

# Factors Influencing Utilisation of Family Planning Services at Fort Portal Regional Referral Hospital, Kabarole District in Western Uganda

Nabunya Cynthia

Faculty of Clinical Medicine and Dentistry Kampala International University Western Campus Uganda.

## ABSTRACT

Family Planning was defined by the World Health Organization as a voluntary and informed decision by an individual or couple on the number of children to have and when to have them. According to the 2013 WHO facts sheet on Family Planning, "it was achieved mainly through the use of various contraceptive methods and treatment of involuntary infertility. The intervention for family planning reveals a contraceptive prevalence of 43.1% which was way below the national target of 50% by 2020. This leaves 4 in 10 sexually active Ugandan women not using any form of contraception, including 3 in 10 who express a desire to delay childbearing. This study intended to assess factors influencing the utilization of family planning services at Fort Portal Regional Referral Hospital, Western Uganda. A cross-sectional, descriptive and analytical hospital-based study design was used to get 174 men and women of the reproductive age group at Fort Portal Regional Referral Hospital based on the Fischer et al., (1990) formula and the targeted 100% response rate was obtained however due to knowledge gaps, not all questions were answered 100% but a valid percentage was considered for the questions answered. Self-administered questionnaires were used, data was entered and reviewed for faults using Microsoft Excel, and after transferred to STATA version 20 for analysis, presented in frequency and percentage charts and tables with P-values and Odds ratios and their respective Confidence intervals where necessary. According to the findings, the proportion of people who use contraceptives was 44.91% of the participants at Fort Portal Regional Referral Hospital in Western Uganda. In multivariate analysis, socio-demographic factors like the education level of respondents that was to say tertiary had a P-value of 0.004 [COR(CI; 95%); 1.00 (0.65-3.09)], place of residence that was to say urban had a P-value of 0.003 [COR(CI; 95%); 1.94 (1.35-4.92)], obstetric factors like history of abortion had a P-value of 0.001 [COR(CI; 95%); 2.15 (1.04-4.51)], and medical factors like HIV had a P-value of 0.028 [COR(CI; 95%); 1.94 (1.35-4.92)], and were significant and considered for the discussion because they had a P-value of less than or equal to 0.05. The utilization of family planning services at Fort Portal Regional Referral Hospital remains low at 44.91% in comparison to the national target which is 50% as per Uganda. Similarly, socio-demographic factors like level of education and place of residency, obstetric factors like history of abortion and medical factors like HIV significantly influence the utilization of family planning services at Fort Portal Regional Referral Hospital in Western Uganda.

**Keywords:** Family Planning services, Contraceptive methods, Childbearing, Women, HIV.

## INTRODUCTION

The planned use of contraceptives by couples or individuals is called Family planning, which involves deciding to have the required number of children at the appropriate time through the utilization of contraceptive methods to delay space or limit childbirth [1, 2]. Contraceptives are birth control methods including medicines, devices and/or any method intended to prevent pregnancy [1]. They are classified as modern or traditional methods. Modern methods include; female condoms, oral contraceptive pills, emergency contraceptive pills, injectable contraceptives, implants intrauterine devices

(IUD), and female sterilization (Tubal ligation). On the other hand, traditional methods include; the Safe Days Method, Lactational Amenorrhea Method (LAM), rhythm and withdrawal [3]. Globally, the choice of contraceptives has continually become mixed up with all methods being utilized for birth control, where the success of mixture in choices was realized, unwanted pregnancies were reduced by 87.3% mainly in Europe and north Asian countries although challenges in the uniform choices remain in Africa, South America and South Asia [4, 5].

In Africa, studies have shown that a larger percentage (86%) of women are in favour of family planning although the choice of contraceptive method remains a major challenge [6]. However, methods that women use differ marginally with some methods having been embraced on a large scale while others still being utilized by a handful [7]. In Sub-Saharan Africa studies have shown variation in choices women use regarding contraceptive uses [8, 9] carried out a research study on planned pregnancies, factors that were attributed to missed opportunities due to limited choices in contraceptive methods used by communities while regarding other methods. In East Africa, studies in Kenya and Tanzania have shown that contraceptive choices among women of reproductive age remain in favour of natural, means like abstinence and lactational Amenorrhoea method 67%, short-term contraceptives like pills and injectable at 32.5% of the women, while long term family coastal tribes in Kenya, the study found that tribes of mothers, cultural views and perceptions, age of the mothers played a bigger role in determining the choice of contraceptive method which was used [10]. In Uganda, non-uniform distribution of contraceptives exists greatly, while condoms, one-month cycle pills emergency pills, and injectable contraceptives are highly preferred by women from both government and private facilities [11]. Some methods were reported to have hit a deadlock in their acceptability and preference by most Ugandan women according to the [12]. Intrauterine devices, tubal ligation, female condoms, male sterilization, diaphragms with spermicides among others are used by less than 10% of Ugandan women. The factors that influenced women's choice were accessibility, ease of administration, better hideout, and fewer women empowerment to decide alone on long-acting contraceptives [13]. However, there exists no comprehensive documentation at the

Study site on especially the Community factors affecting Family planning at FPRRH, Kabarole District in Western Uganda. With these dynamics in the utilization of Family planning services in Uganda, there is limited data on the factors influencing the choice of contraceptives by women.

#### Statement of Problem

It is estimated that 90% of abortion-related and 20% of pregnancy-related morbidity and mortality, along with 32% of maternal deaths, could be prevented by the use of effective contraception [6]. In 2011, 30% of married women of reproductive age (15–49 years) were using family planning methods, an increase from 15% in 1995 and 24% in 2006 [14]. The use of modern FP methods increased considerably, with the mCPR increasing from 8% to 26% between 1995 and 2011 [15]. Despite this positive trend, the mCPR is still far below the goal of 50% set by the Ministry of Health (Roadmap for accelerating the reduction of maternal and neonatal mortality and morbidity in Uganda 2007-2015).

Despite all the efforts, utilization of Family Planning Services is still low in Fort Portal City, Kabarole District. The contraceptive prevalence rate at Fort Portal Regional Referral Hospital is as low as 26% [16]. This leads to social-economic constraints and a burden to the over-stretched health services. However, scanty data exist on factors affecting the choice of contraceptives including socio-demographics and contraceptive security. This study is therefore intended to assess factors influencing the utilization of Family Planning among women of reproductive age at Fort Portal Regional Referral Hospital, Kabarole District in Western Uganda, to guide stakeholders on appropriate interventions to scale up contraceptive prevalence and reduce unmet need for family planning.

### METHODOLOGY.

#### Study design

The study was a cross-sectional, descriptive and analytical study and was used to determine the level of utilization and factors influencing the utilization of family planning services at Fort Portal Regional Referral Hospital, Kabarole in Western Uganda [17].

#### Area of Study

The study was conducted at Fort Portal Regional Referral Hospital in Fort Portal City, Kabarole District in Western Uganda. The city has a large number of people who greatly depend on business as their source of income followed by Agriculture.

#### Study population

The study included all men and women of reproductive age who access services at Fort Portal Regional Referral Hospital.

#### Inclusion criteria;

All men and women of reproductive age attending family planning at Fort Portal Regional Referral Hospital, Kabarole district in Western Uganda who consented to the research.

#### Exclusion criteria;

All men and women of reproductive age attending family planning at Fort Portal Regional Referral Hospital, Kabarole district in Western Uganda who did not consent to the

research study.

#### **Sampling procedure**

The participants were selected using a consecutive sampling technique whereby every man and woman of childbearing age who came and met the inclusion criteria were recruited. The only men and women of childbearing age attending family planning services at Fort Portal Regional Referral Hospital were interviewed.

#### **Sample size determination**

A study sample size was obtained using Fitcher's et al (1990) formula i.e.  $n = Z^2pq / r^2$

This formula is valid for a population  $\geq 10000$ .

Where;  $n$  = desired sample size

$Z$  = standard normal deviation is taken as 1.96 at a confidence interval of 95%.

$p$  = proportion of the target population estimated to have similar characteristics; according to Fort Portal Regional Referral Hospital, the preference = 13%. Thus,  $p = 0.13$ .

$q$  = proportion of target population without a desired characteristic ( $q = 1 - p = 0.87$ ).  $r$  = degree of accuracy (0.05).

$n = (1.96^2 \times 0.13 \times 0.87) / (0.05^2) = 174$  respondents

**Therefore,**

$n = 174$  respondents were sampled.

#### **Study variables**

- Level of awareness of modern contraceptives.
- Social-cultural factors associated with the use of modern contraceptives.
- Obstetric factors influencing utilization of family planning services.
- Medical factors influencing utilization of family planning services.

#### **Data collection tools**

Data was collected using interviewer's schedule. This was preferred because of dealing with all literate and illiterate respondents. This method was used because it facilitates respondent's encouragement and ensured maximum confidentiality.

#### **Pretesting**

The questionnaires were pretested similar population (all men and women of child bearing age (16- 40) attending to ANC services and postnatal care) at KIUTH to see whether the data collection tools were feasible (Whether it

would cover the aim of a researcher).

#### **Data collection**

Qualitative data was collected from 20th of June, 2023 to November, 2023 from men and women of child bearing age (15-45) years attending to services at Fort Portal Regional Referral Hospital. The researcher requested for assistance from other health workers after training them to help in collecting data. Interviewer's scheduled administered questionnaires were used.

#### **Editing**

This was done in the field immediately after administering the tools to ensure accuracy in recording the responses of respondents. This was done by recording, reading through and ensuring that answers given are correctly recorded against each question [18].

#### **Coding**

This was done manually; items were grouped on a paper and tallied according to the items.

#### **Data presentation analysis**

Microsoft excel was used to enter data and reviewed for faults. After that, it was transferred to STATA version 20 for analysis. To determine the relationship between the dependent and independent variables, bivariate and multivariate logistic regression analysis was used. The Bivariate analysis; All factors that have  $P > 0.2$  were considered in multivariate analysis. Multivariate analysis; Factors were considered as statistically significant if  $P < 0.05$ . After coding, the collected data was represented in the form of tables, and pie charts to aid easy analysis.

#### **Ethical consideration**

Permission was sought from the school administration KIU-WC which provided an introductory letter on submission and approval of this research report. The introductory letter was presented to the medical superintendent of Fort Portal Regional Referral Hospital who introduced me to the staff working in family planning and postnatal units. The researcher also sought consent from respondents after a brief introduction. Respondents were aware of their right to participate or withdraw from exercise at any time [19].

## RESULTS

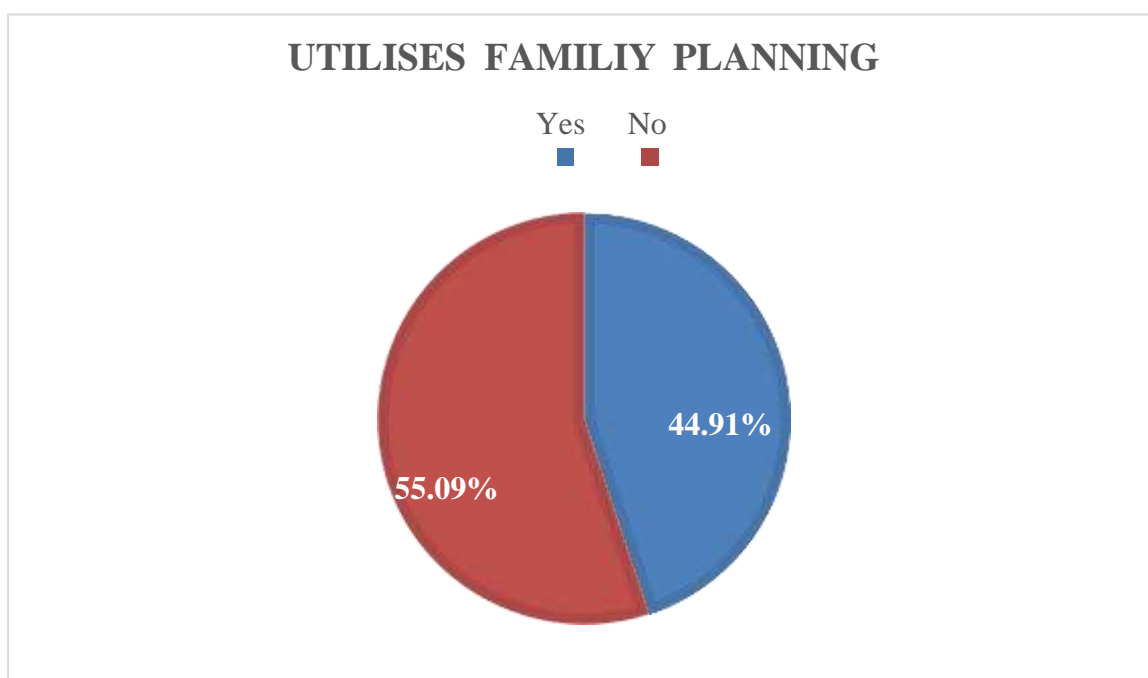
Socio-demographic Characteristics of the study participants as shown in the table below.

**Table 1: Socio-demographic Characteristics of the study participants**

Variables	Frequency (N)	Percentage (%)
<b>Age</b>		
14-19	34	19.5
20-30	133	76.4
31-45	7	4
<b>Tribe</b>		
Mutoro	49	28.2
Muganda	36	20.7
Mukiga	17	9.8
Munyankore	19	10.9
Others	50	28.7
<b>Religion of the respondent.</b>		
Advents	14	8.0
Saved	39	22.4
Catholic	54	31.0
Protestant	48	27.6
Others	19	10.9
<b>Marital Status</b>		
Single	97	55.7
Married/ cohabiting/ in relationship	68	39.1
Separated/ divorced	6	3.4
<b>Education level of the respondent</b>		
Primary	13	7.5
Secondary	12	6.9
Tertiary	146	83.9
<b>Occupation</b>		
House wife	7	4.0
Peasant farmer	9	5.2
Business	13	7.5
Student	108	62.1
Employed	14	8.0
<b>Level of Income (per day) of the family</b>		
Less Than 4,000 ug. shs (1 USD)	58	33.3
Between 4,000 – 20,000 ug. shs (1 to 5 USD)	38	21.8
More Than 20,000 ug. shs (5 USD)	35	20.1
<b>Place of Residence</b>		
Urban	84	48.3
Rural	76	43.7

According to the results of this study; the majority 122(70.1%) were aged 20-30 years, 31(17.8%) were between 14-19 years, and 31-45 years were 6(3.4%). these were mainly Batooro [49(28.9%)], Baganda [36(20.7%)], Banyankore and Bakiga 10.0% and 9.8% respectively among others. Tribe that contributed 50(28.7%) of the study participants. By religion; majority 54 (31%) were Catholics followed by 48(27.6%) Protestants, 39(22.4%) saved/born again Christians, 14(8%) Adventists among others 10.9% religions. Socioeconomically, 84(48.3%) reside in urban areas whereas the 76(43.7%) were rural

dwellers; earning majorly 58(33.3%) Less Than 4,000 ug. shs (1 USD); 38(21.8%) Between 4,000 – 20,000 ug. shs (1 to 5 USD) and 35(20.1%) earn More Than 20,000 ug. shs (5 USD). The majority of the participants were 97(55.7%) single, 68(39.1%) Married/cohabiting/ in a relationship and 6 (3.4%) Separated/ divorced at an education level of majority 146(83.9%). Tertiary, 12 (6.9%) secondary and 13 (7.5%) primary level and occupied mainly with 108(62.1%) studies, 14(8%) employed, 13(7.5%) business, 9(5.2%) peasant farmers, and lastly 7(4%) housewives.



**Figure 1: Level of utilization of family Planning Services at Fort Portal Regional Referral Hospital, Kabarole district in Western Uganda.**

According to these study findings, the proportion of people who use contraceptives is 44.91% of the participants at Fort Portal Regional Referral Hospital, Kabarole district in Western Uganda.

**The obstetric factors influencing utilization of family planning services at Fort Portal Regional Referral Hospital.**

According to this study's findings, parity influences utilization of family planning by 45.4%, followed by previous history of other obstetric complications (29.9%), history of intrauterine fetal death (14.9%), and lastly, history of abortion (9.8%) as shown in table 2 below.

**Table 2: Obstetric factors influencing utilization of family planning services at Fort Portal Regional Referral Hospital.**

Factor	Frequency (N)	Percentage (%)
Parity	79	45.4
History of abortion	52	29.9
History of intrauterine fetal death	26	14.9
Previous history of other obstetric Complications.	17	9.8

The medical factors influencing the utilization of family planning services in Fort Portal Regional Referral Hospital. According to this study's findings, HIV

influences the utilization of family planning services by 40% followed by obesity (30%), diabetes (20%), and lastly, hypertension (10%) as shown in Table 3 below.

**Table 3 Medical factors influencing the utilization of family planning services in Fort Portal Regional Referral Hospital.**

Factor	Frequency(N)	Percentage (%)
Hypertension	17	10
Diabetes	35	20
HIV	70	40
Obesity	52	30

**Utilization of family planning services bivariate relationship with socio-demographic factors.**

Age, tribe, religion of respondent, marital status, education level of respondent,

occupation, level of income, and place of residence were significant at bivariate analysis and therefore considered for multivariate analysis as shown in the last table below.

**Table 4: Bivariate analysis of socio-demographic factors influencing utilization of familyplanning services.**

Variables (N)	Frequency (N)	Percentage (%)	P-value	COR (CI;95%)
<b>Age</b>				
14-19	34	19.5	0.045	1.50 (1.02-5.52)
20-30	133	76.4	0.016	1.02 (0.87-3.41)
31-45	7	4	Reference	Reference
<b>Tribe</b>				
Mutoro	49	28.2	0.029	1.075-4.372
Muganda	36	20.7	0.015	1.476-35.615
Mukiga	17	9.8	0.601	0.599-2.43
Munyankore	19	10.9	0.323	0.734-2.55
Others	50	28.7	Reference	1
<b>Religion of the respondent.</b>				
Advents	14	8.0	0.219	1.16 (0.75-3.78)
Saved	39	22.4	0.364	0.57 (0.10-1.07)
Catholic	54	31.0	0.447	0.15 (0.07-0.55)
Protestant	48	27.6	0.024	2.08 (1.05-6.18)
Others	19	10.9	Reference	Reference
<b>Marital Status</b>				
Single	97	55.7	0.114	1.92 (1.30-4.81)
Married/ cohabiting/ in relationship	68	39.1	0.415	0.72 (0.47-1.28)
Separated/ Divorced	6	3.4	0.322	0.98(0.60-1.69)
<b>Educationlevel of the respondent</b>				
Primary	13	7.5	0.022	0.43 (0.05-0.88)
Secondary	12	6.9	0.071	1.32 (0.71-2.94)
Tertiary	146	83.9	0.186	3.18 (1.18-6.42)
<b>Occupation</b>				
House wife	7	4.0	0.294	1.00 (0.77-2.08)
Peasant farmer	9	5.2	0.408	0.91 (0.41-1.60)
Business	13	7.5	0.227	0.56 (0.22-1.29)
Student	108	62.1	0.001	3.71 (1.70-7.23)
Employed	14	8.0	0.003	1.94 (1.35-4.92)
<b>Level of Income (per day) of the family</b>				
Less Than 4,000 ug. shs (1 USD)	58	33.3	0.004	1.00 (0.65-3.09)
Between 4,000 – 20,000 ug. shs (1 to 5 USD)	38	21.8	0.081	1.34 (0.86-4.29)
More than 20,000 ug. shs (5 USD)	35	20.1	0.072	4.66 (2.16-10.11)
<b>Place of Residence</b>				
Urban	84	48.3	0.003	1.94 (1.35-4.92)
Rural	76	43.7	Reference	Reference



**Utilization of family planning services bivariate relationship with obstetric factors.**

Parity, history of abortion, history of intrauterine fetal death, and previous history of

other obstetric complications were significant at bivariate analysis and therefore considered for multivariate analysis as shown in the last table below.

**Table 5: Bivariate analysis of obstetric factors influencing the utilization of family planning services.**

Factor	Frequency (N)	Percentage (%)	P-value	Odds ratio	COR (CI;95%)
Parity	79	45.4	0.806	0.833	0.194-3.579
History of abortion	52	29.9	0.024	10.724	1.360-84.558
History of intrauterine fetal death	26	14.9	0.212	4.667	0.416-52.340
Previous history of other obstetric complications	17	9.8	Reference	1	1

**Utilization of family planning services bivariate relationship with medical factors.**

Hypertension, diabetes, HIV, and obesity were

significant in bivariate analysis and therefore considered for multivariate analysis as shown in the last table below.

**Table 6: Bivariate analysis of medical factors influencing the utilization of family planning services.**

Factor	Frequency (N)	Percentage (%)	P-value	Odds ratio	COR (CI;95%)
Hypertension	17	10	0.082	5.117	0.811-32.28
Diabetes	35	20	0.723	1.401	0.217-9.06
HIV	70	40	0.181	5.036	0.470-53.92
Obesity	52	30	0.950	0.958	0.252-3.638

**Table 7: Multivariate logistic regression analysis of socio-demographic, obstetric and medical factors influencing utilization of family planning services. Only factors with P-value of less than or equal to 0.05 were considered.**

Factor	N=174	Family planning services Utilization (%)	P-value	COR(CI;95%)
<b>Age</b>				
14-19				
	34	19.5	0.066	1.56 (0.75-4.34)
20-30	133	76.4	0.415	0.72(0.47-1.28)
<b>Tribe</b>				
Mutooro	49	28.2	0.322	0.98 (0.60-1.69)
Muganda	36	20.7	0.144	1.59 (0.94-3.30)
Religion of respondent				



<b>Advent</b>	<b>14</b>	<b>8.0</b>	<b>0.447</b>	<b>0.15 (0.07-0.55)</b>
Protestant status	Marital 48	27.6	0.364	0.57 (0.10-1.07)
Single	97	55.7	0.219	1.16(0.75-3.78)
<b>Education level of respondent</b>				
Primary	13	7.5	0.081	1.34 (0.86-4.29)
Secondary	12	6.9	0.114	1.92 (1.30-4.81)
Tertiary	146	83.9	0.004	1.00 (65-3.09)
<b>Occupation</b>				
House wife	7	4.0	0.186	3.81 (1.18-6.42)
Business	13	7.5	0.071	1.32 (0.71-2.94)
Student	108	62.1	0.068	1.76 (0.89-3.25)
Employed	14	8.0	0.817	0.57 (0.19-1.05)
Level of income (per day) of the family <4,000 ug.				
shs(1USD)	58	33.3	0.814	1.42 (1.01-4.18)
<b>4,000-20,000ug.</b>				
Shs (1-5 USD)		38 >20,000ug.	21.8	0.408 0.91(0.41-1.60)
Shs (5USD)		35	20.1	0.227 0.56 (0.22-1.29)
<b>Place of residence</b>				
Urban		84	48.4	0.003 1.94(1.35-4.92)
<b>Obstetric factors</b>				
Abortion		52	29.9	0.001 2.15 (1.04-4.51)
History of intra - uterine fetal death		26	14.9	0.142 1.23(0.72-1.80)
<b>Medical factors</b>				
Hypertension		17	10	0.081 1.34(0.86-4.29)
HIV		70	40	0.028 2.81(1.42-8.07)

## DISCUSSIONS

### The Level of utilization of family Planning Services at Fort Portal Regional Referral Hospital in Western Uganda.

According to these study findings, the proportion of people who use contraceptives is 75(44. 9%). This is in congruence with the intervention for family planning reveals a contraceptive prevalence of 43. 1% which was below the national target of 50% by [14]; but disagrees with [20] who reported prevalence of contraceptives use in Uganda to be 30% and a general global increase in the recent past from 54% in 1990 to 57% in 2012. Thus, it still possibly leaves 4 in 10 sexually active Ugandan women not using any form of contraception, including 3

in 10 who express a desire to delay childbearing [16]. Unlike [21] a study in Gauteng-South Africa in which the most preferred methods as oral contraceptives (38%), and male condoms (25%), in this study, choice of contraceptives stands at; 40. 7%, 17. 3%, 16. 7%, and 12. 7% for condoms, implanon, oral pills and injectables and safe days respectively. And this further agrees with a study in Ethiopia by [22] in which the most popular contraceptive method in use was condoms (44. 4%), followed by emergency contraceptive pill (27. 4%) and regular oral contraceptive pills (21%)

**The socio-demographic factors influencing utilization of family planning services at Fort Portal Regional Referral hospital, Western-Uganda.**

From the study conducted here, the education level of the respondent influenced the utilization of family planning services which is in congruent with the study of Coetzee, et al, 2011 who reported that in a study conducted in Gauteng-South Africa on female undergraduate students in a selected higher educational institution, about (79%) reported having used contraceptives, with the most preferred methods as oral contraceptives and male condoms (25%) [21]. This can be explained by the higher possibility of increased awareness of family planning services at tertiary level of education of the respondent compared to that at primary and secondary level of education of the respondent. From the study findings here, place of residence that is to say urban significantly influenced utilization of family planning services which is in congruent with the study of [14] who reported that women in urban areas have a higher contraceptive prevalence rate (CPR) compared to women in rural areas. There are also clear regional differences. For example, Kampala has the highest (CPR) at 40%, and Karamoja in the NorthEast region has the lowest at 7% [14]. This can be explained by the increased accessibility to family planning services for respondents in urban areas compared to those in rural areas.

The utilization of family planning services at Fort Portal Regional Referral Hospital remains low in comparison to the national target which is 50% as per Uganda. Similarly, socio-demographic factors like level of education and place of residency, obstetric factors like history of abortion and medical factors like HIV significantly influence the utilization of family planning services at Fort Portal Regional Referral Hospital in Western Uganda.

**Recommendation**

The stakeholders at different levels should endeavour to sensitize people right from communities, concerning the different types/methods of contraception to raise the level

**The obstetric factors influencing utilization of family planning services at Fort Portal Regional Referral Hospital, Western Uganda.**

From the study conducted here, the history of abortion significantly influenced the utilization of family planning services but disagrees with [23] who reported that the utilization of post-abortion family planning was low in Wolaita Sodo health institutions, also reported that marital status, knowledge of post-abortion family planning, use of services at non-government health facilities, counselling, and husbands' support were determinants of post-abortion family planning [23]. This can be explained by increased awareness of the use of post-abortion family planning services as compared to then.

**The medical factors influencing utilization of family planning services at Fort Portal Regional Referral Hospital, Western Uganda.**

From the study conducted here, HIV significantly influences the utilization of family planning services which is incongruent with the study of [24] who reported that the HIV status of an individual influences the uses and choice of contraceptive methods. Normally due to fear of contracting or transmitting the disease, individuals opt for dual barrier methods such as condoms to prevent the HIV transmission cycle. For instance, a study in Kericho District, Western Kenya suggested that HIV disease progression plays an important role in contraceptive decisions [24]. This can be explained by respondents' fear of contracting or transmitting the disease.

**CONCLUSION**

to the minimum of at least 50%, as set by the government of Uganda. Aspects of the obstetric factors like parity, history of abortion, history of intrauterine fetal death, and previous history of other obstetric complications need to be considered in the design of family planning strategies to effectively increase utilization of family planning services at Fort Portal Regional Referral Hospital in Western-Uganda. Also, strengthening counselling, education about family planning, and good follow-up care of medical conditions like hypertension, diabetes, HIV and obesity would help increase the utilization of family planning services at Fort Portal Regional Referral Hospital in Western Uganda.

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