THE EFFECTS 0F CONTRACEPTIVE USE AMONG WOMEN OF KATAKWI DISTRICT

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UGANDA CHRISTIAN UNIVERSITY

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DECLARATION

This declaration is made by me, Aisu Clare, that this research report entitled 'The effects of contraceptive use among women in Katakwi district' is my own research paper and has not been presented elsewhere for any academic purpose.

Signature..... 14th/05/2026

Aisu Clare

M23B15\118.

APPROVAL

This serves as evidence that this research dissertation titled "Effects of Contraceptive Use Among Women in Katakwi District" was conducted by Aisu Clare under my guidance. The research is hereby approved for submission.

Signature: ..... Date: 14th May 2026

Rev. Wareeba Stanley

Supervisor.

DEDICATION

I dedicate this work to my mother Ariapa Irene for her support and encouragement throughout my academic journey.

ACKNOWLEDGEMENT

I mostly want to express my utmost gratitude to the almighty God for his enabling grace and all who have contributed in all different ways towards my successful completion of my course of study.

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List of abbreviations

DTT – Demographic Transition Theory

HBM – Health Belief Model

ICF – Inner City Fund (International)

IUDs – Intrauterine Devices

MOH – Ministry of Health

TPB – Theory of Planned Behavior

UBOS – Uganda Bureau of Statistics

UCU – Uganda Christian University

UNFPA – United Nations Population Fund

WHO – World Health Organization

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ABSTRACT

Contraceptive use among women in Katakwi district was explored in the research. Both advantages and disadvantages of contraceptive use, focusing on how it affected maternal health, birth spacing, socioeconomic conditions and reproductive autonomy across were evaluated. During research, a cross-sectional study design was utilized, targeting women aged 15 to 49 years. Structured questionnaires and interviews were utilized during data collection.

Contraceptive use notably decreased unintended pregnancies, enhanced child spacing, and reduced maternal and infant mortality rates. [WHO,2023] according to the findings if the study. In Uganda, modern contraceptives use has been linked to better maternal health outcomes and greater economic stability, since it allowed more effective family size management. [UBOS AND ICF, 2022]. Women in Katakwi district who regularly used the contraceptives saw improvements in their engagements in income generating activities and household decision making and this was revealed according to the findings of the study. Some participants however reported experiencing side effects like irregular bleeding, weight fluctuations, headaches, dizziness which contributed to higher discontinuation rates. Furthermore, cultural beliefs, partner resistance and misinformation were identified as obstacles to consistent contraceptive use [United Nations Population Fund [UNFPA, 2022].

In conclusion therefore, the study stated that; while contraceptive use provides significant health and socioeconomic advantages for women in Katakwi district, challenges such as side effects, insufficient male participation, and sociocultural obstacles remain. To improve contraceptive uptake and continuation, its recommended to enhance community education, ensure better access to quality reproductive health services and encourages male involvement in family planning initiatives.

CHAPTER ONE

1.0 Introduction

Contraceptive use has significantly benefited the health of the reproductive system and also it has an important role on the effects on the health and welfare of women and their families too. There were availability and use of contraceptives in many developing countries like Katakwi District which has greatly impacted on maternal health, family planning and the wider parts of community development. The above research proposal is aimed at evaluating the effects of contraception use among the women of Katakwi District. The important findings that will benefit the policymakers, healthcare workers, and other stakeholders involved in the improvement of reproductive health and living standards of the women of Katakwi District will be revealed in the results section.

1.1 Background of the study

Contraception was vital in enhancing the reproductive health of individuals, families, and communities through helping them make conscious decisions on the number, spacing, and timing of their offspring. According to WHO, the practice is critical in reducing maternal and infant death rates by avoiding unwanted and risky pregnancies (WHO,2018). Access to modern contraceptives in various areas around the globe is essential in improving health indicators among mothers, high survival rates among children, and socio-economic development.

However, contrary to other global regions, in Sub-Saharan Africa, the fertility rate was relatively high because of poor utilization of contraception, unmet family planning needs, and sociocultural factors (Cleland et, al, 2012). For instance, rural women in the region had to contend with several challenges in the process of utilizing family planning services, such as lack of access to medical facilities, lack of education, misconceptions regarding contraception, and opposition from husbands.

In Uganda, high fertility and fast population growth can be observed in the rural settings and districts. Even though the government has tried to improve its family planning program and policy through the Ministry of Health to encourage the use of contraceptives, there is uneven use among different areas (MOH, 2020). The rural areas have been noted to perform poorly

compared to the urban areas because of poverty, poor health facilities, and cultural beliefs of having many children.

Majority of the population in the rural setting of Katakwi district is dependent on subsistence agriculture for their livelihoods. Reproductive health challenges are very rampant and are faced by women in the district and they include; early marriages, teenage pregnancies, closely spaced births, and limited access to reproductive health services and information. Poor maternal health outcomes and increased economic burden on household are results of the factors said above. Contraceptive use in Katakwi district appears to remain low despite the availability of health facilities offering family planning services hence it's presence alone cannot guarantee utilization of contraceptives in the district.

Contraceptives also have implications beyond health. Family planning empowers women economically and socially as argued by scholars and this is done by enabling them to attain education, engage in income generating activities in their rural settings like in Katakwi district where majority of the population engages in agricultural production and management of households. Continues contraceptive uptake can positively improve household welfare and productivity.

1.2 Problem Statement

Under the problem statement, contraceptive utilization is vital to the well-being of the general population as it assisted in minimizing unplanned pregnancies, enhanced maternal and infant health, and facilitated women's economic independence. However, in Uganda, the usage of modern contraceptives was quite low, even though there were concerted national initiatives to increase access to reproductive health care services. Only about 38% of women in unions between the ages of 15 and 49 utilized modern contraceptives, with the total fertility rate being relatively high at 5.2 children per woman. The situation led to several issues such as maternal deaths, teenage pregnancies, and unsatisfied reproductive desires.

More specifically, the rural regions of Uganda, including the Katakwi district of Teso sub-region, present various barriers to the use of contraceptives. Some of the factors include insufficient access to health facilities, long distances to service centers, low educational levels and socio-

economic status, and cultural norms and beliefs. Such determinants have been identified as significant in shaping both the use and non-utilization of contraceptives by women in Uganda.

In spite of the presence of this evidence in other nations, there are minimal localized studies that assess the effect of contraceptive use by women in Katakwi district, especially how such use affects reproductive health, socio-economic status, and the quality of life of women in this unique cultural setting. This study aims to fill this information gap through investigating the effect of contraceptive use by women in Katakwi district.

While the benefits of contraceptive use are officially approved both from the health perspective and socio-economic point of view, uptake among women in Katakwi is relatively low. Evidence at the national level suggests that women in rural areas like Katakwi exhibit high unmet need for family planning which results into unwanted pregnancy, closely spaced births, and increased risk of maternal health [UBOS and ICF, 2016; WHO, 2018]. There are no localized studies on the effect of contraceptive use among women in Katakwi where most people depend on rural livelihoods and have limited access to reproductive health and services.

Various social, cultural, economic and structural issues resulted in low levels of contraceptive use within the population of the Katakwi district. One of the reasons why so many women lack adequate contraception is that they are unaware of the benefits of taking certain pills because they lack knowledge of the issue altogether. In addition, some of the local communities might perceive the use of contraception as culturally inappropriate or even taboo. Another issue is that in many cases, decisions about contraceptive use are made in favor of men.

This problem is exacerbated by the absence of proper healthcare and the lack of access to healthcare specialists, family planning clinics and other relevant services. The geographical location of the area in question does not make it easier to access relevant information on contraception; at the same time, the cost associated with contraceptive pills might be prohibitively expensive for poor families.

Lack of education on contraception and reproductive health practices also poses one of the problems in this region. In particular, lack of knowledge of sex education prevents women from making decisions regarding their reproductive health.

Additionally, lack of community-based interventions aimed at promoting the use of contraceptives and addressing the barriers that women face when accessing these services poses another significant challenge. Without adequate interventions and community involvement, the advantages associated with the use of contraceptives, including reduced maternal and infant mortality rates, enhanced economic prospects, and increased gender equality, remain unexploited.

Given the challenges discussed above, there is an urgent need to investigate the impact of using contraceptives by women in Katakwi District. Specifically, the current research aims to explore the factors contributing to the low rate of contraceptive use among women in the district. In addition, this paper intends to answer the following research question: Why are contraceptive use rates so low in the district?

Thus, the problem at hand was not only the low levels of contraceptive use in Katakwi District but also a failure to comprehend the factors behind this problem. Solving this problem calls for an integrative and holistic approach that would consider the social, cultural, economic, and other contexts of decision-making on reproductive issues by women. Conducting this study is important because it would pave the way for the development of programs that would improve contraceptive uptake and women's health outcomes in the region.

1.3 PURPOSE OF THE STUDY

The purpose of this study was to investigate the effects of contraceptive use among women in Katakwi district mainly focused on its sub-counties. It was therefore focused on understanding the factors that influence contraceptive behavior and the barriers and enablers that effect women's access, knowledge and decision-making regarding contraception. The study aimed to explore how contraceptive use affects the health, wellbeing and reproductive outcomes of women in Katakwi district, while also identifying the social, cultural, economic and structural factors that either facilitate or hinder the use of contraceptive methods.

1.4 OBJECTIVES

1.4.1 General objective

To determine the prevalence and the types of contraceptive methods used by women in Katakwi districts.

1.4.2 Specific Objectives

1. To evaluate the health outcomes linked to contraceptive use

2. To identify the effects of contraceptive use among women in Katakwi District.

3. To identify factors hindering contraceptive uptake in Katakwi District

4. To identify solutions to the challenges faced by women in Katakwi District in using contraceptives

1.5 RESEARCH QUESTIONS

1 What are the health outcomes associated with contraceptive use?

2. What are the socio-economic effects of contraceptive use on women?

3. Identify factors hindering contraceptive uptake among women in Katakwi District

4 What are the solutions to the challenges faced by women in Katakwi District in using contraceptives?

1.6. Subject Scope

The study was focus on women of reproductive age living in the following district of Katakwi District; Katakwi town council, Magoro sub-county, Usuk sub-county, Toroma sub-county and Ngariam sub-county and they should be aged 15-49 years. Only women willing to answer the questionnaire will be selected fairly.

1.7 Geographical scope

The study was conducted in Katakwi district, Eastern Uganda and in Teso sub region. The study will focus on women residing in the following areas of Katakwi District: Magoro sub-county, Usuk sub-county, Katakwi town council, Toroma sub-county, and Ngariam sub-county. This data will be gathered from the general hospital of Katakwi. The reason for selection from different sub-counties is so that the study captures a wide setting and so that data is authentic.

1.8 Time scope

The research covered a period of 6 months from 2025 to 2026, during which the data will be collected and analyzed. In considering this time frame adequate for collecting relevant data specifically from Katakwi General Hospital, the respondents will be recruited there.

1.9 Justification of the study.

Under justification or rationale, it included the reasons why the study was undertaken by the researcher. The following are the reasons as why I took on the study entitled the effects of contraceptive use among women in Katakwi District.

Understanding the effects of contraceptive use among women in Katakwi District is crucial given the global challenges women face. The reason why I chose the research topic is because it is common in Uganda, where there are many challenges faced by women, which may include their failure to take contraceptives, leading to unwanted pregnancies, abortions, and the production of many children, among others. Therefore, this study will aim to provide data on how contraceptive use affects women in Katakwi District. The research will also fill the gaps in the existing literature, providing localized insights that are essential for developing targeted interventions. The study will also generate information that will influence and reduce unwanted pregnancies and significant numbers of maternal death which are attributed to unsafe abortions induced by untrained practitioners.

The study aimed to offer targeted action plans to local government and the Ministry of Health to tackle the issues of unfulfilled contraceptive needs and the high teenage pregnancy rates in Uganda specifically in Katakwi district which was linked to maternal mortality concerns. Also, it will contribute to knowledge about reproductive health in rural and semi-urban settings, which is important in research into public health in Uganda and other developing countries. It will not only provide information for Katakwi District but will also play a role in forming policies regarding family planning and reproductive health at the national and regional level. This became especially important in the case of Uganda because the promotion of family planning is part of the country's health policy and access to contraceptives is needed to achieve the Sustainable Development Goals, especially Goal 3 (Good Health and Well-being) and Goal 5 (Gender Equality).

In addition, this study aimed to provide opportunities for the community to participate and empower the locals, especially women, community leaders, and health care workers who would be involved in the research process. As a result, they will have the data to implement and own their efforts in ensuring improved reproductive health practices, which will also prove effective in the long run.

In summary, the reason behind carrying out this study is to understand the situation regarding the utilization of contraceptives among women living in Katakwi district. This research will not only provide information on how to improve reproductive health practices in the area, but it will promote gender equality and economic empowerment too.

1.10 Significance of The Study

The study was important because it provided the district with specific evidence on the effects of contraceptive use among women of reproductive age of 15-49 years in Katakwi district were localized data is limited. The findings also supported the district health planners, health workers and policy makers in improvement of family planning programs and service delivery tailored to rural communities. Additionally, the study also contributed to women's health and social economic empowerment by highlighting the benefits of informed contraceptive use, while also adding to existing academic Literature on reproductive health in rural Uganda (UBOS and ICF, 2016; WHO, 2018; Cleland et al, 2012).

The findings of the study were important in addressing the policy governing contraceptive use, its importance in social work practice and also to the research itself as explained below;

1.11 Policy on contraceptive use.

The government of Uganda, through the national family planning coasted implementation plan [2020\21-2024\25], promotes voluntary access to modern contraceptive methods to reduce unmet need for family planning and improve maternal health outcomes. The policy ensures free provision of contraceptives in public health facilities and emphasizes community sensitization, male involvement and integration of family planning services into primary healthcare. Contraceptive uptake among women in Katakwi district where rural access and socio-cultural factors affect utilization are directly from this policy framework.

The policy's role in addressing the gaps between national policy frameworks and community realities is another importance of this policy. It is noted that policies often fail when they do not reflect on the populations lived experiences. Tseng (2012) says that policy makers have to interpret research findings with specific contexts. He also added that research does not speak for itself but rather it requires translation into practical meaning. The influence of contraceptive use among women in Katakwi district which include; social, cultural and economic factors will be

provided by the study hence enabling policy makers to design culturally sensitive and context specific programs.

1.12 Significance to social work practice

This study is vital in social work because it highlights the impacts of the use of contraceptives in women's health, strengthening families, and fostering community development, which are roles that social workers are well placed to fulfill.

Understanding the advantages of using contraception and the challenges women face in accessing these services allows social workers to devise relevant strategies that facilitate intervention campaigns within the communities, conducting education campaigns, and providing counseling that ensures women make sound decisions. Moreover, the findings contribute to the efforts of social workers in advocating for gender equality, women's empowerment, and reproductive health among rural women.

The study promoted the community education and awareness programs. In most cases, social workers are responsible for correcting any misconception or stigma related to family planning programs. Through the information gained from the study, the social workers can identify areas that require intervention concerning family planning programs, thus educating people accordingly. The social workers used the information provided by the study to sensitize communities about the dangers of teenage pregnancies and encouraged the use of contraceptives in the community.

The study also helps the social workers improve their skills through knowledge. The interaction of social workers with empirical data relating to reproductive health and demographic trends would equip them with skills and competencies in community development and advocacy.

1.13 Significance to research

The study was important for research because it impacted on women’s health and well-being and also contributed to the existing body of knowledge on use of contraceptives. The findings of the study was to provide empirical information on how use of contraceptives affects women in Katakwi district and this empirical information will help in bridging the gaps in localized research on reproductive health in the rural areas in Uganda. The past studies on contraceptive

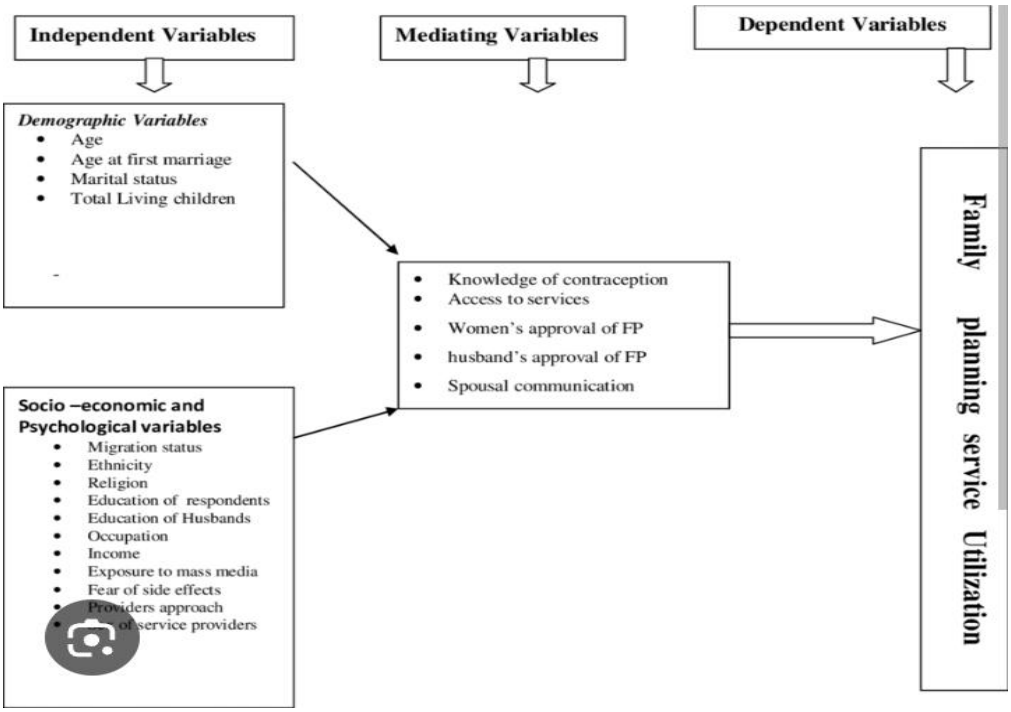
use had mainly put more emphasis on national and regional statistics while ignoring the limited information about the specific experiences of women at the district level.

The research was also to serve as a significant reference for the researchers who will come in the future and also those wishing to conduct more studies on family planning, reproductive health, and women's empowerment in similar rural settings. According to John W. Creswell, research studies contribute to academic knowledge by generating new evidence that can guide future investigations and expand understanding of social issues [Creswell and Creswell, 2018]. Therefore, this study provided a useful foundation for other scholars interested in studying contraceptive use and reproductive health challenges among women.

In addition, the study will add to the literature on family planning and maternal health by providing data that could be compared with findings from other regions in Uganda and sub-Saharan Africa. Scholars such as John Cleland have emphasized that localized research is essential for understanding the specific social and cultural factors that influence contraceptive use in different communities [Cleland et al., 2012].

1.14 Conceptual framework

The table showing conceptual framework between the independent, mediating and dependent variables



Teshale, A. B. (2022). A systematic review of determinants influencing family planning and contraceptive use.

1.15 Theoretical Framework

A theoretical framework refers to the theory that explains the relationship between the variables in the study and guides the interpretation of research findings. According to John W. Creswell, a theoretical framework helps researchers understand the phenomenon under study by linking the research to existing theories and concepts [Creswell and Creswell, 2018]. In this study, the Health Belief Model [HBM] was used to explain the factors influencing contraceptive use among women in Katakwi district.

1.15.1 Health Belief Model

The Health Belief Model was created in the 1950s by Godfrey Hochbaum, Irwin Rosenstock, and Stephen Kegels to clarify and forecast health-related behaviors. This model indicates that individuals are more inclined to engage in a health behavior if they acknowledge the existence of a health issue and believe that a specific action can mitigate the risk [Rosenstock, 1974].

The model consists of several essential elements, including perceived susceptibility, perceived severity, perceived benefits, barriers, cues to action, and self-efficacy.

Perceived susceptibility refers to an individual's belief regarding their likelihood of facing a health issue. In this study, women who believe they were at risk of unintended pregnancies were more inclined to use of contraceptives.

Perceived severity pertains to the belief in the seriousness of the repercussions of a health condition. Women who view unintended pregnancies as having significant social, economic or health implications were more likely to adopt contraceptive measures.

Perceived benefits refer to the belief that a specific action will alleviate the risk or intensity of a health issue. In this research, women who thought contraceptive use would assist them in spacing births, preventing unwanted pregnancies and enhancing maternal health were more likely to use family planning strategies.

Perceived barriers refer to the obstacles that prevent individuals from engaging in health- related behaviors. This study revealed that factors like cultural beliefs, fear of side effects, partner opposition, and limited access to healthcare services influenced contraceptive use among women in Katakwi district.

Cues to action are the motivators that encourage individuals to adopt health behaviors, which can include health education programs, advice from healthcare professionals, or community outreach initiatives that support family planning.

Self-efficacy refers to an individual’s belief in his/her capabilities to initiate and control behavior towards a desired effect; in this case, self-efficacy enabled women to take control of their sexual lives and adopt contraceptive use since they had faith in their capability to do so.

In this regard, the Health Belief Model was important in the research because it helped explain why women in the district made decisions for and against contraceptive use.

1.15.2 Demographic Transition Theory (DTT)

Demographic transition model describes how a society develops from conditions of high fertility and mortality to those of low fertility and mortality through modernization. According to Caldwell (1945), use of contraceptives is one of the main forces that lead to fertility decrease, particularly in the case of Africa, which takes longer time to become modernized. High levels of fertility in Uganda are observed with a fertility rate of 5.2 children per woman, however, areas with higher levels of contraceptive use demonstrate signs of transition.

1.15.3 Theory of Planned Behavior (TPB)

According to TPB, an individual's behavior is influenced by intentions which, in turn, are formed by attitudes, subjective norms, and perceived behavioral control. TPB was formulated by Ajzen in 1991 to help people understand decision-making. In Uganda, women who were positive about contraceptive use, felt societal pressure from their husbands, and had confidence about getting the services utilized the service (Assimwe et al., 2019). The intention of women aged between 15-49 years in the Katakwi region depends on their positive attitudes towards contraception, the support they get for contraception from the community, and their ability to access contraceptive services.

The theory is based on the Health Belief Model and Theory of Planned Behavior and assumes that a woman's perception of costs and benefits of taking contraceptive in light of Katakwi's situation affects the use of contraception and the subsequent improvement of socio-economic and health status.

CHAPTER TWO

LITERATURE REVIEW

2.1 Health outcomes linked to contraceptive use among women in Katakwi District

The use of contraceptives is linked to various beneficial health outcomes such as morbidity and mortality, prevention of unwanted pregnancies and unsafe abortions, enhancements in menstrual and reproductive health. The World Health Organization states that family planning significantly reduces complications related to pregnancy and improves women's overall health. Additionally, some contraceptives methods can lower the risk of ovarian and endometrial cancers, help prevent anemia by managing heavy menstrual bleeding and enhance quality of life. Condoms as a barrier method offers protection from sexually transmitted infections including HIV. Potential risks associated with use of contraceptives are also noted and they include; irregular menstrual cycles, cardiovascular issues, hormonal side effects and also possible breast and cervical cancer although evidence about this side effects is still not definitive.

2.1.1 Gaps in the literature review

Significant gaps continue to exist in the available literature even though there are recognized advantages and risks. Lack of context-specific data from developing countries is their Uganda inclusive since in Uganda, cultural, socio-economic and health system factors affect outcomes of contraception in various ways. There is also a lack of information about the impact of contraception on health in the long run, and results concerning its effect on psychological health are ambiguous. The majority of current literature does not take into account disadvantaged groups like teenagers and rural women, and the cross-sectional approach limits the ability to make causal conclusions. Besides, some critical questions, such as the problem of discontinuing contraceptive use and coping with side effects, have not been addressed sufficiently.

2.2 Socio-Economic effects of contraceptive use on women of Katakwi District

There are significant socio-economic effects of using contraceptives for women, particularly those in rural settings such as Katakwi. By enabling the control of fertility through the reduction in unintended pregnancies, they are able to engage themselves in learning and income generation activities while at the same time participating in decision making within their households. Studies done in Uganda have shown that educated women who have better socio-economic backgrounds tend to utilize contraceptive methods more compared to others, showing that family

planning is important in the empowerment of women and their general welfare. Using contraceptives also reduces the economic burden of rearing numerous children.

2.2.1 Gaps in the literature

Despite the benefits of contraceptive use, however, there are significant lacunae in the extant body of literature regarding the socio-economic implications associated with the practice. Many of the studies have been done at national or regional levels, making it difficult to generalize about the effects of contraception on socio-economic factors in specific locales such as Katakwi. There is little or no information on the effects of contraceptive use on socio-economic indicators such as employment, income, and poverty reduction among women in the medium or long term. Also, current studies tend to concentrate on the quantitative measures of socio-economic status while ignoring important qualitative information related to personal experience, cultural setting, and family dynamics. In addition, there is a dearth of information on how certain vulnerable groups such as adolescents and poor rural women can be influenced by the use of contraception. Finally, methodological problems limit the extent to which causality between the use of contraceptives and socio-economic implications can be established.

2.3 Factors hindering uptake of contraceptives in Katakwi District

Several factors impact access to contraceptives in women, particularly in rural settings like the Katakwi District. The cultural and religious aspects of a society are significant in influencing access because some societies view contraceptive use as an expression of promiscuousness or having larger families. According to the World Health Organization, social and cultural barriers, as well as misconceptions, have proven to be serious obstacles to family planning in developing nations. Misconceptions on the negative consequences of contraception, such as infertility and heavy menstrual flow, are factors that inhibit the use of contraception by women. Male control and dominance over their partners may also serve as obstacles to using contraceptive pills by women. Financial constraints and costs of accessing health facilities are barriers to using such contraceptives in the rural areas of the Katakwi District.

2.3.1 Gaps in the literature review

Nevertheless, several knowledge gaps still exist within the existing literature despite the identification of those barriers. There is very little context-specific research done regarding contraceptive usage by the people in the rural district like Katakwi. Most of the research done is

generalized into national and/or regional levels and therefore does not provide an understanding of the realities on ground. Moreover, there has been a lack of research on male involvement and their impact on contraceptive choice despite their importance in patriarchy. Current research focuses heavily on women and does not take into account the view of the men involved, health practitioners, and community leaders. Most of the research conducted so far has been cross-sectional research, which fails to allow the researcher to study change within the context of contraceptive behavior. Moreover, very few studies have been done from a qualitative approach to understand the experience of women when it comes to contraceptive use and the side effects associated with them. Finally, adolescent and vulnerable groups have not received sufficient attention.

2.4 The solutions to the challenges faced by women in using contraceptives

In dealing with the challenges posed to the effective use of contraceptives among women, there is need to develop a multifaceted strategy that addresses the issues at the individual level, at the community level, and at the health systems level. First, there is need for increased awareness regarding contraception. This is because many of the challenges facing women today arise from lack of information on the various benefits and risks associated with the different forms of contraceptive measures. Therefore, provision of accurate information through health education and sensitization of the communities where these women reside would go a long way in eliminating some of the fears that women have regarding the possible side effects of these contraceptives, especially those that affect their fertility levels. The World Health Organization is aware of the significance of health education and counseling in promoting uptake and continuation of these contraceptive measures. Another important measure that would help in reducing some of the challenges would be encouraging male involvement in the family planning programs. This would help eliminate any resistance from partners. There is also need for improvement in the health system infrastructure in order to improve the effectiveness of service delivery.

2.4.1 Gaps in the literature

Although the proposed solutions have been made to tackle the problems facing women in their efforts to access contraceptive services, there are some aspects which still lack sufficient coverage in the existing literature. For instance, there is minimal information regarding the

effectiveness of the strategies within the rural settings and underprivileged environments such as Katakwi district. Secondly, most of the studies emphasize the availability of the health services while neglecting the quality aspect including client satisfaction, attitudes of the healthcare providers and continuity of care. Thirdly, there is little analysis of the sustainability of the strategies, especially in terms of the cost-effectiveness and community sensitization initiatives. Fourthly, despite the fact that male involvement is advocated for in the process of empowering the women to make decisions regarding contraception, there is no comprehensive review of its practical application and significance. Lastly, there is a lack of empirical evidence addressing the lived experience of women and their coping mechanisms towards side effects and access barriers.

CHAPTER THREE

RESEACH METHODOLOGY

3.1 Introduction

This chapter described the methods and procedures that were used to conduct the study on the impacts of contraceptive use among women in Katakwi district. It outlines the research approach and design, area and population of the study, sample size and sampling techniques, data collection methods and procedures, quality control measures, data analysis, ethical considerations and limitations of the study.

3.2 Research Approach

The study uses a mixed methods approach that is to say a combination of quantitative approach which will enable the measurement of the prevalence, patterns and impact of contraceptive use and qualitative approach that will provide a deep understanding of women's experiences, perceptions and social factors influencing contraceptive use. The research mixed methods approach is appropriate because it allows triangulation of findings and provides a more comprehensive understanding of the research problem. [Creswell and Plano Clark, 2018]

3.3 Research Design

Research design can be defined as the methodology and techniques applied in answering the research questions. In this particular research, qualitative and quantitative forms of data will be collected. Qualitative form of data is associated with low number of numerical concepts. It applies methodologies such as questionnaires and interviews among others. On the other hand, quantitative data refers to numerical type of data. This particular form of data has numerous numerical data. It will be applied in this study because of its simplicity; this technique does not require various numerical concepts to be applied in collecting data.

However, qualitative research design will be utilized in this research because of its flexibility and it does not require large sample sizes. Also, this technique provides adequate time for the researcher to interact with the respondents.

Cross-sectional descriptive research design will be adopted in this research. In this case, the information will be collected at once from women of reproductive age 15-35 years living in

Katakwi district. This research design is appropriate in this situation since it helps in assessing contraceptive usage and its impact on reproductive health.

3.4. Sources of data

The study used both primary and secondary sources of data.

3.4.1. Primary source

Primary data was collected from women of reproductive age (15-49) years in the four sub-counties in Katakwi District. The data was obtained from administering structured questionnaires through the Kobo collect online and face to face interaction with the respondents guided the interviews. The questionnaires that were used generated the quantitative data on contraceptive prevalence, health outcomes, socio-economic effects and barriers to contraceptive uptake. On the other hand, face to face interviews generated qualitative data on women's perceptions, their experiences and challenges related to contraceptive use.

3.4.2. Secondary data

This data was obtained from existing literature including journal articles, textbooks, government reports, policy documents and publications from organizations such as World Health Organization, Uganda Bureau of Statistics and Ministry of Health. This data was used to provide background information, support literature review and compare study findings with existing evidence.

3.5. Data Analysis

The data that was collected were edited, coded, cleaned and checked for completeness before analysis to minimize errors and improve accuracy of findings.

3.6 Area of Study

The study will be conducted in Katakwi district, located in the eastern part of Uganda. Katakwi is predominantly rural, with many livelihoods dependent on subsistence farming. The district has limited access to health facilities in some areas which may affect contraceptive uptake and leading to unwanted pregnancies and abortions. The choice of choosing Katakwi is based on observed early pregnancies evidenced in the district.

3.7 Population of the study

The target population comprises of the female members in Katakwi district in the various sub counties, totaling 122541 people as per the 2024 population census. The research will involve all the women aged 15-49 years in Katakwi district in the various sub counties, who will be selected randomly. They will be purposively selected since the research is interested in sexually active women who can give information about their experiences concerning contraceptive effects.

The initial sample population comprises of 399 respondents; however, the researcher will due to the time constraint and financial constraint use a sample size of 80 respondents. The sample size will be deemed sufficient for the research based on the case study design as it gives enough data for analysis, yet manageable in terms of time and financial cost. The selection of respondents will be done randomly among the various sub counties in Katakwi district.

3.8 Sample size

The sample size of the quantitative component will be determined using Yamane's formula [1967]. Based on the formula, an estimated sample size of 399 women from Katakwi district

In this study, the population comprised women aged 15–49 years in Katakwi District. Since it was not possible to study the entire population, a sample was selected using Yamane's Formula (1967).

Yamane's Formula will be used for calculating quantitative data

$n= N/1+N (e^2)$

The sample size will be determined using the formula:

Where:

n = sample size

N = total population

e = level of precision (usually 0.05)

n= 122541/1+122541 (0.052)

0.052 =0.0025

122541*0.0025=306.3525

1+306.3525=307.3525

122541/307.3525= 398.7

When rounded of it goes to 399 as sample size

According to Taro Yamane, this formula provides a simplified way of calculating sample sizes when the population is known.

Although the real sample size calculated was 399, the research student will use 80 respondents selected randomly from the hospital in family planning section. The reasons why I will use 80 respondents is because of resources constraints for example printing out the questionnaires will take a lot of capital, time constraints that is to say looking for over 300 respondents within a short period of time will not be easy and accessibility of a large number of correspondents will be difficult

On the other hand, interviews will be used to gather the qualitative data since it will involve people's feelings, thoughts and emotions regarding contraceptive use

3.9 Sampling Techniques

Simple random sampling w used to select eligible women for the research on contraceptives and must have used any of the contraceptives in order to be eligible to be included in the research. This will ensure that each woman has a chance of being selected hence minimizing bias. In cases where specific characteristics will be used, purposive sampling will be applied.

3.10 Data collection methods

The quantitative data will be gathered through structured questionnaires, but this time it will be online using the kobo collect app while the qualitative data will be collected by interviewing the clients.

3.11 Instruments to be used.

The forms of collecting qualitative data vary, but in this case, I shall use an extensive telephone interview as the primary data collection tool or technique (Canals, 2017; Creswell, 2014). This is because interviews allow me to interact with the participant in order to extract useful data that

answers my research questions (Canals, 2017). The telephone interviews will be guided by a semi-structured interview guide designed around the research questions. Such a semi-structured interview guide will be comprised of a list of essential questions for the interview and basic demographic data of the interviewees. These interview questions will have open ended, general, and focused on the issue being studied (Creswell & Poth, 2017). This instrument will be refined through continuous interviews.

In collecting the data, quantitative and qualitative techniques will be applied. In Quantitative data collection, structured questionnaires will be applied while in Qualitative data collection, interviews will be applied.

3.12. Validity and Reliability of Instrument.

In order to make sure that the instrument has credibility and reliability, the researcher conducted a pretest stage for the instruments. The validity of the content of the instrument is determined by the supervisor's evaluation, while the pretesting made the instruments clearer.

3.13. Quality\Error Control

A variety of quality control mechanisms was applied to enhance the integrity of information collected during this research and eliminate any mistakes and omissions. First, all research tools were pretested among individuals resembling the target group. This pretesting helped assess the comprehensibility of questions and revise the tools if necessary.

The questionnaires were distributed to the respondents with great care. Assistance and clarifications were provided when needed. The data entered using Kobo Collect were checked on a daily basis to ensure that there are no mistakes. Any mistakes found during data cleansing were corrected.

3.14 Interview guide

Interviews pertain to qualitative research methods that involve direct interaction between the researcher and the respondent. Interviews aim to acquire information about experiences, beliefs, and attitudes.

Interviews will be beneficial to the researcher as they will help gather detailed information from reproductive-aged women from Katakwi district. Unlike questionnaires, which require respondents to choose predefined options, interviews will provide an avenue for the respondents

to express themselves with regard to contraceptive use, challenges faced, and sociocultural factors influencing their decisions.

3.15 Ethical considerations

The researcher and the respondents will practice confidentiality and anonymity during the research process. This will be achieved through informed consent, making sure that the participants understand that their names will not appear in the data collected. The respondents will also be made aware that they will participate voluntarily and they can withdraw anytime they wish.

3.16 Methodological constraints

Some of the challenges that the researcher might face during the data gathering process include challenges relating to limited means such as providing means of transport for the respondents, printing out the interview guide, among others which involve use of resources. Biasness by the respondent on issues related to stigma, pride and lack of trust among other factors.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter presented, interpreted and analyzed the findings of the study on the effects of contraceptive use among women in Katakwi District. The data was collected from women aged 15-49 years using an online questionnaire on the kobo collect application and interviews too as described in Chapter Three.

The findings presented in this chapter are based on primary data collected from 80 respondents during my research in Katakwi District.

The results of the findings were presented according to the study objectives, which included determining the prevalence and types of contraceptives methods used, evaluating the health outcomes associated with contraceptive use, examining the socio-economic effects and identifying the factors influencing contraceptive use.

Qualitative and quantitative data was both examined. Quantitative data are represented using frequencies and percentages while qualitative data are presented in themes supported by participants responses. The percentage of the responses was calculated using the formula; percentage = (frequency ÷ total number of respondents) × 100. This method enabled the researcher to present data in a simplified and comparable form of analysis

4.1.1 Response Rate

Response	Frequency	Percentage
Returned questionnaires	80	100%
Not returned	0	0%
Total	80	100%

Source: Primary Data, 2026

Out of the sample size of 80 respondents, all 80 respondents successfully participated in the study representing 100 percent response rate. This implies that every respondent provided the

required information making the data highly reliable and representative to the study population. It should be noted that 100% response rate minimizes non response bias and enhances validity of the information found.

According to Babbie (2010), a higher response rates increases credibility and generalizability of research findings, as they reduce the likelihood of bias resulting from missing data.

4.1.2 Demographic Characteristics of Respondents

4.1.3 Age Distribution

Age group	Frequency	Percentage
15-24	24	30%
25-34	32	40%
35-49	24	30%
Total	80	100%

Source: Primary Data, 2026

The findings revealed that majority of the respondents were aged between 25-34 years, followed by those aged 15-24 years while the least number of respondents were aged 35-49 years category. This indicated that most participants were within the most reproductive age group, which is crucial for contraceptive use and family planning decisions. This finding is consistent with UBOS and ICF (2018), which reports that contraceptive use is highest among women aged 25-34 years in Uganda.

4.1.4 Marital Status

Status quo	Frequency	Percentage
Married	52	65%
Cohabiting	8	10%
Single	16	20%
Divorced/separated	4	5%
Total	80	100%

Source: Primary Data, 2026

The majority of the respondents were married with a total of 52 respondents which in turn runs to 65%, while a smaller proportion were single with 16 respondents with a percentage of 20%, divorced or widowed were only four equivalents to 5% using percentages. However, women cohabiting were also included, with 8 out of 80 giving a rate of 10%. This would indicate that contraceptive use is more prevalent among married women than among those who are not married, perhaps because of the constant threat of pregnancy and planning on controlling the number of children. According to Cleland et al. (2012), married women are more prone to using contraceptives than those women who are not married.

4.1.5 Level of Education

From the findings, most participants were well-educated through primary and secondary school levels, while fewer individuals had not received any form of education or were at the tertiary level of education. Therefore, education becomes an important factor in the utilization of contraception since educated women have knowledge concerning reproductive health issues. According to Caldwell (1980), education is a crucial factor when considering fertility behavior and contraceptives.

4.1.6 Occupation of respondents

Occupation	Frequency	Percentage
Farmers	30	37.5%
Small business traders	20	25%
Civil servants	12	15%
Students	10	12.5%
Unemployed	8	10%
Total	80	100%

Source: Primary Data, 2026

The majority of respondents were engaged in farming with the highest number being 30 respondents with a percentage of 37.5% followed by the small-scale business with a total of 20 equivalent to 25% while a few were unemployed 8 respondents with a total percentage of 10%, students were also 10 and their percentage was12.5% and finally civil servants were 12 and their percentage was 15% and self-employed. This reflects on the rural economic setting of Katakwi District, where livelihoods are mainly focused on subsistence agriculture. Women engaged in income-generating activities may be more inclined to use contraceptives to manage family size and economic responsibilities.

4.1.7 Region/ location of the respondents

Location	Frequency	Percentage
Katakwi town council	22	27.5%
Usuk sub-county	18	22.5%
Toroma sub-county	16	20%
Ngariam sub-county	14	17.5%

Magoro sub-county	10	12.5%
Total	80	100%

Source: Primary Data, 2026

The study revealed that 27.5% of the respondents were front Katakwi town council which had the highest number of participants due to better access to health facilities and reproductive health services. Usuk sub county represented 22.5% respondents and Toroma sub county 20% showing a moderate level of participation from rural areas. Magoro and Ngariam sub county had the lowest representation of 17.5% and 12.5%, likely due to its remote location and limited health services.

These results indicated that women who lived nearer the health facilities were more inclined to engage in reproductive health studies and utilize family planning services. The World Health Organization highlighted that access to health facilities significantly enhances contraceptive awareness and usage among women. Additionally, the Uganda Bureau of Statistics has noted that rural areas with inadequate health infrastructure often struggle to access reproductive health services. (Singh, S., Darroch. J., & Ashford, l. 2016).

4.2 Prevalence and types of contraceptives Used

4.2.1 Contraceptive use among respondents

The study showed that a significant proportion of respondents had ever used contraceptive methods, while a smaller proportion had never used any method though they had knowledge about it. This therefore indicates a moderate level of awareness and utilization of contraceptives among women in Katakwi district. However, the existence of non-users suggests that unmet need for family planning still persists. According to WHO (2018), contraceptive prevalence is a key indicator of access to reproductive health services.

4.3 Types of Contraceptive Methods Used

Contraceptive method	Frequency	percentage
Injectables	28	35%
Implants	20	25%
Pills	16	20%
Condoms	12	15%
IUDs	4	5%
Total	80	100%

Source: Primary Data, 2026

Among those who reported using contraceptives, the injectable contraceptives were highly and commonly used followed by implants, pills, condoms and finally IUDs and sterilization. The tendency of people in Katakwi district using injectable contraceptives were attributed to their convenience, privacy and effectiveness. These findings are consistent with UBOS and ICF (2018), which identified injectables as most widely used contraceptive method in Uganda.

4.4 Duration of Contraceptive Use

The findings showed that many of the participants or respondents had used contraceptives for a period of 1-3 years while fewer had used them for a long time. This shows that while the initial uptake may be present, long term continuation is affected by various side effects, accessibility and partner influence.

4.5 Health Outcomes of Contraceptive Use

4.5.1 Benefits of Contraceptive Use

The study found that the major health benefits respondents experienced included improved birth spacing, reduced number of unintended pregnancies and improved maternal health. This finding illustrated that contraceptive use plays an important role in enhancing reproductive health outcomes.

According to WHO (2015), effective contraceptive use reduces maternal mortality and prevents unsafe abortions.

4.6 Side Effects of Contraceptive Use

Even though they were benefits of contraceptive use among women in Katakwi District, some respondents reported that they experienced side effects like irregular bleeding, headaches, weight fluctuations and dizziness. This side effects were therefore identified as a major problem that contributed to inconsistent use of contraceptives.

Singh et al. (2016) highlighted that fear of side effects was a key barrier to sustained contraceptive use in many developing countries.

4.7 Socio-Economic Effects of Contraceptive Use

Socio-economic effect	Frequency	**percentage**
Participation in income generating activities	**44**	**55%**
Improved household financial stability	**20**	**25%**
Increased decision-making power	**10**	**12.5%**
No significant change	**6**	**7.5%**
Total	**80**	**100%**

Source: Primary Data, 2026

4.7.1 Participation in income generating activities

The findings according to the table showed that many respondents reported increased participation in income-generating activities as a result of contraceptive use. This therefore implies that family planning enables women to have more energy and time to engage in beneficial activities' thereby improving their economic status

UNFPA (2022) supports this by stating that access to contraception boosts women's economic empowerment.

4.7.2 Household financial stability

25% of respondents indicated that contraceptive use contributed to improved household financial stability. This is usually because a well-spaced and smaller family A reduces financial strain and allows improved resource allocation like food, education and healthcare.

4.7.3 Decision making power

The study revealed that 10% of women who used contraceptives experienced increased decision-making power within their households. This therefore suggests that use of contraceptives contributes to women's empowerment and autonomy. Kabeer (1999) defines empowerment as the ability to make strategic life choices, which is enhanced through control over reproductive decisions.

4.8 Factors Influencing Contraceptive Use

Factor	Frequency	percentage
Cultural beliefs	24	30%
Male partner influence	20	25%
Lack of information	18	22.5%
Limited access to health services	18	22.5%
Total	80	100%

Source: Primary Data, 2026

4.8.1 Cultural Beliefs

Cultural beliefs were identified as a major factor influencing contraceptive use with a frequency of 24 and percentage of 30% as the highest in Katakwi District. Some respondents even said that

their communities discourage the use of contraceptive use. This finding therefore matches with Cleland et al. (2012), who argues that socio-cultural norms significantly influence reproductive behavior in sub-Saharan Africa.

4.8.2 Male Partner Influence

Male partner approval, which stood at 25%, played an important role in the use of contraception. There were some instances where women from Katakwi District admitted that their male partners were against the use of contraceptives. The importance of having males participate in family planning projects could be seen from this observation. According to Assimwe et al., partner plays an important role in contraceptive uptake.

4.8.3 Access to Health Services

The problem of accessibility, such as distance from the health facilities as well as shortages of supplies, was noted among the reasons for non-use of contraceptives by a total number of 18 participants equating to 22.5%. "The accessibility to reproductive health services continues to be a problem for rural communities in Uganda" (Ministry of Health, 2020).

4.8.4 Lack of Information and Misconceptions

22.5% of respondents lacked adequate information about contraceptive use and some even had misconceptions about their side effects. This misconceptions and lack of information contributed to stigma, fear and reluctance to use contraceptives.

4.9 Qualitative findings

Qualitative data from interviews provided deeper observations into women’s encounters with contraceptive use. Some respondents expressed fear of side effects, which led to stopping of use. Others stressed out partner resistance as a key challenge, while some reported positive experiences such as improved economic well-being and better child care due to birth spacing.

The findings therefore strengthen the quantitative results and highlight the multifaceted social and cultural dynamics influencing contraceptive use. According to Creswell and Poth (2017), qualitative data enriches research by capturing participants’ lived experiences.

4.10 Discussions of Findings

The results of this research align well with previous research done in this area. Firstly, the benefits of using contraception in maintaining good health have been confirmed by WHO (2015), whereas the favoritism towards injectable contraceptives aligns with the findings in the national report of UBOS & ICF (2018). Secondly, the current research confirms the significance of socio-cultural factors suggested by Cleland et al. (2012) as well as the significance of the male partner's involvement according to Assimwe et al. (2019). However, there are some specific local problems which were not covered in this research.

4.11 Summary of the Findings

It was concluded from the research that the use of contraception among the women in Katakwi District is common, although not all use contraception. The injectable method was the most frequently adopted mode of contraception because of the ease of use. There are various advantages associated with the use of contraception which include better spacing between childbearing and reducing instances of unwanted pregnancy. It has also been instrumental in empowering women socially and economically by their increased participation in income generating activities.

However, some issues like negative effects of the method, cultural attitudes, male opposition and poor access to health facilities hindered proper usage.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1. Introduction.

This chapter highlighted the results, conclusions obtained from the results, and recommendations for improvement of the usage of contraceptives by women in Katakwi district. This study looked at the effects of contraceptive usage by women in Katakwi district. The study looked at the effects of contraceptive usage, including prevalence, health consequences, socio-economic consequences, and factors influencing the uptake of contraceptives among reproductive-age women.

The conclusions outlined herein have been made based on the results obtained through data collection from 80 respondents through the use of questionnaires in addition to interviewing a select few of them.

5.2 Summary of The Findings.

5.3 Prevalence and types of contraceptives used

The study showed that contraceptive use among the female population in Katakwi district was relatively common, but the level of utilization depended on factors like age, marital status, and Health access. It was found that the most common types of contraception used were injectable contraceptives (35%), implants (25%), pills (20%), condoms (15%), and intrauterine devices (5%).

The usage patterns mirrors trend for across many sub-Saharan African regions where short term and long acting reversible contraceptives are common. The World Health Organization (2023) noted that injectables contraceptives are favored in developing nations due to their convenience, efficacy and less frequent dosing compared to daily pills. Likewise, Bongaarts and Hardee (2019) highlighted that modern contraceptive like injectables and implants have notably helped lower Fertility rates among many developing countries by offering reliable options for women looking for delay or space their pregnancies.

The study also identified that women aged 24_35 years represented the largest groups of contraceptive users with a percentage of 40%, likely because they were more engaged in family planning because most of them were already married and begun child bearing in Katakwi district. According to Cleland et al. (2012), women in their late 20's and early 30's are more likely to adopt contraceptive methods because they are actively managing fertility and attempting to birth spacing.

5.4 Health outcomes associated with contraceptive use

Results showed that there were positive impacts of contraceptives on the reproductive health status of women in Katakwi district. Sixty percent of the respondents mentioned better spacing of births as one of the main health benefits derived from the use of contraceptives. Proper spacing of births allowed enough time for women to regain their health after childbirth.

This is in line with the findings from World Health Organization (2018), which indicates that spacing children by at least two years reduces maternal mortality and increases survival chances for infants.

Furthermore, 20% cited that there was a reduction in the occurrence of unwanted pregnancies, which underscores the effectiveness of contraceptive practices in avoiding pregnancy. Modern contraceptives have been found to be highly effective in preventing unwanted pregnancies and unsafe abortions according to Singh, Darroch and Ashford (2016).

The study also found out that 10% of respondents reported improved maternal health including fewer pregnancy related complications and better overall wellbeing. However, 10% experienced side effects like irregular bleeding, dizziness, headaches and weight fluctuations.

This research supported the earlier research by Hubacher and Trussell, (2015) which indicated that, while modern contraceptives are generally safe, some women may face mild side effects that could affect their willingness to continue using these methods.

5.5 Social economic effects of contraceptive use among women in Katakwi district

The study established that contraceptives had a significant socio-economic benefit on women in Katakwi district. The results showed that 55% of respondents reported increased participation in income generating activities. That is to say women who were able to control their fertility rates

had more time to engage in productive economic activities such as small businesses, farming and trade.

These findings were consistent with observation of Singh et al, (2016) who noted that family planning contributed to women's economic empowerment by allowing them to participate more actively in employment, education, and income generating opportunities.

The study also found out that that 25% of respondents reported improved financial stability. By planning the number and spacings of children, families were able to distribute resources more effectively and reduce economic pressure.

Furthermore, 12.5% of respondents showed improved decision-making power within households. Women who used contraceptives felt more confident in making decisions regarding family size, health care and household management.

5.6 Factors hindering contraceptive uptake among women in Katakwi District

During the research, several factors were identified that hindered contraceptive adoption in Katakwi District among the sub counties where the data was collected. These factors were cultural beliefs, male partner, lack of enough information and finally limited healthcare access. The results of the findings aligned with Cleland et al. (2012) findings. Cleland's findings pointed to socio-cultural norms as a very important factor in the utilization of contraceptives in sub-Saharan Africa. Additionally, the results also are related to Ajzen's (1991) Theory of Planned Behavior (TBP), which indicated that social norms and perceived control play a role in behavioral choices. Male partner resistance supports the TPB's view of subjective norms, illustrating that women's decision-making on contraceptives are often influenced by expectations from their societies and household dynamics. Therefore, the evidence strongly reinforces both the existing theories and previous research by emphasizing that contraceptive use is influenced more by social factors than individual choices.

5.7 Solutions to challenges faced by women using contraceptives.

Several effective solutions including community education, engagement of male partners, enhanced accessibility to health services and women empowerment were proposed by the study. The suggestions of the study aligned with the World Health Organization's recommendations that stressed the importance of education, healthcare accessibility and engagement of male

partners in family planning initiatives. Furthermore, earlier conclusions presented in Chapter two that multi-sectoral approaches are essential for improving contraceptive uptake as stated by the findings.

5.8 Linking findings to future assumptions/ hypothesis

The study was faced with several key assumptions even though it was structured around specific research questions. These assumptions therefore included the belief that contraceptive use improves health outcomes and the socio-economic wellbeing for women and that its uptake is affected by socio-cultural and structural factors and this barrier can lead to increased uptake of contraceptives. The findings of the study support these assumptions that is to say; it showed that better birth spacing was as a result of contraceptive use, fewer unintended pregnancies and improved maternal health thereby bringing out the fact that contraceptives positively affect women's health. Although there were positive effects of contraceptives on women, the research also noted side effects like irregular bleeding, weight fluctuations and headaches and this indicated that, while the assumptions hold the truth, its effectiveness can be hindered by challenges faced by users.

Regarding socio-economic wellbeing, the findings confirmed the assumption that using contraceptives improves women's financial status. The women who had access to family planning services were found to have been more involved in economic activities and decision-making. This indicates that through effective fertility management, women can control their resources and time, which results in improved socio-economic status.

The study said that socio-cultural and structural factors significantly affected contraceptive uptake. Cultural Beliefs, male partner influence, misinformation and limited access to healthcare services were the barriers highlighted. These results showed that contraceptive use is not just by personal choice but also by norms and environmental conditions.

In conclusion therefore, the study addressed these barriers and can also enhance contraceptive use. Raising awareness, improving access to health services and male involvement was suggested by the findings as crucial strategies for boosting uptake. The study results also aligned with the initial assumptions while also underscoring the necessity of addressing the challenges to fully access the benefits of contraceptive use.

5.9 Conclusions

In conclusion therefore, both health and socio-economic wellbeing of women in Katakwi District specifically those residing in the following villages; Katakwi town council, Toroma sub-county, Magoro sub-county, Usuk sub-county and Ngariam sub-county who used contraceptives has significantly improved as it has greatly positive impacts. It was also determined that contraceptive use lead to better maternal health, facilitates appropriate spacings during birth and reduced unintended pregnancies thereby promoting improved reproductive health outcomes. It also improved women's engagement in income-generating activities, strengthens household financial stability and increases women's decision-making power and hence showing a contribution towards women's empowerment.

Nevertheless, despite these advantages, uptake of contraceptives is limited due to various socio-cultural and structural barriers. Cultural beliefs, male partner opposition, insufficient information and inadequate healthcare access are the major challenges impacting utilization of contraceptives. The study therefore concludes that while contraceptive use a positive effect, its effectiveness is restricted by these obstacles. Furthermore, it suggests that increasing awareness, enhancing health service delivery and encouraging male participation are essential to improve contraceptive uptake among women in Katakwi District.

5.10 Recommendations

According to my study, several recommendations were made to boost contraceptive use among women in Katakwi Districts. Government officials and policy makers should uplift the implementation of family planning initiatives and ensure that contraceptive health services are readily available, particularly in the rural areas. This could therefore involve improving healthcare infrastructure, increasing funding and ensuring a steady supply of contraceptives at health facilities.

Awareness and advocacy programs should be implemented by social workers. This program aimed at empowering women and they also promoted informed decision-making regarding reproductive health. Additionally, it is important to encourage male partner involvement in family planning so as to reduce resistance and this encourages shared household decision-making.

Comprehensive counseling and precise information about contraceptive methods should be offered or provided by healthcare providers and also addressing issues related to side effects like irregular bleeding, weight fluctuations and headaches. This approach will help dispel misconceptions and foster continued use of contraceptives. Community leaders should also actively engage in addressing cultural beliefs that obstruct contraceptive use by promoting awareness and encouraging a more positive community attitudes toward family planning.

In conclusion, it is suggested that future research should be done using a larger number of participants as well as more sophisticated research methods to investigate the effects of contraception in the long term. This is especially necessary among vulnerable populations such as the woken in the rural setting and youth.

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APPENDICES

Research Questionnaire
THE EFFECTS 0F CONTRACEPTIVE USE AMONG WOMEN OF KATAKWI DISTRICT.

Dear Respondent,

I am Aisu Clare a student of social work and social administration from Uganda Christian University. I am conducting a study entitled: The impacts of contraceptive use among women of reproductive age 15-49 years. A case study of Katakwi district.

Any information you share with me will be kept confidential and used only for the purpose of this study. Your participation is voluntary and you have the right to decline answering any questions or to withdraw at any point.

Your insight and experiences are invaluable in helping understand the study. I sincerely appreciate your time, openness, and willingness to contribute to this research.

Instructions: Please tick (✓) the most appropriate response.

Demographic Information.

(To collect background information before interviews, begin)

Section A; **Background Information**

1. **Age group:**

☐ 15–24 years

☐ 25–34 years

☐ 35–49 years

2. **Marital status:**

☐ Single

☐ Married

☐ Divorced

☐ Widowed

3. **Level of education:**

☐ No formal education

☐ Primary

☐ Secondary

☐ Tertiary

4. **Occupation:**

☐ Farmer

☐ Small business trader

☐ Civil servant

☐ Student

☐ Unemployed

5. **Region / Location:**

☐ Katakwi Town Council

☐ Usuk Sub-County

☐ Toroma Sub-County

☐ Magoro Sub-County

☐ Ngariam Sub-County

Section B: Contraceptive Use

1) **Have you ever used any contraceptive method?**

☐ Yes

☐ No

2) **If yes, which contraceptive method are you currently using?**

☐ Injectable

☐ Implants

☐ Pills

☐ Condoms

☐ IUDs

☐ Sterilization

☐ None

3) **How long have you been using the contraceptive?**

☐ Less than 1 year

☐ 1–3 years

☐ 4–6 years

☐ More than 6 years

Section C: Health Outcomes of Contraceptive Use

1) **What health benefits have you experienced from using contraceptives? (You may tick more than one)**

☐ Improved birth spacing

☐ Reduced unintended pregnancies

☐ Improved maternal health

☐ None

2) **Have you ever experienced any side effects from contraceptive use?**

☐ Yes

☐ No

3) **If yes, which side effects have you experienced?**

☐Irregular bleeding

☐ Weight fluctuations

☐ Headaches

☐ Dizziness

☐ Others (please specify): _____

Section D: Socio-Economic Effects

1) **Has contraceptive use affected your participation in income-generating activities?**

☐ yes, increased participation

☐ No change

☐ Reduced participation

2) **Has contraceptive use improved your household financial stability?**

☐ Yes

☐ No

3) **Has contraceptive use improved your power in decision-making in the household?**

☐ Yes

☐ No

Section E: Factors Influencing Contraceptive Use

1) **What factors influence the use of contraceptives among women in your community? (Tick all that apply)**

☐ Cultural beliefs

☐ Male partner influence

☐ Lack of information

☐ Limited access to health services

2) **Do you think more awareness about contraceptives should be created in Katakwi District?**

☐ Yes

☐ No

3) **In your own opinion, what can be done to improve contraceptive use among women in Katakwi District?**

INTERVIEW GUIDE
(Used for qualitative data collected)

UGANDA CHRISTIAN UNIVERSITY

Interview guide for key informants\Respondents

Topic: Effects of contraceptive Use among Women in Katakwi District

Introduction

I am Aisu Clare, a student conducting a study on effects of contraceptive use among women in Katakwi District. This interview is for academic purposes only. Information shared will be confidential.

Section A: Background Information

Age ……

Marital status ……

Education level……

Occupation …….

Sub-county …….

Section B: Interview Questions

Objective 1: Health outcomes associated with contraceptive use

1. What contraceptive methods are commonly used by women in your area?
2. What health benefits have women experienced from contraceptive use?
3. What are the side effects or health challenges have women experienced?

Objective 2: Socio-economic effect

4. How has contraceptive use affected women's economic wellbeing?
5. Has contraceptive use influenced women's participation in income activities? How?

Objective 3: Factors hindering uptake

6. What challenges prevent women from using contraceptives?
7. How does cultural beliefs or religion affect contraceptive use?
8. How does partner or male involvement affect women's decisions?

Objective 4: Solutions

9. What can be done to improve contraceptive uptake among women?
10. Is there anything else you would like to add?

Thank you for your participation.