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## Drivers of Uptake of Immediate Postpartum Modern Contraceptives among Postpartum Women in Lira City, Northern Uganda: A mixed method study

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### ABSTRACT

**Background:** Immediate postpartum modern contraceptive (IPPMC) uptake among postpartum women gives over 95% assurance of contraception and reduced chances of short interval pregnancies resulting to improved maternal and child health outcomes. The uptake of IPPMC methods is disproportionate across the globe and even worse in developing countries like Uganda. Therefore, identifying the drivers of its uptake among women is vital in designing interventions aimed at improving its uptake. This study examined the uptake and drivers of uptake of immediate postpartum modern contraceptives (IPPMC) among postpartum women in Lira City, northern Uganda.

**Method:** A mixed method study design employing a parallel convergent approach was used. A total of 358 postpartum women were recruited as quantitative participants and 15 healthcare providers were recruited as key informants. Quantitative data was collected using structured questionnaire while a key informant interview guide was used for qualitative data. Data were merged at the result interpretation stage during discussion. Quantitative data was analyzed using SPSS V.26 as descriptive statistics, while thematic analysis was used for qualitative data analysis.

**Results:** The uptake of immediate postpartum modern contraceptive was found to be 14.3%, with Intrauterine Contraceptive Device (IUCD) being the most used method, 70%. The following factors were statistically associated with uptake of IPPMC; Age (AOR = 17.870, CI: (1.823,175.213), P=0.013), husband's education (AOR = 4.621, CI: (1.624,13.143), P=0.004, Postnatal care follow-up (AOR = 0.174, CI: (0.045, 0.675), P=0.011, Birth attendance (AOR = 0.430, CI: (0.175, 1.061), P=0.005. Barriers to uptake were health system constraints like commodity unavailability, lack of staff training, and inadequate staffing, knowledge and skills gaps of providers. Limited knowledge, religious and cultural beliefs, male partners objection, inadequate access to information, peer influence and fear of side effects were key barriers from recipients of care. The major facilitators include availability of commodities, improved staffing level, staff training, and timely education and counselling.

**Conclusion:** The uptake of immediate postpartum modern contraceptive is unacceptably low. There is need to scale-up the provision of extensive health education during antenatal care, labour and delivery, train service providers with skills required in provision of immediate postpartum contraceptive methods and provide accurate information to users and community stakeholders.

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