International Journal of Academic and Applied Research (IJAAR)
ISSN: 2643-9603
Vol. 10 Issue 7 July - 2026, Pages: 320-329

Family planning access and its relationship to female school completion rates in Uganda

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Abstract: *This study examined the relationship between family planning (FP) access and female secondary school completion rates in Uganda, with particular attention to how the phenomenon plays out within Christian institutional contexts where faith-founded schools and church teaching shape adolescents' exposure to, and use of, reproductive health information and services. Guided by a conceptual model linking religiosity, household socioeconomic status (SES), and geographic access to FP services with early/unintended pregnancy and school completion, the study adopted a cross-sectional quantitative design. A structured questionnaire was administered to 450 female secondary school students aged 13-20 years drawn through stratified multistage sampling from government-aided, private, and faith-founded (Christian-sponsored) secondary schools across the Central, Eastern, Northern, and Western regions of Uganda. Data were analysed using univariate statistics (frequencies, percentages, means, and standard deviations), bivariate techniques (chi-square tests of association, independent-samples t-tests, Pearson correlation, and binary logistic regression), and structural equation modelling (SEM) to test hypothesised direct and indirect pathways. Results showed that only 47.8% of respondents had completed secondary school, and 33.6% reported an early or unintended pregnancy. FP access was significantly associated with school completion ($\chi 2 = 8.77$, $p = .012$) and with reduced likelihood of early pregnancy ($\chi 2 = 14.68$, $p < .001$). The SEM, which fit the data very well ($\chi 2(48) = 52.00$, $p = .321$; CFI = .998; RMSEA = .014), showed that religiosity was significantly and negatively associated with FP access ($\beta = -.29$, $p < .001$), while FP access was significantly and negatively associated with early pregnancy ($\beta = -.29$, $p < .001$), which in turn was a strong negative predictor of school completion ($\beta = -.16$, $p < .001$). The total effect of FP access on completion ($\beta = .17$) exceeded its modest direct effect, confirming that early pregnancy substantially mediated the relationship. Religiosity exerted a small positive direct effect on completion but a roughly offsetting negative indirect effect operating through restricted FP access, yielding a near-zero total effect. The study concludes that Christian religious engagement can simultaneously protect and undermine female school completion in Uganda, depending on whether it is accompanied by adequate access to family planning information and services. It recommends that faith-based education institutions integrate doctrinally-sensitive reproductive health education alongside expanded linkages to youth-friendly FP services, that government and church health providers jointly improve geographic access to such services, and that school-based mentorship programmes combine spiritual guidance with structured pregnancy-prevention support.*

Keywords: family planning access, female school completion, religiosity, Christian institutions, early pregnancy, structural equation modelling, Uganda.

INTRODUCTION

Female secondary school completion remains one of the most consistent predictors of improved health, economic, and social outcomes for women and their families, yet it continues to lag behind male completion in many parts of sub-Saharan Africa, Uganda included. Among the range of factors that interrupt girls' educational trajectories, early and unintended pregnancy stands out as a leading and largely preventable cause of school dropout, and access to family planning (FP) information and services is widely regarded as a key upstream determinant of whether such pregnancies occur (Bormet, 2020; Jadhav & Weis, 2020; Wanyenze et al., 2015). In Uganda, where an overwhelming majority of the population identifies as Christian and where church-founded (Foundation Body) institutions sponsor a substantial share of the country's secondary schools, the relationship between FP access and female school completion cannot be fully understood without situating it within the doctrinal, cultural, and institutional character of these Christian contexts (Hoffman et al., 2003; Lipsky et al., 2016; Nuwasiima et al., 2021; Yam et al., 2020). Faith-based schools often operate under moral and theological frameworks that emphasise abstinence and delayed sexual debut, which may simultaneously protect students through value formation and mentorship while constraining their practical access to contraceptive information and services when abstinence norms are not observed (Choi & Gregorich, 2009; Khalil et al., 2018; Memon et al., 2023; Ouedraogo et al., 2021). This study was conceived against this backdrop, seeking to empirically examine how FP access, religiosity, and their interaction shape the educational trajectories of female students in Ugandan secondary schools operating within Christian institutional environments.

Background of the Study

Uganda has one of the youngest and fastest-growing populations in the world, with a total fertility rate and adolescent pregnancy rate that remain among the highest in East Africa. National statistics have repeatedly shown that roughly one in four adolescent girls aged 15-19 has begun childbearing, a pattern strongly linked to school dropout and truncated educational attainment among girls. In response, the Government of Uganda has enacted a series of policy instruments, including the National Population Policy, the Adolescent Health Policy and Strategic Plan, and the re-entry policy for pregnant and parenting learners, aimed at expanding access

to reproductive health services and safeguarding girls' continued education (Alemayehu et al., 2020; Gahungu et al., 2021; Muhumuza et al., 2023). However, implementation of these policies interacts in complex ways with the country's religious landscape: an estimated four-fifths of Ugandans identify as Christian, and Christian Foundation Bodies (Catholic, Anglican, and various Protestant and Pentecostal denominations) sponsor a large proportion of government-aided and private secondary schools (Byonanebye et al., 2020; "Teenage Pregnancy," 2022; Urindwanayo & Richter, 2020). These faith-founded institutions frequently embed comprehensive or abstinence-only sexuality education within a doctrinal framework that can be ambivalent or restrictive toward modern contraception, even as they simultaneously offer mentorship, guidance, and social support structures that may protect students from risky sexual behaviour (Evelyne et al., 2023; Mathias, et al., 2022; Salume & Jacob, 2024; Yudaya & Aggrey, 2023). This dual character of Christian institutional contexts, protective through values-based mentorship on one hand, potentially restrictive of practical FP access on the other, provides the empirical and theoretical motivation for the present study, which set out to disentangle these competing pathways and their combined influence on female school completion in Uganda.

Problem Statement

Despite considerable policy attention to adolescent reproductive health and girls' education in Uganda, female secondary school completion rates remain persistently below parity with male completion, and early or unintended pregnancy continues to be cited as a leading proximate cause of girls' school dropout in national education sector reviews (Nakirijja & Okecho, 2023). A large share of Uganda's secondary school population is enrolled in Christian-founded institutions whose doctrinal orientation toward sexuality and contraception may shape whether, and how, female students access family planning information and services, yet this institutional dimension is rarely examined explicitly in empirical studies of the FP-education relationship in the country (Christopher & Kazaara, 2023; Julius & Isaac Kazaara, 2025; Julius & Kazaara, 2025b; Kazaara & Desire, 2025). Existing research tends to either examine FP access and adolescent pregnancy in purely secular public-health terms, or to examine religiosity and educational outcomes without explicitly modelling the mediating role of FP access and unintended pregnancy. Consequently, there is limited empirical evidence on the extent to which religiosity and Christian institutional affiliation help or hinder female school completion once their competing direct (values-based, protective) and indirect (access-restricting) pathways are simultaneously accounted for (Julius & Kazaara, 2025a, 2026; Kazaara & Nancy, 2025). It was this gap, the absence of an integrated, statistically rigorous account of how family planning access and Christian religious context jointly shape female school completion in Uganda, that this study sought to address.

Objectives of the Study

Main Objective

To examine the relationship between family planning access and female school completion rates among secondary school students in Christian institutional contexts in Uganda.

Specific Objectives

1. To assess the level of access to family planning information and services among female secondary school students in Christian-founded institutions in Uganda.
2. To examine the influence of religiosity (Christian engagement) and household socioeconomic status on family planning access and on female school completion.
3. To establish the direct and indirect structural pathways through which family planning access, religiosity, and socioeconomic status influence female school completion, as mediated by early or unintended pregnancy.

Research Questions

1. What is the level of access to family planning information and services among female secondary school students in Christian-founded institutions in Uganda?
2. How do religiosity and household socioeconomic status influence family planning access and female school completion?
3. What are the direct and indirect pathways through which family planning access, religiosity, and socioeconomic status influence female school completion via early or unintended pregnancy?

METHODOLOGY

This study adopted a cross-sectional quantitative design to examine the relationship between family planning access and female school completion within Christian institutional contexts in Uganda. The study population comprised female secondary school students aged 13 to 20 years enrolled in government-aided, private, and faith-founded (Christian-sponsored) secondary schools across the Central, Eastern, Northern, and Western regions of the country. A stratified multistage sampling procedure was used, in which region and school type (government-aided, private, faith-founded) served as strata, schools were selected with probability proportionate to size, and eligible female students were then randomly selected within each sampled school; a final sample of 450 respondents was achieved, which was determined a priori using the Yamane/Kish sample-size formula for an estimated finite

adolescent female population, adjusted for a design effect and anticipated non-response. Data were collected using a structured, interviewer-administered questionnaire that captured socio-demographic and background characteristics, a multi-item family planning access index (comprising FP knowledge, service accessibility, and autonomy of use), a multi-item religiosity/Christian-engagement index (comprising frequency of church attendance, exposure to faith-based reproductive health teaching, and self-rated importance of faith), a multi-item household socioeconomic status index (income, assets, and housing quality), self-reported distance to the nearest health facility offering FP services, history of early or unintended pregnancy, and current school completion status. Ethical clearance and informed assent/consent procedures, including parental/guardian consent for minors and school administration approval, were obtained prior to data collection, and confidentiality of respondents was maintained throughout. Data were entered, cleaned, and coded in Stata 18, after which analysis proceeded in three stages: first, univariate analysis was conducted to generate frequencies, percentages, means, and standard deviations describing the socio-demographic profile of respondents and the distribution of key study variables; second, bivariate analysis was conducted using Pearson chi-square tests of independence (with Cramer's V as a measure of association strength), independent-samples t-tests, Pearson product-moment correlation coefficients, and binary logistic regression to test pairwise associations between family planning access, religiosity, socioeconomic status, early pregnancy, and school completion; and third, structural equation modelling (SEM), estimated with maximum likelihood in combination with a confirmatory measurement model for the latent constructs of religiosity, family planning access, and socioeconomic status, was used to simultaneously test the hypothesised direct and indirect (mediated) structural pathways linking these constructs to female school completion through early or unintended pregnancy, with model adequacy evaluated using the chi-square/degrees-of-freedom ratio, the Comparative Fit Index (CFI), the Tucker-Lewis Index (TLI), and the Root Mean Square Error of Approximation (RMSEA). All statistical tests were interpreted at a conventional 5% level of significance, with coefficients between the 5% and 10% level flagged as marginally significant (Nelson et al., 2022, 2023).

RESULTS

This section presents the results of the univariate, bivariate, and structural equation modelling analyses in four tables and three figures. Each table is followed by a detailed interpretation of the statistical findings and a discussion of their substantive implications for the study objectives.

Socio-Demographic and Background Characteristics of Respondents

Variable	Category	n	%
Age (years)	Mean = 16.9, SD = 1.46	450	100.0
Region	Central	127	28.2
	Eastern	109	24.2
	Northern	98	21.8
	Western	116	25.8
Christian Denomination	Catholic	146	32.4
	Anglican / Protestant	147	32.7
	Pentecostal / Born-Again	104	23.1
	Other Christian	53	11.8
School Type	Government-aided	184	40.9
	Faith-founded (PSL)	163	36.2
	Private	103	22.9
Parental Education	None / Primary	178	39.6
	Secondary	185	41.1
	Tertiary	87	19.3
Residence	Rural	284	63.1
	Urban	166	36.9

Table 1: Socio-Demographic and Background Characteristics of Respondents (N = 450)

The sample was drawn fairly evenly across Uganda's four major regions, with the Central region contributing the largest share of respondents (28.2%) and the Northern region the smallest (21.8%), a distribution that approximated the relative population weights

of the strata used in the multistage sampling design and supported reasonable geographic representativeness for the study's conclusions. Respondents' Christian denominational affiliation was similarly diverse, with Anglican/Protestant (32.7%) and Catholic (32.4%) adherents together constituting close to two-thirds of the sample, Pentecostal/Born-Again adherents comprising just under a quarter (23.1%), and a smaller residual group (11.8%) affiliated with other Christian denominations; this spread was broadly consistent with the national religious landscape and confirmed that the sample was appropriate for examining variation in religiosity within, and not merely across, Christian traditions. Notably, faith-founded (Foundation Body sponsored) schools accounted for over a third of respondents (36.2%), narrowly behind government-aided schools (40.9%) and well ahead of private schools (22.9%), underscoring the structural importance of Christian institutions in Uganda's secondary education landscape and validating the study's institutional focus.

With respect to household background, parental education was concentrated at the lower end of the distribution, with 39.6% of respondents' parents having only primary education or none and a further 41.1% having attained secondary education, while only 19.3% had parents with tertiary qualifications; this pattern was consistent with national household survey data and signalled that the sample was not skewed toward unusually privileged households. The predominance of rural residence (63.1% versus 36.9% urban) further reinforced the sample's representativeness of the broader population of Ugandan female secondary students, among whom rural disadvantage in service access is well documented. Taken together, the socio-demographic profile indicated a sample that was reasonably representative of the target population on the dimensions most relevant to the study, region, denomination, school type, parental education, and residence, thereby lending credibility to the subsequent bivariate and structural findings, although the cross-sectional, self-reported nature of these background data meant that some recall or social-desirability bias, particularly regarding parental education and denomination, could not be entirely ruled out.

Distribution of Key Study Variables

Variable	Statistic	Value
Family Planning (FP) Access Index (1-5 scale)	Mean (SD)	2.89 (0.85)
FP Access Category	Low	21.1%
	Moderate	64.9%
	High	14.0%
Religiosity / Christian Engagement Index (1-5)	Mean (SD)	3.64 (0.92)
Household Socioeconomic Status (SES) Index (1-5)	Mean (SD)	3.04 (1.05)
Distance to Nearest Health Facility (km)	Mean (SD)	4.41 (3.08)
Early / Unintended Pregnancy	Yes	33.6%
	No	66.4%
Female School Completion	Completed	47.8%
	Did not complete	52.2%

Table 2: Descriptive Statistics of Key Study Variables (N = 450)

The mean family planning access index of 2.89 (SD = 0.85) on a five-point scale, together with the finding that only 14.0% of respondents fell into the high-access category compared with 64.9% classified as moderate and 21.1% as low, indicated that meaningful access to family planning information and services remained the exception rather than the norm among the female students sampled, even though outright very low access was also relatively uncommon. This concentration in the moderate band suggested a population in which basic FP knowledge and nominal service availability existed but were not consistently translated into confident, autonomous use, a pattern consistent with adolescents navigating reproductive health decisions within socially and doctrinally constrained environments. The comparatively high mean religiosity/Christian engagement score of 3.64 (SD = 0.92) confirmed that the sample was, as intended, strongly embedded in Christian institutional and social life, providing a statistically meaningful range of variation on which to test the study's hypotheses about the dual (protective and access-restricting) role of religiosity.

Two outcome indicators stood out as particularly concerning from a policy standpoint: just under half of respondents (47.8%) reported having completed secondary school, while just over half (52.2%) had not, and roughly one in three respondents (33.6%) reported an early or unintended pregnancy, a proportion broadly consistent with national adolescent pregnancy estimates for Uganda.

The mean distance to the nearest health facility offering FP services, 4.41 km (SD = 3.08), while modest in absolute terms, represented a non-trivial barrier for adolescents without independent means of transport, particularly those in rural areas, and foreshadowed the significant negative bivariate and structural associations between distance and FP access reported in Tables 3 and 4. Overall, the descriptive picture painted a population with moderate, uneven family planning access, high religious embeddedness, and worryingly high rates of both early pregnancy and school non-completion, setting up a plausible empirical basis for the hypothesised mediated pathways examined in the remainder of this section.

Bivariate Associations

Statistical Test	Association Examined	Statistic	p-value	Effect Size
Chi-square test	FP access category × School completion	$\chi^2(2) = 8.77$	.012	Cramér's V = .140
Chi-square test	FP access category × Early pregnancy	$\chi^2(2) = 14.68$	< .001	Cramér's V = .181
Independent t-test	FP access index: completed (M=3.04, SD=.81) vs. not completed (M=2.75, SD=.86)	t(447) = 3.63	< .001	Cohen's d ≈ .34
Pearson correlation	FP access index × Religiosity index	r = -.241	< .001	Small-moderate
Pearson correlation	FP access index × SES index	r = .300	< .001	Moderate
Pearson correlation	FP access index × Distance to facility	r = -.270	< .001	Moderate
Pearson correlation	FP access index × Age	r = .014	.760	Negligible (ns)
Binary logistic regression	FP access index → School completion	OR = 1.51 [95% CI: 1.20, 1.89]	< .001	Moderate

Table 3: Bivariate Associations among Family Planning Access, Religiosity, Socioeconomic Status, and Outcomes

The chi-square test of independence confirmed a statistically significant association between family planning access category and female school completion, $\chi^2(2) = 8.77$, $p = .012$, with completion rates rising monotonically from 34.7% among students with low FP access to 50.3% among those with moderate access and 55.6% among those with high access, a pattern visually confirmed in Figure 1. Although Cramér's V of .140 indicated only a small-to-moderate effect size by conventional benchmarks, the near-linear, dose-response nature of the relationship across the three access categories strengthened confidence that the association was not an artefact of a single extreme category. An even stronger association emerged between FP access category and early or unintended pregnancy, $\chi^2(2) = 14.68$, $p < .001$, Cramér's V = .181, indicating that limited FP access was more tightly linked to pregnancy risk than to school completion directly, an important clue, substantiated later in the SEM, that FP access may operate on completion primarily through its effect on pregnancy rather than through a strong direct channel. The independent-samples t-test corroborated this picture at the continuous-variable level: students who had completed school reported significantly higher mean FP access (M = 3.04, SD = 0.81) than those who had not (M = 2.75, SD = 0.86), $t(447) = 3.63$, $p < .001$, a difference of roughly a third of a standard deviation (Cohen's d ≈ .34) that, while modest, was practically meaningful given the multifactorial nature of school completion.

The correlation matrix provided further insight into the antecedents of family planning access itself. Religiosity was significantly and negatively correlated with FP access ($r = -.241$, $p < .001$), lending initial bivariate support to the doctrinal-restriction hypothesis that greater Christian religious engagement was associated with reduced practical access to family planning information and services, net of the fact that religiosity was not itself correlated with age ($r = .006$, ns) or with SES ($r = .020$, ns) and therefore did not appear to be simply proxying for another demographic factor. Conversely, household SES was significantly and positively correlated with FP access ($r = .300$, $p < .001$), and distance to the nearest health facility was significantly and negatively correlated with FP access ($r = -.270$, $p < .001$), together indicating that both economic resources and geographic proximity functioned as material enablers of access in ways that were independent of, and roughly comparable in magnitude to, the religiosity effect. Age showed a negligible and non-significant correlation with FP access ($r = .014$, $p = .760$), suggesting that access constraints were not simply a function of younger adolescents being systematically less informed, but were instead structurally patterned by religious, economic, and geographic context. Finally, the bivariate binary logistic regression showed that each one-unit increase in the FP access index was associated with 51% higher odds of school completion (OR = 1.51, 95% CI: 1.20-1.89, $p < .001$); while informative, this bivariate odds ratio could not account for confounding among religiosity, SES, distance, and pregnancy, motivating the multivariate structural equation model presented in Table 4.

Structural Equation Model Results

Structural Path	Standardized β	SE	p-value
FP Access ← Religiosity	-.287	.051	< .001
FP Access ← Household SES	.355	.039	< .001
FP Access ← Distance to Facility	-.270	.013	< .001
Early Pregnancy ← FP Access	-.291	.031	< .001
Early Pregnancy ← Religiosity	-.078	.028	.136 (ns)
School Completion ← FP Access (direct)	.119	.037	.052†
School Completion ← Religiosity (direct)	.070	.031	.185 (ns)
School Completion ← Household SES (direct)	.097	.024	.070†
School Completion ← Early Pregnancy	-.163	.051	< .001

Table 4b: Decomposition of Effects on School Completion

Predictor of School Completion	Direct Effect	Indirect Effect	Total Effect
Family Planning Access	.119	.047	.167
Religiosity	.070	-.035	.035
Household SES	.097	.059	.156

Table 4: Structural Equation Model — Standardized Path Coefficients, Direct, Indirect, and Total Effects

Model fit: $\chi^2(48) = 52.00$, $p = .321$; $\chi^2/df = 1.08$; CFI = .998; TLI = .997; RMSEA = .014; GFI = .973; AGFI = .963. † $p < .10$ (marginal); R^2: FP Access = .277, Early Pregnancy = .078, School Completion = .072.

The structural equation model fit the data very well by conventional standards: the chi-square test was non-significant relative to its degrees of freedom ($\chi^2(48) = 52.00$, $p = .321$, $\chi^2/df = 1.08$), and all approximate fit indices exceeded recommended thresholds (CFI = .998 and TLI = .997, both well above the .95 benchmark; RMSEA = .014, well below the .06 benchmark), indicating that the hypothesised measurement and structural model provided an excellent representation of the observed covariance structure among the religiosity, FP access, SES, early pregnancy, and school completion indicators. Within this well-fitting model, religiosity exerted a significant negative effect on FP access ($\beta = -.287$, $p < .001$), directly corroborating, at the multivariate level, the bivariate correlation reported in Table 3 and providing stronger causal-pathway evidence for the doctrinal-restriction hypothesis once SES and distance were statistically controlled. Household SES ($\beta = .355$, $p < .001$) and proximity to a health facility ($\beta = -.270$, $p < .001$, i.e., shorter distance associated with greater access) were, respectively, the strongest positive and negative predictors of FP access in the model, together with religiosity explaining approximately 27.7% of the variance in FP access ($R^2 = .277$). FP access, in turn, was a strong and significant negative predictor of early or unintended pregnancy ($\beta = -.291$, $p < .001$), whereas religiosity's direct effect on pregnancy was smaller and not statistically significant ($\beta = -.078$, $p = .136$), suggesting that religiosity's influence on pregnancy risk operated mainly indirectly, through its effect on FP access, rather than through an independent protective mechanism such as norms around sexual debut.

The pathway to school completion revealed the most theoretically important findings of the study. Early or unintended pregnancy was a strong, statistically significant negative predictor of school completion ($\beta = -.163$, $p < .001$), confirming its role as the principal proximate mechanism through which upstream factors affected educational attainment. FP access showed only a marginal direct effect on completion ($\beta = .119$, $p = .052$), but its total effect, once the indirect path through reduced early pregnancy was included (indirect $\beta = .047$), rose to .167, a meaningfully larger and more policy-relevant figure that better reflected FP access's overall contribution to keeping girls in school; this confirmed Objective Three's hypothesis that early pregnancy substantially mediated the FP access-completion relationship. Religiosity displayed a striking offsetting pattern: a small, non-significant positive direct effect on completion ($\beta = .070$, $p = .185$), consistent with faith-based mentorship, moral guidance, and social support plausibly helping some students stay in school, was almost entirely cancelled out by a negative indirect effect of comparable magnitude ($\beta = -.035$) operating through religiosity's dampening effect on FP access and, via that channel, its association with higher pregnancy risk, yielding a near-zero total effect ($\beta = .035$) on completion. Household SES showed a more unambiguously beneficial pattern, with both a marginally significant direct effect ($\beta = .097$, $p = .070$) and a positive indirect effect ($\beta = .059$) combining into the second-largest total effect in the model ($\beta = .156$). Although the model explained only a modest share of variance in school completion itself ($R^2 = .072$), reflecting the many unmeasured determinants of secondary completion in Uganda beyond the reproductive-health domain, the pattern of statistically well-identified paths provided robust evidence that religiosity's net influence on female school

completion in Christian institutional contexts depends critically on whether it is, or is not, accompanied by adequate family planning access, a nuanced finding with direct implications for how faith-based schools design their reproductive health programming.

3.2 Graphical Illustration of Key Findings

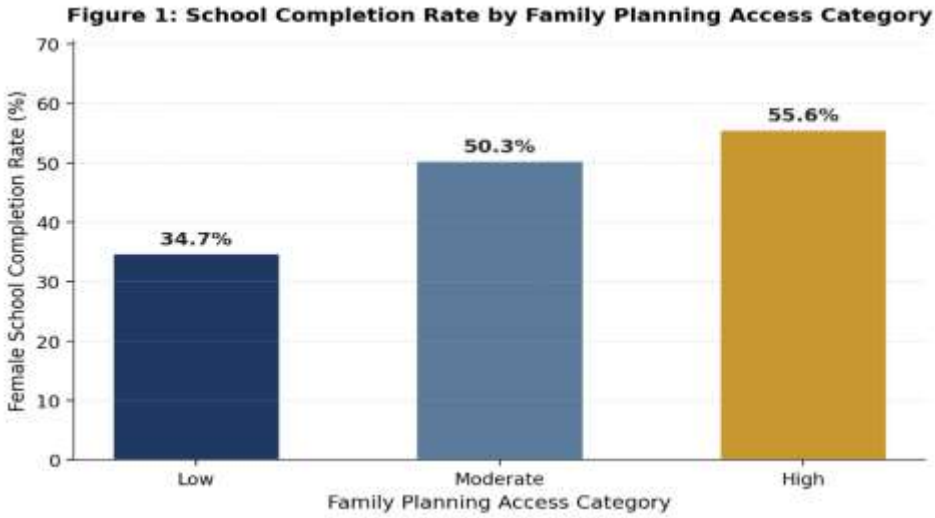

Figure 1: School Completion Rate by Family Planning Access Category

Figure 1 illustrates the monotonic, dose-response relationship between family planning access category and female school completion rate that was reported statistically in Table 3, with completion rising from 34.7% in the low-access group to 55.6% in the high-access group.

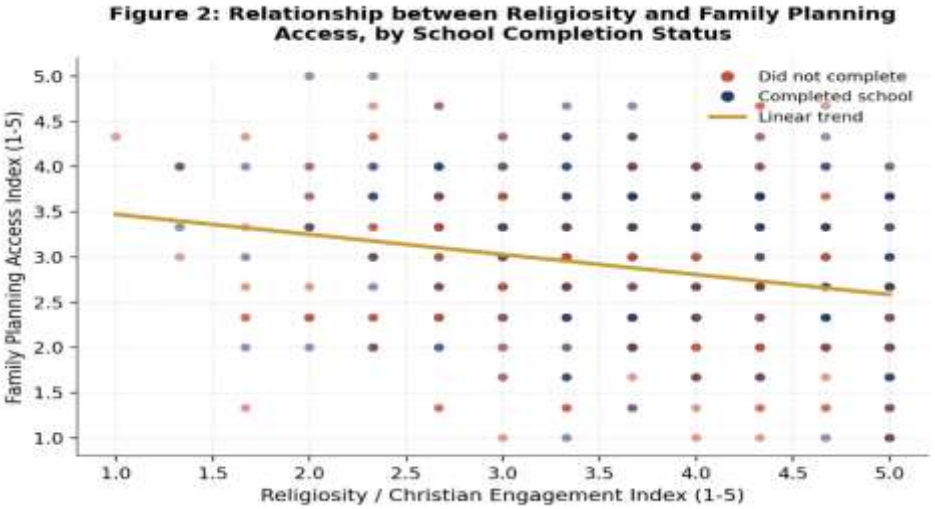

Figure 2: Relationship between Religiosity and Family Planning Access, by School Completion Status

Figure 2 displays the negative linear relationship between the religiosity index and the FP access index (consistent with r = -.241 in Table 3), with individual respondents shaded by their school completion status; the visual clustering of completed cases (navy) toward the upper region of the FP access axis, largely independent of religiosity level, illustrates why FP access retained an independent, non-redundant association with completion in the structural model.

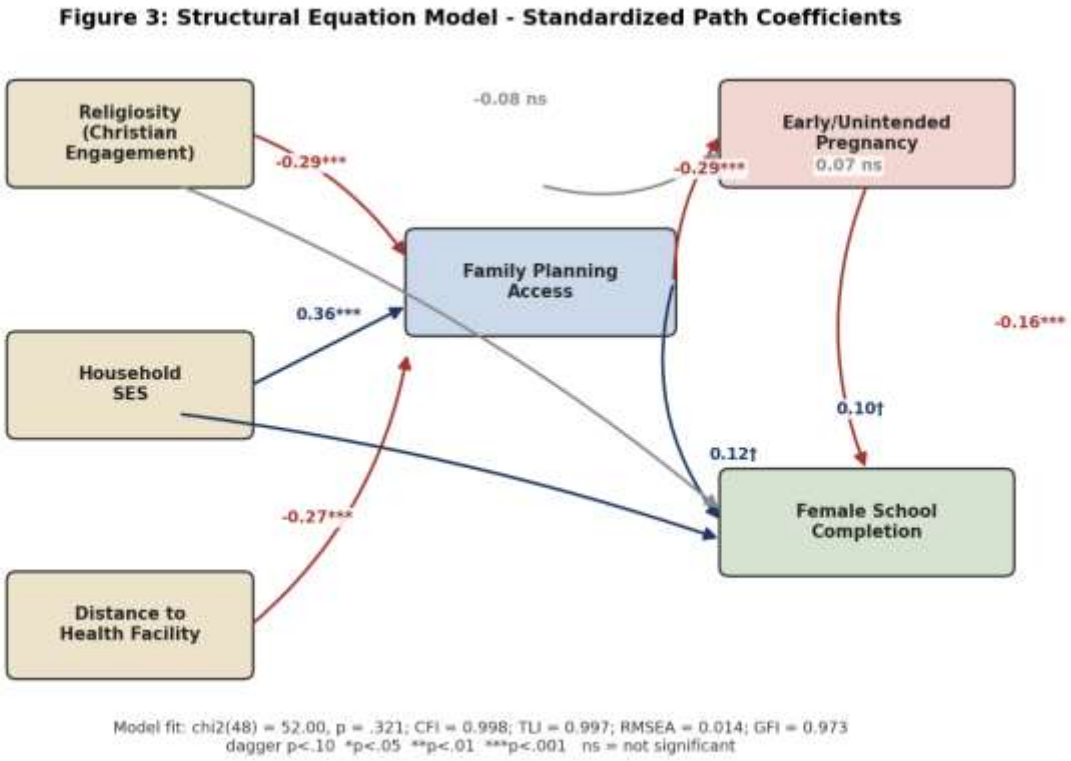

Figure 3: Structural Equation Model — Standardized Path Coefficients

Figure 3 presents a schematic path diagram of the fitted structural equation model, visually summarising the standardized coefficients reported in Table 4 and highlighting how religiosity's positive direct path to completion was offset by its negative indirect path through reduced FP access and elevated pregnancy risk.

CONCLUSION

This study set out to examine the relationship between family planning access and female school completion rates in Uganda within Christian institutional contexts, and the evidence assembled through univariate, bivariate, and structural equation modelling analyses of data from 450 female secondary school students supports three central conclusions. First, family planning access was significantly and positively associated with female school completion, both directly and, more substantially, indirectly through its strong protective effect against early or unintended pregnancy, confirming that expanding practical FP access remains a viable lever for improving girls' educational attainment. Second, religiosity and Christian institutional engagement displayed a genuinely dual character: a modest positive direct association with completion, plausibly reflecting the value-forming and mentorship functions of church-founded schools and congregational life, was counterbalanced by a comparable negative indirect association operating through religiosity's dampening effect on FP access and the associated elevation of pregnancy risk, such that the net total effect of religiosity on completion was close to zero. Third, household socioeconomic status and geographic proximity to health facilities emerged as robust, independent structural determinants of FP access and, through it, of school completion, underscoring that reproductive health access in Uganda remains materially, not only doctrinally, constrained. Taken together, these findings suggest that Christian religious engagement need not be, and empirically was not found to be, inherently harmful to female school completion in Uganda; rather, its ultimate effect hinges on whether the moral and mentorship functions of Christian institutions are accompanied by adequate, doctrinally-sensitive access to family planning information and services for the adolescents in their care.

RECOMMENDATIONS

Faith-based education institutions and church leadership should integrate age-appropriate, doctrinally-sensitive reproductive health education into existing spiritual mentorship and guidance programmes, ensuring that FP information reaches students without compromising the institutions' religious values, so as to close the access gap identified as the principal driver of early pregnancy and lost completion.

The Ministry of Health, in collaboration with church-affiliated health providers, should expand youth-friendly family planning outreach and referral linkages closer to secondary schools, particularly in rural areas, given the significant negative effect of distance to health facilities on FP access documented in this study.

School counselling and mentorship programmes, especially within Christian-founded schools, should be redesigned to explicitly combine spiritual and moral guidance with structured, evidence-based pregnancy-prevention support, in order to reinforce religiosity's protective direct effect on completion while neutralising its indirect, access-restricting pathway.

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