

Factors influencing utilisation of family planning methods among women of reproductive age at Nakapiripirit health centre III, Nakapiripirit district. A descriptive cross-sectional study.

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Abstract

Background: The aim of this study is to determine the factors influencing the utilisation of family planning methods among women of childbearing age in Nakapiripirit H/CIII, in Nakapiripirit district.

Methodology: A descriptive cross-sectional study design was used to collect data from 48 conveniently sampled women of reproductive age attending YCC. A self-administered questionnaire was used to collect data, which were entered into and analysed using Excel.

Results: 62.5% of the respondents had attained primary education; 35.7% were aged 20-24 years; 64.6% were married; 79.2% were employed and 75% were Christians. 62.5% had 3-4 children; 60.4% planned to have more children after 4 months. 62.4% feared family planning because of side effects and 16.7% feared it because of the pain during administration. 62.5% had never been taught about family planning; 31.3% heard about it on radio/television; 16.7% heard about it from family/friends and 52% heard about it from health workers. (62.5%) reported that their husbands did not agree to use family planning. 73% heard that family planning causes infertility; 20.8% heard that it promotes sexual immorality and 6.3% heard that it causes cancers. 60.4% reported that their cultural leaders discouraged the use family planning and 25% reported that they say nothing about it. 62.5% reported that it is not acceptable in their religion to use family planning. 16.7% did not know whether family planning was available at health facilities. 66.7% stayed 10-30km from the nearest health facility. 79.2% reported that the operating hours of the health facility were favourable to their schedules.

Conclusion: The factors influencing utilisation of family planning are individual, socio-cultural and health system related in nature.

Recommendation: Accessibility to family planning methods should be increased by establishing more facilities in the community and increasing sensitization to increase awareness.

Key words: Utilisation of family planning, Women of reproductive age, Nakapiripirit health centre III

Background of the study

The World Health Organisation (WHO 2021) defines family planning as the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. Examples of modern family planning methods include female and male sterilisation, intrauterine contraceptive devices (IUCD), implants, injectables, oral contraceptive pills, condoms, vaginal barrier methods like diaphragm, cervical cap and spermicidal (United Nations Children Fund (UNICEF, 2025). Several policies

and programs have been set up to ensure a steady, safe, reliable and consistent supply of contraceptives in various countries so as to enhance optimal use of the methods (United Nations Population Fund (UNFPA, 2020).

Globally, 1.1 billion women of reproductive age desire to use family planning methods, but 164 million women cannot access the services, leading to unplanned pregnancies associated with poor child spacing, pregnancy-related complications and maternal mortality (WHO, 2021). In urbanising societies, the use of family planning services is

increasing at a rate of 2.5 per annum, which has helped in controlling urban population growth, unlike in rural areas (Duminy et al., 2021). The uptake of family planning services is affected by parity, marital status, educational level, number of children, husband's approval of family planning utilisation, availability and accessibility to the services (Preethy et al., 2022).

In Sub-Saharan Africa, the average use of family planning among women of reproductive age is 22%, with variations from 3.5% in the Central African Republic to 49.7% in Namibia (Boadu, 2022). The low use of family planning services has led to a persistently high total fertility rate in the region despite existing health care infrastructures, leading to 1 in 37 women who die due to issues related to pregnancy, labour and postpartum (Tesema et al., 2022). Low utilisation of family planning is due to low male involvement in maternal health care, unsupportive cultural teachings, desire to have many children and long distances (Tesfu et al., 2021).

In East Africa, about 33.81% of women of reproductive age use family planning methods, with prevalence ranging from 14.75% in Burundi to 41.98% in Kenya (Mankelkl & Kinfe, 2025). The underutilization of family planning methods is attributed to limited accessibility to health information about family planning, prohibitive cultural and religious teachings, as well as unavailability of the services which consequently leads to unplanned pregnancies (Enyew et al., 2025). In Uganda, the prevalence of family planning use among women is 29.3%, where 26.6% use modern family planning methods (Ochen & Primus, 2023). The barriers to uptake of family planning services include lack of privacy, fear of side effects, lack of autonomy, negative attitude of health workers, long distances to health care facilities and stigma towards family planning users (Kigongo et al., 2024). The underutilization of family planning services has led to poor child spacing and high birth rates of 5.2 children per women which is associated with obstetric complications like postpartum hemorrhage (PPH), pre-eclampsia, prematurity, low birth weight (LBW) and maternal mortality (Kabagenyi et al., 2020).

In Nakapiripirit, uptake of family planning services is reported at 6.6% which is extremely lower compared to other regions like Tooro (36.1%), ((Uganda Bureau of Statistics (UBOS), 2022). Therefore the aim of this study is to determine factors influencing utilization of family planning methods among women of reproductive age at Nakapiripirit Health Centre III, Nakapiripirit District.

Methodology

Study Design

The study involved the use of descriptive cross-sectional design which employed a mixed method using both qualitative and quantitative variables. This type of design was used because it was not costly to perform, did not require a lot of time and it captured a specific point in time.

Study Setting.

The study was conducted in young child clinic of Nakapiripirit HCIII. The health centre is located in Nakapiripirit town council in Nakapiripirit District, Karamoja sub region, Northern Uganda about 560 kilometers from Kampala Capital city. This public health centre offers a wide range of services including maternal and child health, general outpatient and in-patient services and laboratory. This clinic was selected because of the persistently low utilization of family planning services at the facility.

Study population

The study populations were women of child bearing age at Nakapiripirit Health Centre III.

Sample size determination

A study population of 48 respondents were selected using the Krejcie Morgan's table. This was based on the 55 women who attended young child clinic at the facility daily.

Sampling procedure

The study used a convenience sampling method to select study participants. This method was chosen because it allowed the collection of data from respondents who were readily accessible at the study site and willing to participate.

Inclusion criteria

All the women of child bearing age attending young child clinic at the time of the data collection who accepted to participate in the study.

Exclusion Criteria

Women less than 18yrs of age and non-residents of Nakapiripirit district were excluded from the study.

Dependent variable

Utilization of family planning

Independent variables

Individual factors, socio-cultural factors and health facility related factors.

Research instruments

Data was collected using structured questionnaires designed in English language and arranged in four sections; Demographic characteristics, individual factors, socio-cultural factors and health facility related factors. These were written in simple English and directly translated to local language Ngakarimojong during the process of data collection.

Data collection procedure

The respondents who consented were taken through the questionnaire, the general objectives of the study were introduced to the respondents and they were asked one at a time and their responses were filled in the questionnaires. Individual interview ranged from 5- 10 minutes and about 10 respondents were interviewed per day, the data was collected within five days.

Data management and analysis

Data was managed to ensure that confidentiality was maintained, data collected was cross checked for completeness each day before leaving the study area to ensure that there were no mistakes and corrections were made in-case of any. Data was analyzed manually after which it was entered in the computer in Microsoft word program and was presented in the forms of tables, pie-chart and bar graph.

Quality Assurance: Validity and Reliability

Validity was ensured by aligning questionnaire items within the conceptual frame work of the study, which included individual, socio-cultural and health facility related factors influencing family planning utilization. To ensure reliability, the data collection tools were pre-tested in a health facility with similar characteristics to Nakapiripirit HCIII to assess the clarity, language and consistency of the items.

Ethical considerations

After finishing the report and approval by research committee of the training school, formal approval to collect data was sought from the in charge of Napiripirit Health Centre III. The study commenced by researcher introducing and explaining the topic and objectives to respondent. She then informed them that participation was voluntarily with an informed consent form signed. She assured the respondents that information given were strictly confidential, and serial numbers were used instead of respondent's particulars

Results**Demographic Characteristics of respondents****Table 1: Demographic Characteristics of Respondents (n=48)**

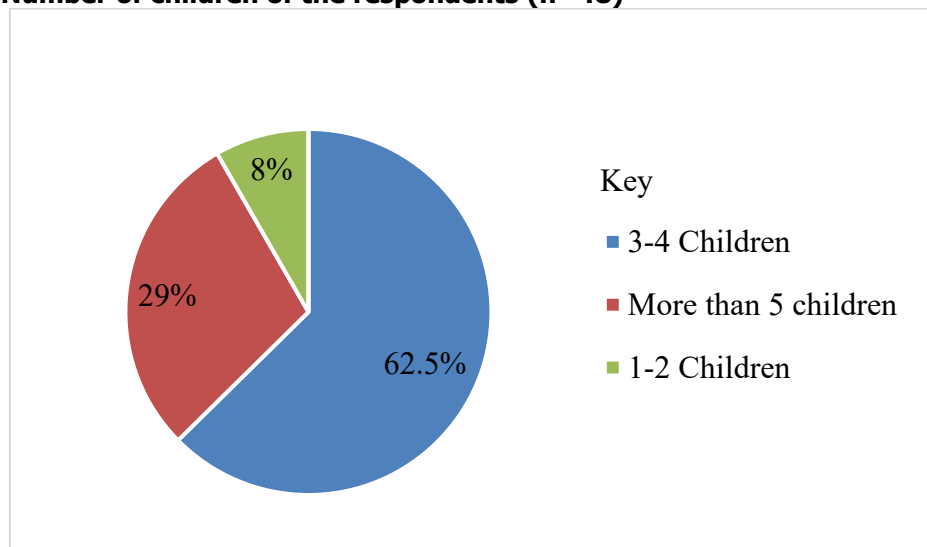
Variables	Categories	Frequency(f)	Percentage (%)
Age	Less than 20 years	10	20.8
	20 – 24 years	18	35.7
	25 -30 years	11	22.9
	30 – 40 years	6	12.5
	40 – 49 years	3	6.3
Level of education	Never attended school	9	18.6
	Primary education	30	62.5
	Secondary education	5	10.4
	Tertiary education	4	8
Marital status	Single	13	27
	Married	31	64.6
	Divorced	2	4.2
	Widowed	2	4.2
What is your employment status?	Unemployed	10	20.8
	Employed	38	79.2
Religion	Christian	36	75
	Islam	12	25
	Traditionalist	0	0
	None	0	0

According to table 1, 18(35.7%) of the respondents were 20 - 24 years of age, 11(22.9%) respondents were between 25 – 30 years, 10(20.8%) were less than 20 years of age and 6(12.5%) 30 – 40 years 3(6.3%) were between 40 – 49 years, 30(62.5%) respondents had primary education, 9(18.6%) never attended school, 5(10.4%) and 4(8%) had secondary and tertiary education respectively, majority 31(64.6%) of the respondents were married,

13(27%) were single, 2(4.2%) divorced, 2(4.2%) were widowed, furthermore, majority of the respondents 38(79.2%) mentioned that they were unemployed and the minority 10(20.8%) said that they were employed lastly 36(75%) of the respondents were Christians, 12(25%) were Islam, 0(0%) were traditionalists and 0(0%) had none religion.

Individual factors influencing utilization of family planning methods

Figure 1: Number of children of the respondents (n=48)



According to figure 1, 30(62.5%) of the respondents had 3- 4 children 14(29%) had more than 5 children, 4(8.3%) had more than 1- 2 children and 0(0%) respondents had no child.

Figure 2: When to have more children (n=48)

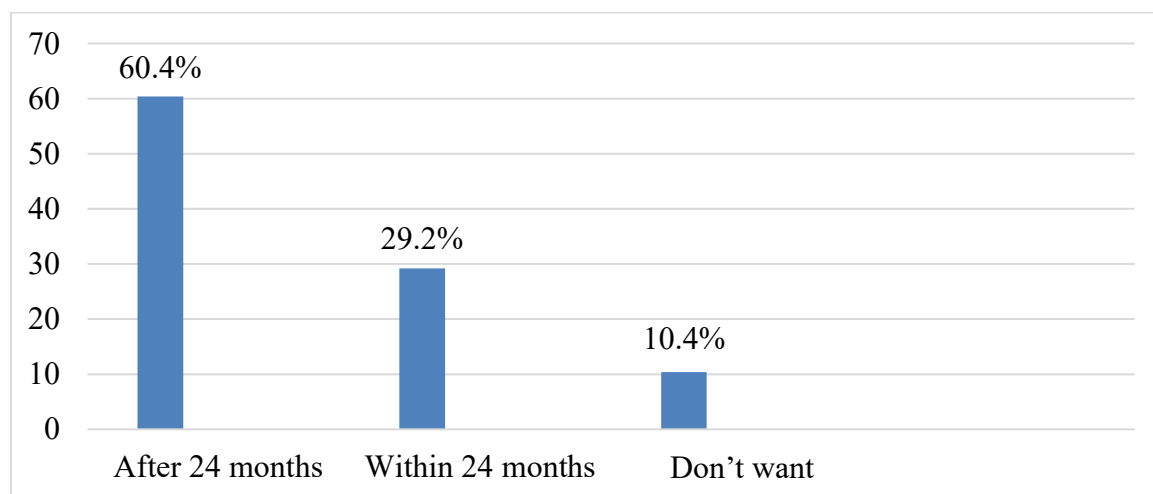


Figure 2 shows that the majority of the respondents 29(60.4%) said that they will have children after 24 months, 14(29.2%) within 24 months while 5(10.4%) respondents said they do not want any more children.

Table 2: Other individual factors (n = 48)

Variables	Categories	Frequency (f)	Percentage (%)
Which of the following do you fear about FP?	Side effects	34	62.5
	Pain during administration of the methods	18	16.7
	Nothing	10	20.8
Have you been taught about FP?	Yes	30	62.5
	No	18	37.5
If yes, who taught you?	Radio/ Television	15	31.3
	Friend / Family	8	16.7
	Health workers	25	52

Table 2 shows that majority of the respondents 30(62.5%) reported fear of side effects of family

planning methods, 10(20.8%) said that they have no fear, 8(16.7%) said that they fear pain during

administration of the method. It also shows that 30(62.5%) of the respondents said that they were taught about family planning while 18(37.5%) said that they were not taught about family planning, lastly, most of the respondents 25(52%) said that

they were taught by health workers about family planning, 15(31.5%) said they heard from the radio/ television 8(16.7%) said that they were taught by friends/ family members.

Socio-cultural factors influencing utilization of family planning methods

Figure 3: Husband's approval to the use of family planning methods (n=48)

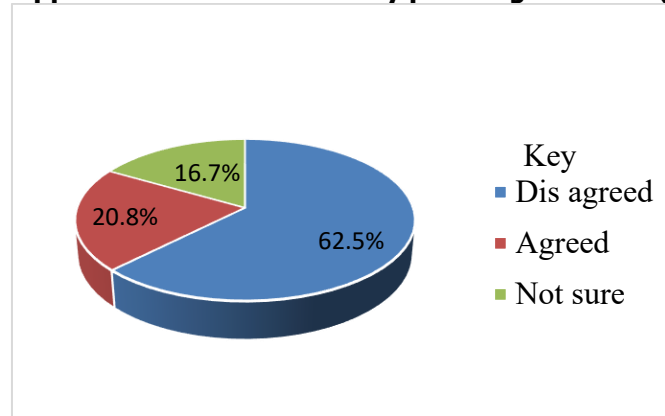


Figure 3 shows that majority of the respondent 30(62.5%) said that their husbands do not agree to the use family planning methods 10(20.8) said their husbands agreed to the use of family planning while 8(16.7%) were not sure.

Figure 4: What respondents heard about family planning in the community (n=48)

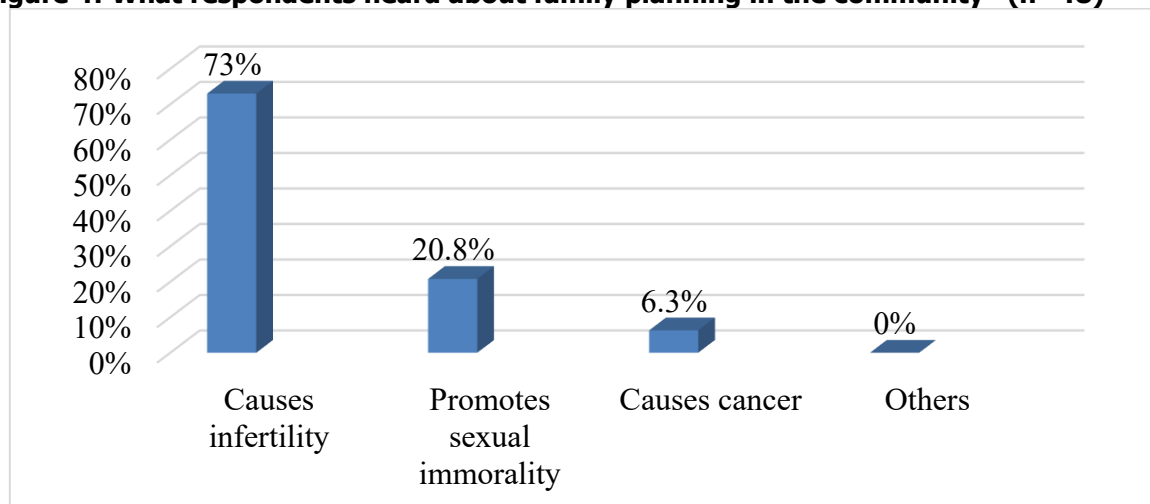


Figure 4 indicates that the majority of the respondents 35(73%) said that family planning causes infertility, 10(20.8%) said that they promote sexual immorality, 3(6.3%) mentioned that they cause cancer.

Table 3: Other socio- cultural factors influencing utilization of family planning methods (n=48)

Variable	Categories	Frequency (f)	Percentage (%)
Have you ever been advised by your friend to use family planning?	Yes	18	37.5
	No	30	62.5
What do your cultural leaders teach about family planning?	They discourage us to use them	29	60.4
	They encourage us to use the methods	7	14.5
	They say nothing about it	12	25
Is it acceptable by your religion to use family planning method services?	Yes	18	37.5
	No	30	62.5

Table 4 indicates that the majority of the respondents 30(62.5%) said that they were not advised by their friends to use family planning methods while 18(37.5%) got advice from their friends, 29(60.4%) said that they were discouraged by their cultural leaders to use FP methods 12(25%)

said nothing about their cultural leaders while the minority 7(14.5%) said that their cultural leaders encourage them to use FP methods, lastly, the majority respondents 30(62.5%) said that their religion does not accept the use of family planning while 18(37.5%) said their religion accepts.

Health facility related factors influencing utilization of family planning methods

Figure 5: Whether health facility has various family planning methods (n=48)

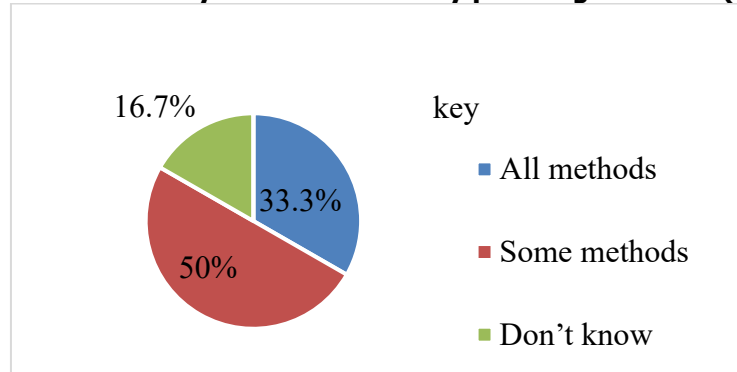


Figure 5 indicates that the majority respondents 24(50%) said that the health facility had some methods of family planning, 16(33.3%) said that all methods were available while the minority 8(16.7%) mentioned that they did not know

Figure 6: Distance from the health Centre (n=48)

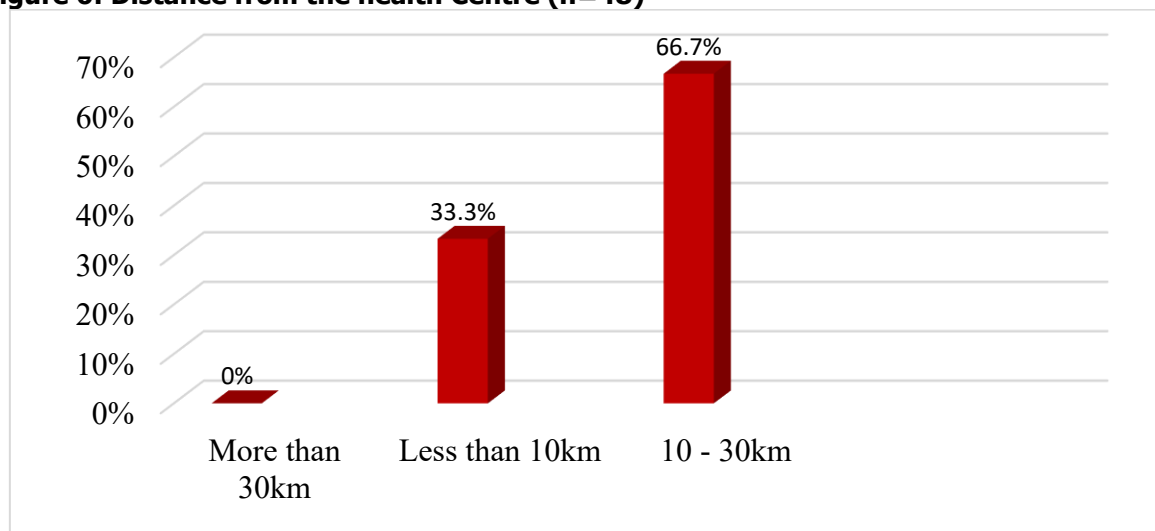


Figure 6 shows that majority respondents 32(66.7%) mentioned that the health facility is 10 - 30kms away from their homes, 16(33.3%) mentioned less than 10km and no respondent lived 30km away from the health facility.

Table 4: Showing other health facility related factors influencing utilization of family planning methods. (n=48)

Variables	Categories	Frequency (f)	Percentage (%)
What is your view on the behavior of the health workers in the health centres	Have good attitude	40	83
	Have bad attitude	8	16.6
Is the operating hours at the health centre favourable to your schedule?	Yes	38	79.2
	No	10	20.8
How long do you take before receiving services at the facility?	Less than 2 hours	10	20.8
	2 - 4 hours	20	41.7
	More than 4 hours	18	37.5

Table 5 shows that 40(83.4%) of respondents stated that the health workers have good attitude while 8(16.6%) mentioned that the health workers have bad attitude, 38(79.2%) of the respondents said that the operating hours at the health centre is favorable and 10(20.8%) said that they are not, lastly, 20(41.7%) respondents said that they waited for 2 – 4 hours before receiving family planning services at the health facility, 18(37.5%) mentioned that they waited for more than 4 hours while 10(20.8%) said that they waited for less than 2 hours.

Discussion

Demographic characteristics

The study result indicated that 18(35.7%) of the respondents were between to 20 – 24 years of age, this indicated that these are young mothers who had positive attitude towards up take of FP and had adequate knowledge on FP. This concurred with the study findings by Nyakundi et al., (2025) in Kenya that found out that young aged women 20 – 24 years 58% had highly utilized FP services

The study findings indicated that the majority of the respondents 30(62.5%) were of primary education level, this implied low literacy rate among the respondents and this would negatively influence the awareness and knowledge on the benefits of FP services. This study findings concurred with the findings by Alo et al., (2020) in Nigeria that revealed that 89.3% of mothers who had low education levels refused to use modern FP methods. Further study by Ochen and Primus (2023) in Uganda revealed that low education levels influenced low utilization of FP as was seen among 79.4% of women who never went to school who refused to use FP.

The findings of this study showed that the majority of the respondents 31(64.6%) were married, this implied that married women were more likely to use FP methods than the unmarried. This is in contrast with the study findings by Kadhila and Lieka (2024) in Namibia who found out that women who were not married opted to use FP services so that they do not conceive before getting married, another study that concurred with the above findings by Mankelkl et al., (2024) done in Kenya found out that 63.8% of women who were married opted to use FP services in order to prevent unintended pregnancy.

The study finding also reported that 36(75%) of the respondents were Christians, this implied that the Christian women were more likely to use FP than other religious denominations. This is in contrast with the study findings by Hakizimana and Odjidja (2021) in Burundi that found out that religious concepts on FP methods influenced the utilization of FP services as was reported by 70% of catholic women that FP services were conflicting with their church's teaching.

Individual factors influencing utilization of family planning methods

The findings of the study revealed that 30(62.5%) majority of the respondents had 3 – 4 children, this showed that the respondents had moderate number of children and were still willing to have more hence, negatively influencing their decision to use FP. This is in contrast with the study findings of Boadu (2022) carried out in Sub-Saharan Africa that found out that parity of the mothers influenced the use of FP services where only 9.1 % of nulliparous mothers sought FP services unlike 28.9% of the mothers with 3 – 4 children, in another study findings by Sifora et al., (2025) done in South Africa found out that 52.7% of women of reproductive age who used FP methods were nulliparous.

The study result further showed that most respondents 29(60.4%) reported that they would have more children after 24 months, this meant that the women were not willing to conceive soon. This was in contrast with the study findings by Olijira et al., (2023) done in Ethiopia that revealed that 43.4% of the women who had planned to conceive within 2 years were unable to use FP.

The study findings also revealed that majority of the respondents 30(62.5%) feared side effects of FP, this implied that fear of contraceptive side effects is among the greatest barrier to FP use. This study findings concurred with the findings in a study done by Ndzibidtu and Jaja (2024) in Kenya that found out that 18.4% of the mothers who had fear of side effects of FP were unable to utilize the methods and it further concurred with the study findings by Wambi et al., (2024) that indicated that 11.67% of women of reproductive age who had fear of FP methods did not accept the use of the methods.

The findings of the study also indicated that most of the respondents 30(62.5%) were taught about FP, this implied that the women had some knowledge of FP which would influence them positively to use FP. This concurred with the study findings done by Tiruneh et al., (2023) in North West Ethiopia that found out that 44.6% of the women of reproductive age who had knowledge on FP methods used the methods. In another study done in Nepal by Yadav et al., (2022) revealed that 95.7% of women who knew about FP methods were associated with their use.

The findings of this study also revealed that majority respondents 25 (52%) were taught by the health workers, this implied that the respondents had information about FP and hence this would encourage them to use the methods. This is in contrast with the study findings by Tiruneh et al., (2023) who found out that 44.7% of the women of

reproductive age receive information on FP from the media.

Socio-cultural factors influencing utilization of family planning methods

The study findings indicated that majority of the respondents 30(62.5%) had disagreement from their husbands on the use of FP methods. This concurred with the findings in a study done by Ngole and Joho (2025) in Tanzania that found out that 69.6% of women were disapproved by their spouses from using FP methods hence low utilization of the services. This study findings also contrasts with the findings by Guure et al., (2019) study conducted in Ghana that stated that 93.73% of women were approved by their spouses to use FP services

The study findings showed that most respondents 35(73%) mentioned that FP causes infertility. this implied that misconception about FP methods barred most women of reproductive age from the use of the methods. This concurred with the study findings by Abeid et al., (2023) in Tanzania that found out that myths and misconceptions about FP influenced uptake of the methods as was found out that 24.8% of the women had fear that FP will cause infertility, it further concurred with the study findings by Shumet et al., (2024) in Ethiopia that found out that myths and misconceptions about FP like causing infertility, cancer contributed to low uptake of the methods.

The study findings indicated that majority of the respondents 30(62.5%) mentioned that they were not advised by the friends to use FP, this implied that influence of friends affected the uptake of the methods. This concurred with the findings by Sulemena et al., (2025) in Ghana who found that discouragement from friends towards FP use led to low utilization of the services by women of reproductive age. This study findings is also in contrast with the findings of Namwanje (2023) in Uganda that found out that 77.5% of women used FP methods following recommendations and advice from friends and family

The study results further revealed that most respondent 29(60.4%) reported that their cultural leaders discourage them from the use of FP methods, this implied that their culture negatively influenced them from the use of FP methods. This study findings concurred with the study findings by D' Souza et al., (2021) that indicated that cultural norms and teachings believed in having large families and many demanding male children affected the acceptability of FP services by women. The study findings further concurred with the study findings by Ndzibiditu and Jaja (2024) done in Kenya that revealed that 91.1% of women of reproductive age reported that they were greatly

hindered to use FP services due to cultural prohibits towards FP services.

The study results also noted that majority of the respondents 30(62.5%) mentioned that the use of FP is not allowed by their religions, this indicated religious beliefs negatively affected the utilization of FP methods. The study findings concurred with the study findings by Hakizimana and Odjidji (2021) in Burundi that found out that religious concept of FP methods influenced utilization of the service as was reported by 70% of the catholic women that FP service conflicted with their church's teachings recommending women to have many children leading to low uptake of FP service. It also concurred with the findings of Omona and Muhanuzi (2022) who found out that 48.6% of women were discouraged by their religion from using modern FP methods.

Health facility related factors influencing utilization of FP methods

The study findings revealed that most respondents 24(50%) mentioned that the health facility had some of the FP methods, this implied the respondents did not have variety of methods to choose from. This study findings is in contrast with the findings by Kadhila and Lieka (2024) in Namibia that found out that availability of FP methods at the public facilities was associated with the uptake of the methods. Furthermore, it contrasted with the findings of Hlongwa et al., (2022) in South Africa that indicated that 60% of the public health facilities that had a variety of FP methods offered a wide range of choices of FP methods to women of reproductive age.

The study result indicated that majority of the respondents 32(66.7%) stayed over 10 to 30km away from the health facility, this implied that long distance affected access to FP services. This study findings concurred with the findings of Abeid et al., (2023) done in Chake-District Pemba Tanzania that found out that 75% of women reported that long distance from the facility was a challenge to utilization of FP services. This finding is also in contrast with the findings of Namwanje (2023) in Kampala, Uganda that found out that short distances and easy accessibility of FP centers was associated to high uptake of FP among 73% of mothers.

The study findings showed that most respondents 40(83%) mentioned that the health workers have good attitude, this indicated that positive health worker's attitude would influence uptake of FP methods. This study finding is in contrasts with the study finding by Sulemana et al., (2025) who found out that 29.3% of Ghanaian women who experienced bad attitude from health workers could not use FP services. Furthermore, the study findings by Nyakundi et al., (2024) revealed that mothers

who experienced receptive health workers at the health facility were 1.5 times likely to use FP methods

The study further reported that 38(79.2%) of the respondents mentioned favorable operating hours at the health facility, this implied that the women of reproductive age could access FP services any time they wanted. This is in contrast with the study findings by Alo et al., (2020) done in Nigeria that found out that in convenient operating schedules of FP clinics characterized by 83.9% of the units operating at most three times per week was associated to non-utilization of FP services. Furthermore, a study by D'Souza et al., (2021) found out that unfavorable operating times of FP clinics affected the ability of women to access FP services

Lastly, the study findings revealed that of the respondents 20(41.7%) reported to have waited for 2-4 hours before they could receive FP services, this implied that long waiting hours discouraged the women of reproductive age from receiving FP methods. This study result concurred with the findings by Shumet et al., (2024) in Ethiopia that found out that long waiting time at the health facility was associated with non-utilization of FP methods. Furthermore, the study findings by Ngole and Joho (2025) revealed that 75.5% of women who experienced long waiting hours for the services at the clinic did not use FP methods.

Conclusion

The findings revealed that although the majority of the respondents had knowledge on FP, fear of side effects remained high, limiting utilization. Over all, the results highlighted that fear of side effects, myths and misconceptions about FP, disapproval from husband, long distance from health facilities and long waiting hours continue to challenge FP utilization among women of reproductive age.

Limitations of the study

The study used a cross-sectional design which was difficult to generalize to the entire study population. Non – probability sampling method was used which increased the bias within the study sample.

Recommendations

To ministry of health. To consider setting up health facilities which are accessible in every community for easy utilization of services.

To the health workers. To carry out ongoing sensitization of the community about FP through outreaches and mass campaigns and to carry out dialogues with male partners to improve FP uptake.

To women of reproductive age. To consider use of FP methods to prevent complications that arise from pregnancy and that affects maternal and child health.

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Finally, I would like to thank all my respondents without whom, this work would not have been possible.

List of abbreviations and acronyms

H/CIII: Health Centre III

MoH: Ministry of Health

UBOS: Uganda Bureau of Statistics

UNFPA: United Nations Population Fund

UNICEF: United Nations Children Fund

VHT: Village Health Teams

WHO: World Health Organization

FP: Family Planning

FY: Financial Year

IUCD: Intrauterine Contraceptive Device

PPH: Post-partum Haemorrhage

LBW: Low Birth Weight

Source of funding: The study received no external funding.

Conflict of interest: The authors declared no conflicts of interest.

Author contribution: Simphorosa Arwinyokwo conceptualized the study, developed the proposal, collected and analysed the data, interpreted the findings, and prepared the final research report. Barbara Akankunda supervised the whole research process.

Data availability: Data supporting the findings may be obtained upon request from the corresponding author.

Informed consent: Written informed consent was obtained from all participants prior to their inclusion in the study. Participants were informed about the purpose of the study, procedures involved, potential risks and benefits, and their right to withdraw at any time without penalty.

Author biography: Simphorosa Arwinyokwo is a student of St. Michael Lubaga Hospital Health Training Institute pursuing a diploma in midwifery. Barbara Akankunda is a tutor at the same institute.

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