Uganda is classified as one of the 49 poorest countries, and its population growth is one of the highest in the world, at 3.4 percent. In 2011, the population was estimated to be 34.5 million, and the bottom of the population pyramid is also getting larger. Uganda has the second youngest population in the world (Wulf D, et al., 2006). Nearly 52 percent of its inhabitants are under the age of 15, and 78 percent are under 30 years of age. The age group 15-24 years is estimated to constitute 20 percent of the population. Contraceptive use in Uganda remains low with an unmet need of 36% among all women of reproductive age. The purpose of this study was to determine acceptability of modern contraceptive methods among Manyata leaders in Napak district in Karamoja region.

The study was a descriptive cross-sectional study involving a sample size of 154 Manyata leaders in Napak district. Data was collected using a semi-structured questionnaire for quantitative data and a focus group discussion for qualitative data. Simple random sampling was used to select the Manyata leaders to participate in the study. The results of the study indicated a low level of acceptability of modern contraceptive methods at 18% among the Manyata leaders. The modern contraceptive methods accepted by the Manyata leaders were pills, intrauterine devices, condoms and implants. The reasons for accepting the use of modern contraceptive methods were to prevent unintended pregnancies within the community, proper family planning, to avoid sexually transmitted diseases, child spacing and when there was no need for more children. The reasons for not accepting the use of modern contraceptive methods were cultural influence where culture did not support the use of contraceptive methods, the need for many children among community members, lack of knowledge about the use of contraceptives, negative peer influence and perceived dangers of using modern contraceptives such as infertility. The demographic factors that were found to significantly influence the acceptability of modern contraceptive methods were age and income levels of the Manyata leaders. Average aged Manyata leaders (X2=9.672, p=0.010) and those with higher income levels (X2=6.521, p=0.024) had more acceptability for modern contraceptive methods as compared to their older colleagues and those with low incomes.

Therefore, the government through the ministry of health should conduct community sensitization among the Manyata leaders on the importance of using contraceptive methods in family planning and having small manageable families. This will remove wrong beliefs about contraceptives as well as increase uptake of such methods among the community. Awareness campaigns on the use of modern contraceptive methods should be done through the use of mass media, by the government and other development partners so as to create awareness among the communities on the use of contraceptives.