Mt. Elgon sub-region have some of the highest population densities in Uganda. For instance, Mbale has 950 persons per square kilometre, which is far above the national average of 160². These districts also have some of the highest population growth rates; for example, the population of Bududa district is increasing at a rate of 4.5% per year, compared with the national average of 3.2%, which is considered one of the highest in the world.

One of the main causes of rapid population growth in the Mt. Elgon sub-region is child marriages, fuelled by cultural beliefs and terrain that makes it difficult for girls to go to school. Besides, many see large families as a source of economic gain in form of child labour and bride price.

Population pressure leads to increased cultivation on the mountain slopes and in wetlands, causing an increase in the frequency and magnitude of landslides and floods respectively. Therefore, efforts to address these adverse effects of climate change cannot be complete without considering family planning as the core part of the strategy.

Although the Government and development partners have promoted family planning for several years as part of the Primary Health Care package, its implementation in the disaster-prone areas does not adequately



show how it relates to climate change. Therefore, communities hardly link their family sizes to climate disasters. To-date, their uptake of family planning services remains low. As a result,

the population growth rate remains high, pressure on land is increasing and adverse effects of the climate are getting worse due to land degradation.

Additionally, the lack of alternative sources of livelihood keeps most people dependent on land for survival. This needs to be reversed.

Integrating Family Planning

The ResilientAfrica Network (RAN) at Makerere University School of Public Health carried out a study to establish whether acceptance of family planning in disaster-prone areas could increase if the communities were adequately informed about the effects of large families and involved in discussing the remedies. To achieve this, RAN carried out participatory dialogue with community members in Bududa and Butaleja districts. The approach used, referred to as ‘deliberative polling’, begins with a baseline opinion survey on how communities perceive the available policy options. Participants then receive detailed information on the merits and demerits of each policy option and engage in peer discussions. After sufficient discussions, the researchers carry out a second opinion survey to assess if community views and perceptions have changed as a result of the deliberation. This innovative method was developed by the Center for Deliberative Democracy at Stanford University, USA.

Key Findings

As indicated in Figure 1 and Figure 2, the community’s support for family planning was already high at the beginning of the study. Because of this, participatory dialogue caused only small improvements in support for most family planning interventions in both Bududa and Butaleja.

Community Concerns Regarding Family Planning

Despite high support for family planning even before deliberation, participants raised several concerns about contraceptives. Some of them were based on false beliefs, while others resulted from sheer lack of information. Below are some direct quotes from respondents:

“We have heard that family planning has many side effects, including tampering with our internal body organs, giving birth to deformed children or not conceiving again. Why do you encourage us to use family planning?”

“Why are there no family planning methods for men?”

“I have 12 children and my land is getting smaller; can the Government give people like me more land?”

“What happens to me if I divorce my wife after undergoing vasectomy and then marry another woman who wants to have children with me?”

“We hear that family planning for men reduces their sexual prowess.”

“Can the Government institute laws forcing men to go for family planning sessions with their wives?”

“Is there any way we can stop men from marrying more than one wife to reduce population growth?”

Whereas some of these views may appear flawed, they should not be ignored. Through participatory dialogue, both valid concerns and misguided complaints can be addressed to achieve better understanding and uptake of family planning.

Fig 1: Percentage acceptance of family planning options in Bududa before and after participatory dialogue

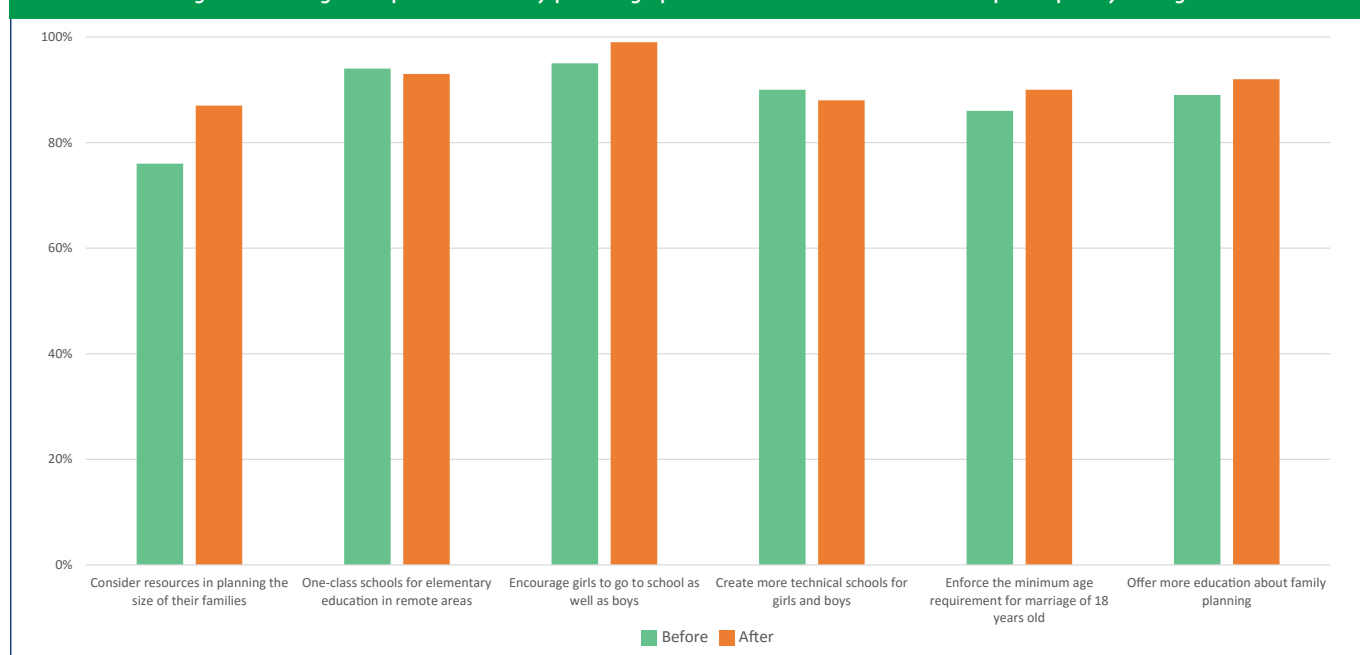
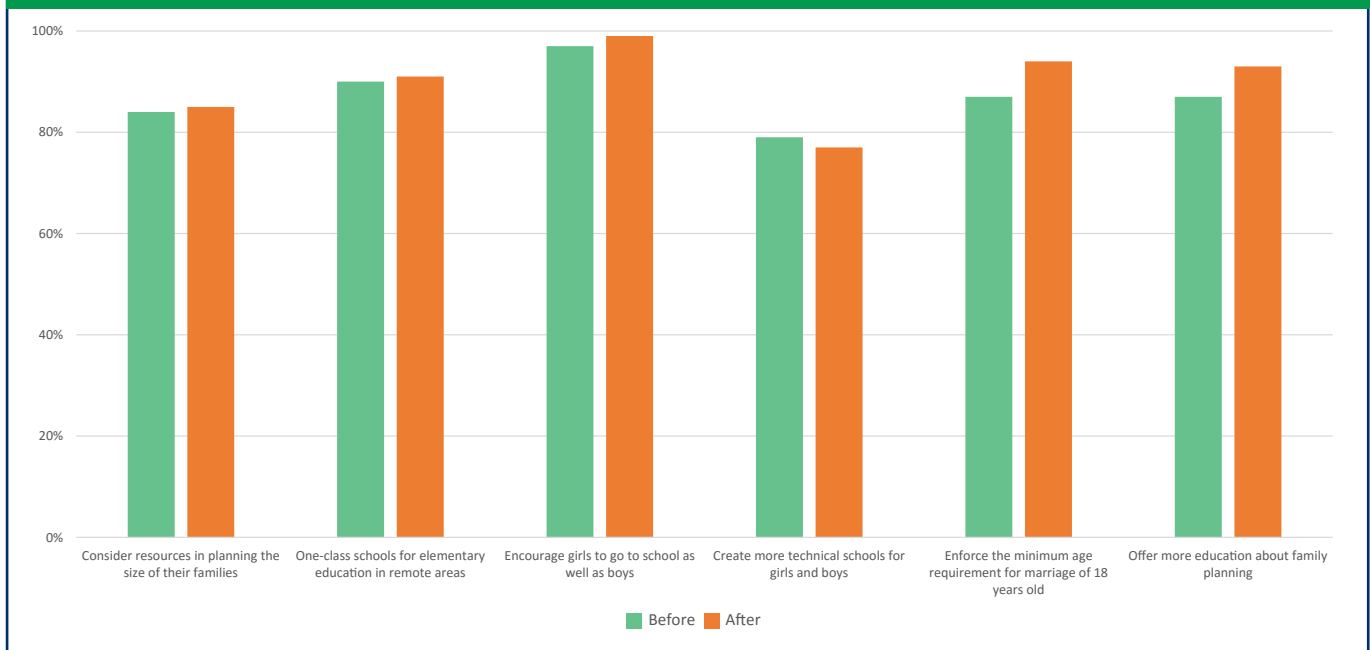


Fig 2: Percentage acceptance of family planning options in Butaleja before and after participatory dialogue



However, some interventions registered significant improvement in community support; for example, encouraging households to link their planned family size to the resources they have, expanding family planning education and enforcement of the minimum age for marriage.

Policy Recommendations

This study has demonstrated that engaging the communities in participatory dialogue can increase their willingness to carry out or support family planning. Considering the strong link between population pressure, land degradation and climate disasters, family planning should be integrated in disaster response programmes at all levels. Family planning village health teams, district population offices, district reproductive health focal persons and the Ministry of Health should be represented in disaster response committees.

Integration of family planning into disaster response should be accompanied by a massive awareness campaign in areas that are prone to landslides and floods. The campaign should employ participatory dialogue in order to achieve better community buy-in. The participatory dialogue should clearly bring out the link between family sizes and climate disasters. The family planning messages should address the key information gaps, misconceptions

and concerns that are prevalent in the communities. Misconceptions and myths should be debunked.

The campaign should clarify that family planning is not simply population control; rather, it is about parents having the number of children that they can successfully raise. The messages should help the communities and their leaders to understand that children from planned families are likely to have more economic opportunities, which would reduce pressure on land and subsequently lessen the impact of landslides. To meet the demand that would be created by the campaign, Health Centre II facilities should be set up in areas where they do not yet exist.

Considering the link between early marriage and school drop-out in the hard-to-reach areas, there is need to establish lower educational facilities that are linked to the established primary schools. Similarly, lower health facilities should be established to provide basic health care in hard-to-reach areas.

Endnotes

- 1 National Environment Management Authority 2010: Landslides in Bududa district, their causes and consequences
- 2 Uganda Bureau of Standards 2016: National Population and Housing Census 2014 -- Main Report