

Understanding health seeking behavior of a particular group of people has been seen as an effective way in developing strategies that meet the health needs of that population. Access to family planning (FP) services is a human right and the services should be availed to displaced populations from the onset of an emergency throughout the crisis until the time of settlement as it helps refugees prevent diseases, prevent deaths and the economic strain of unwanted pregnancy and also helps in early recovery and economic development post crisis.

This study assessed the determinants of Health seeking behavior on up-take of family planning services among refugee women of reproductive age in Nakivale Refugee Camp, Isingiro District and the objectives were; to assess family planning knowledge among women of reproductive age in Nakivale refugee camp, to assess perceived attitudes of health workers towards refugee women in Nakivale refugee settlement and to assess health system factors influencing uptake of family planning services among refugee women in Nakivale refugee camp.

A cross sectional survey was carried out in Nakivale refugee settlement camp, both qualitative and quantitative data was collected using Questionnaires, respondents were asked for consent so as to be included in the study and the data was analyzed by SPSS.

49.2% (157) respondents had a good understanding of family planning, 28.8% (92) were rated as very good, 19.2% (63) were excellent in understanding family planning, 1.3%(4) were rated as bad and 0.9% (3) were very bad at understanding family planning. Health worker attitude was rated as very bad by 6.6% of respondents, 7.5% rated it as bad, 23.8% said it was very good, 28.8% said it was good and the majority 33.2% found health worker attitude average. Most of the people utilizing family planning services in Nakivale refugee settlement lived within 1 – 2KM of the health unit. (22.6% lived 1KM from health unit and 48.6% lived 2KM from the health unit) 15% lived within 3KM , 11.6% within 4KM, 1.6% within 5KM and only 2% lived within more than 5KM of the health unit.

FP methods were majorly utilized by the age groups of 25-29 and 30-34 year olds and utilization was also highest amongst the registered refugees.

The ample knowledge about FP did not improve uptake of FP services. Condoms and safe days were not regarded so much as a methods of FP. Health worker attitudes were found to have a negative impact on FP service uptake. Distance to the health unit was among the hindrances to FP service uptake and that giving more time to the women at the clinic improved FP service uptake due to less pressure felt to take up the services.

UNHCR, office of the prime minister together with partners should design family planning methods targeting the unmarried refugee women of reproductive age, focus on educating the refugee women the non-hormonal methods of Family planning like condoms and safe days as these methods have few or no side effects, consider training and integrating refugee women in the provision of FP services and carry out outreaches to provide FP services.