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Religiosity and Family Planning Knowledge, Attitudes and Practices among University Students in Uganda: A Scoping Review Protocol

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Mutatina, B; Otieno, E; Ekong, E; Mukeshimana, E; Basaza, R.

Corresponding author:
Boniface Mutatina

bonifacemutatina@yahoo.com

Author Affiliation:
Faculty of Public Health, Nursing and Midwifery, Uganda Christian University, Mukono, Uganda.

ADMINISTRATIVE INFORMATION

Support - Uganda Christian University.

Review Stage at time of this submission - Preliminary searches.

Conflicts of interest - None declared.

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 14 September 2026 and was last updated on 14 September 2026.

INTRODUCTION

Review question / Objective Overall objective: To identify, map and characterize the available evidence on religiosity and family planning knowledge, attitudes and practices among university students in Uganda.

Review questions:

What evidence exists on religiosity and family planning knowledge, attitudes and practices among university students in Uganda?
How is religiosity conceptualized, operationalized and measured among university students?
What religious beliefs, teachings, norms and values are associated with family planning?
What religion- and culture-related barriers, facilitators and contextual factors influence family planning?
What patterns, gaps and methodological limitations characterize the existing evidence?

Background Family planning is an important component of sexual and reproductive health and enables individuals and couples to make informed decisions about whether and when to have children and the timing and spacing of pregnancies. Among university students, family planning is particularly relevant because this life stage is characterized by increasing autonomy, evolving intimate relationships and greater responsibility for independent sexual and reproductive health decisions.

Family planning knowledge, attitudes and practices among university students may be influenced by interpersonal, sociocultural, economic and structural factors, including relationship dynamics, gender norms, social approval, access to methods and services, concerns about side effects and future fertility, and beliefs about the acceptability of contraception.

Religion is an important social and normative institution in Uganda and may influence understandings and practices related to sexuality,

marriage, reproduction, fertility and family life. Religious teachings may shape perceptions of childbearing and the acceptability of contraception, while religious institutions and leaders may provide information, moral guidance, social support and normative direction.

Religiosity is potentially multidimensional and may encompass religious affiliation and identity, attendance and participation in religious activities, prayer and devotional practices, personal importance of religion, religious commitment, adherence to religious teachings, and the extent to which religious beliefs influence everyday decisions. Different dimensions of religiosity may have distinct implications for family planning knowledge, attitudes, intentions and practices.

Existing Ugandan evidence appears fragmented across studies examining contraception, sexual and reproductive health, fertility intentions, premarital sexuality, religion, culture and related topics. Studies also appear to conceptualize and measure religious influence differently. This heterogeneity makes it difficult to establish the breadth of evidence and determine which dimensions of religiosity have been adequately investigated among university students in Uganda.

Rationale The available evidence concerning religiosity and family planning among university students in Uganda is likely to be dispersed across different substantive areas and study designs. Relevant studies may examine contraceptive knowledge and utilization, sexual behaviour, reproductive intentions, pregnancy prevention, or broader sexual and reproductive health without explicitly conceptualizing religiosity as the principal exposure or analytical construct.

A scoping review is therefore appropriate because it can accommodate diverse study designs, populations, conceptualizations, measurement approaches and outcomes. The review will map how religiosity has been conceptualized and measured; identify religious beliefs, teachings, norms, values and practices reported in relation to family planning; describe family planning outcomes examined; and identify evidence and methodological gaps.

The findings will provide a clearer conceptual and empirical foundation for future primary research and may inform family planning information, counselling, service delivery and engagement approaches that are responsive to the social and religious contexts within which university students make sexual and reproductive health decisions.

METHODS

Strategy of data synthesis The review will use a comprehensive search strategy guided by the Population–Concept–Context (PCC) framework. Controlled vocabulary, where available, will be combined with free-text terms, synonyms and relevant truncations. Boolean operators (AND/OR), phrase searching and database-specific indexing terms will be used as appropriate.

Three core concepts will be searched: (1) university and other higher-education students; (2) religion and religiosity, including religious beliefs, teachings, norms, values, practices, affiliation and other forms of religious influence; and (3) family planning, contraception and related knowledge, attitudes, intentions, decision-making and practices. Geographic terms relating to Uganda will be incorporated.

The electronic databases to be searched are PubMed/MEDLINE, Scopus, Web of Science, Google Scholar and relevant African or regional bibliographic databases where accessible.

Grey literature will be sought through targeted searches of institutional repositories and websites of Ugandan universities and research institutions, relevant government ministries, departments and agencies, reproductive health organisations, civil society organisations, faith-based organisations, and national and international organisations working in sexual and reproductive health and family planning.

Backward citation searching of reference lists and forward citation tracking of eligible studies will also be undertaken where feasible.

Findings will be synthesized using descriptive numerical summaries, evidence mapping and narrative synthesis. The evidence will be mapped thematically according to the review questions, including religiosity and family planning knowledge, attitudes and practices; religious teachings, beliefs and norms; religion- and culture-related barriers and facilitators; contextual and institutional factors; and evidence and methodological gaps.

Eligibility criteria Population: University and other higher-education students in Uganda, including undergraduate students, postgraduate students and students in universities, tertiary institutions and other recognized higher-education institutions.

Concept: Religiosity and its relationship with family planning knowledge, attitudes, perceptions, decision-making and practices. Religiosity includes religious affiliation, religious commitment, attendance, religious participation, religious beliefs, religious teachings, norms, values, perceived religious influence and spirituality where explicitly linked to religion.

Context: Public and private universities, university campuses, colleges and other recognized higher-education settings in Uganda.

Inclusion criteria: Studies will be eligible if they are conducted in Uganda or include a clearly identifiable Ugandan university or higher-education student population; involve university or higher-education students; examine religion or religiosity; address at least one family planning or contraceptive outcome; report empirical findings from qualitative, quantitative or mixed-methods research; are available as full-text publications or accessible reports; are published in English; and fall within the January 2016–August 2026 publication period.

Exclusion criteria: Studies examining family planning or contraception without considering religion, religiosity or religious influence; studies where university or higher-education students cannot be disaggregated; editorials, commentaries, opinion pieces, letters or conference abstracts without sufficient empirical information; study protocols without empirical findings; and sources that cannot be accessed in sufficient detail to determine eligibility or extract relevant findings will be excluded.

Source of evidence screening and selection All records identified through database and supplementary searches will be imported into a reference-management database, and duplicates will be identified and removed before screening. A calibration exercise will be conducted using a sample of retrieved records.

Two reviewers (EO and BM) will independently screen titles and abstracts against the predefined eligibility criteria. Records considered potentially relevant by either reviewer will be retained for full-text assessment.

Full texts will subsequently be independently assessed by EO and BM. Reasons for exclusion will be documented for records excluded at the full-text stage.

Disagreements will first be resolved through discussion and consensus between the two reviewers. Where consensus cannot be achieved, a senior reviewer (RB, EM or EE) will adjudicate.

Where multiple publications arise from the same underlying study population or dataset, publications will be linked and treated as a single study where appropriate, while extracting complementary information from each publication.

The study-selection process will be reported using a PRISMA-ScR flow diagram.

Data management A standardized data-charting form will be developed in Microsoft Excel or an equivalent data-management platform. The form will be informed by the review questions and eligibility criteria and will capture bibliographic, methodological, participant, religiosity, family planning and contextual characteristics.

The data-charting form will be piloted on a sample of included studies by two reviewers (EO and BM), who will independently chart the same studies to assess clarity, completeness and consistency. Discrepancies will be discussed and the form refined where necessary.

Data to be charted will include bibliographic and study characteristics; participant characteristics; conceptualization, operationalization and measurement of religiosity; family planning outcomes; religious beliefs, teachings and norms; barriers, facilitators and contextual factors; principal findings; methodological limitations; and evidence gaps.

The charting process will remain iterative, allowing additional relevant variables to be incorporated if they emerge during the review.

Reporting results / Analysis of the evidence Findings will be collated, summarized and reported using descriptive numerical summaries, evidence mapping and narrative synthesis. Descriptive summaries will characterize the distribution and scope of evidence according to publication year, study design, geographical location, university or institutional setting, participant characteristics, sample size, religious affiliations represented, dimensions of religiosity assessed, family planning outcomes examined and methodological approaches.

The evidence will be mapped thematically according to: (i) religiosity and family planning knowledge; (ii) religiosity and family planning

attitudes; (iii) religiosity and family planning practices; (iv) religious teachings, beliefs and norms; (v) religion- and culture-related barriers; (vi) religion- and culture-related facilitators; (vii) contextual and institutional factors; and (viii) evidence and methodological gaps.

Where sufficient evidence permits, findings will be compared descriptively across religious affiliations, dimensions of religiosity, participant characteristics, geographical settings and study designs. The review will not generate pooled estimates or causal conclusions.

Methodological characteristics and limitations of included studies will be charted, including study design, sampling strategy, sample size, conceptualization and measurement of religiosity and family planning outcomes, reported validity and reliability of measurement instruments, and potential sources of bias.

Presentation of the results Results will be presented using summary tables, evidence maps, figures and narrative synthesis. Tables will summarize study characteristics, participant characteristics, dimensions and measures of religiosity, family planning outcomes, religious beliefs and teachings, barriers and facilitators, contextual factors and methodological characteristics. Evidence maps and figures will be used where they enhance understanding of the distribution and characteristics of the evidence.

The review will distinguish between characteristics of the evidence base and findings reported by individual studies. Areas of under-researched populations, dimensions of religiosity, family planning outcomes, geographical settings and methodological approaches will be highlighted to identify priorities for future research.

Language restriction Only studies published in English will be included.

Country(ies) involved Uganda.

Other relevant information The review will follow the Arksey and O'Malley scoping review framework, with methodological refinements informed by Joanna Briggs Institute guidance for scoping reviews. Eligibility criteria will be structured using the Population–Concept–Context (PCC) framework, and the completed review will be reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR).

Formal methodological quality appraisal will not be used as a criterion for inclusion or exclusion because the primary purpose of the review is to map the breadth, nature and characteristics of the available evidence rather than estimate pooled effects. Methodological characteristics and limitations will nevertheless be systematically charted.

Formal ethical approval will not be required because the review will involve analysis of published or publicly accessible evidence and will not involve recruitment of human participants, collection of primary data or access to identifiable personal information.

The review will maintain a neutral and context-sensitive approach to evidence concerning religion, sexuality and family planning and will avoid stereotyping, stigmatizing or generalizing about particular religious groups or communities.

Keywords Religiosity; religion; family planning; contraception; family planning knowledge; family planning attitudes; contraceptive practices; university students; higher education; sexual and reproductive.

Dissemination plans The findings will be disseminated through publication in a peer-reviewed scientific journal and presentation to relevant academic, public health, sexual and reproductive health, higher-education and faith-sector stakeholders. Findings may also inform future research, family planning information and counselling approaches, service delivery and engagement strategies responsive to the social and religious contexts of university students in Uganda.

Contributions of each author

Author 1 - Boniface Mutatina - Conceptualized the scoping review; contributed to development of the research questions, eligibility criteria and methodology; contributed to development of the search and data-charting strategy; and drafted the protocol manuscript.
Email: bonifacemutatina@yahoo.com
Author 2 - Emmanuel Otieno - Contributed to development of the review methodology, eligibility criteria and screening strategy; will independently screen studies and contribute to data charting and interpretation of findings.
Author 3 - Elizabeth Ekong - Contributed to the development and review of the protocol methodology, interpretation of the review scope and critical revision of the manuscript.

Author 4 - Emmanuel Mukeshimana - Contributed to the conceptual and methodological development of the review and critically reviewed the protocol manuscript.
Author 5 - Robert Basaza - Contributed to methodological oversight, interpretation of the review approach and critical review of the protocol manuscript.