

**Improving the Quality of Sexual and Reproductive Health
and Rights (SRHR) Through Pre-Service Training,
Research, and Evidence-Based Clinical Care Delivery in
Sub-Saharan Africa**

CIRHT-GULU 2025

3rd International SRHR Conference

CONFERENCE AGENDA



SEPTEMBER 17-19, 2025
Acholi Inn Hotel
Gulu City, Uganda



SCAN for Wi-Fi



SSID: cirhtgulu2025
Password: cirhtgulu2025

Conference Overview

The CIRHT-GULU 2025 conference is organized by the Center for International Reproductive Health Training at the University of Michigan (CIRHT-UM). CIRHT partners with academic institutions in low-resource settings to support and strengthen their capacity to provide competency-based preservice training in contraceptive care (CC), comprehensive abortion care (CAC), and sexual and reproductive health and rights (SRHR). CIRHT's third scientific conference is being held in Gulu, Uganda from 17-19 September 2025. The three-day conference will serve as a platform for education and research in CC/CAC/SRHR and will showcase research and evidence in the form of original oral and e-poster presentations, plenary lectures by international leaders, and expert panels. The conference will draw participants from a diverse group of professionals including nurse/midwives, OB-GYNs, faculty and trainees, and policy makers.

What We Do	The Conference	CIRHT Strategy
<p>CIRHT is founded with a mission of partnering with academic institutions in developing countries to strengthen capacity through the integration of competency based pre-service training in comprehensive contraception and comprehensive abortion care.</p> <p>The goal is to enable those institutions to graduate competent health professionals to ultimately improve access and reduce morbidity and mortality from unintended pregnancies.</p>	<p>The Conference will deliberate on CIRHT's three pillars, education, service, and research, in improving access to sexual and reproductive healthcare.</p> <p>The conference will provide a platform to share experiences from local experts as well as experts from the global south and north.</p>	<p>Education that includes curriculum and assessment training, set up of simulation labs and improving educational resources.</p> <p>Clinical competency of faculty, support QI projects, and set clinical service standards.</p> <p>Research training includes workshops, webinars and seed grants.</p>



WELCOME!



On behalf of the Center for International Reproductive Health Training (CIRHT) and all colleagues who participated in organizing this international conference, we warmly welcome you to “Improving the quality of sexual and reproductive health and rights (SRHR) through pre-service training, research, and evidence-based clinical care delivery in Sub-Saharan Africa”.

Starting in 2014, CIRHT worked in strong partnership with the Ministry of Health in Ethiopia and 12 schools of medicine, nursing, and midwifery to address capacity building and the expansion of life-saving reproductive health services. That partnership resulted in facilitating the integration of competency-based preservice training in family planning and comprehensive abortion care, revamping the research culture, and improving the quality of care.

Since 2018, CIRHT has expanded its partnerships with ministries of health and education, higher education institutions, and teaching hospitals in Benin, Burundi, Cameroon, Kenya, Rwanda, South Africa, South Sudan, Tanzania, Uganda, and Zambia. Given our long involvement with partners here in Uganda, we are delighted to host this third international conference in this beautiful country.

The distinguished speakers and research presentations will address a wide range of topics concerning Comprehensive Abortion Care, Family Planning, and Sexual and Reproductive Health and Rights. We hope that you will walk away informed and inspired to utilize the preservice education model to make quality, voluntary family planning and safe abortion services accessible, affordable and attainable for the women and girls in your community. We encourage you to network with conference participants from around the world and share best practices in education, clinical care, research, and advocacy.

It is more important than ever that we work together, and the wide geographic representation here will help all of us to ensure that access to family planning and comprehensive abortion care becomes a reality for every woman and girl in the world.

Tamrat Endale PhD
Managing Director, CIRHT

WELCOME!



This conference brings together global leaders who will update us on the latest advances and current issues affecting Sexual and Reproductive Health. The oral and e-poster abstract presentations and expert panels will showcase innovative research and allow for deeper conversations around issues affecting researchers and practitioners.

CIRHT is dedicated to preservice training. We hope this conference will contribute to the advancement of knowledge and practice of our colleagues around the world.

We are grateful for the generous contributions of volunteer reviewers, moderators and judges, and for the hard work of our local partners and the CIRHT staff in Michigan, Ethiopia, and Rwanda.

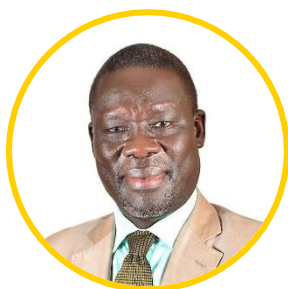
Thank you for attending this conference!

We look forward to your active participation.

Yolanda R. Smith MD, MSc
Director of Research, CIRHT-UM

Thank you to the members of the
Program Committee who have
contributed to many aspects of the
conference!

Guest of Honor



**Prof George Ladaah
Openjuru**

VC, Gulu University

Prof. George L Openjuru is currently Vice Chancellor and Professor of Education at Gulu University. He was formerly Deputy Vice Chancellor Academic Affairs at Gulu University and Dean School of Distance and Lifelong Learning, College of Education and External Studies, Makerere University. He was an Associate Professor of Adult and Community Education. His area of specialization and research is adult literacy education, and Lifelong Learning. He holds a PhD in Education with specific focus on adult literacy education. He has published articles in adult literacy education, lifelong learning, Higher Education, Community Based Participatory Action Research. He taught the following courses at postgraduate level. Theories and philosophy in adult and community education; policy studies in adult and community education, adult literacy studies, Adult Education and Community Development all at Postgraduate level while still at Makerere University. As part of his university community engagement, George is active in supporting civil society organizations that are engaged in the promotion of adult education in Uganda and Chairperson of Uganda Adult Education Network (UgaAdEN). Partner in the UNESCO Chair on Social Responsibility in Higher Education and Community University Engagement. Coordinator UNESCO Chair of Lifelong Learning Youth and Work Gulu University

He is presently part of an East African Team working on the TESCEA/SPHEIR Project focusing on enhancing graduate employability for social change in East Africa. He has coordinated a number of projects in the area of adult literacy education, Entrepreneurship Literacies for non-literate out of school youths in Uganda, He was involved with youth entrepreneurship and employability training with many universities in Uganda and UK.

Specialties: Project Management, Adult and Community Education, and Higher Education focusing on social responsibility through community university engagement and social inclusion.

Guest of Honor



Prof. Senait Fisseha, MD, JD

Vice President of STBF

Professor Senait Fisseha is an internationally renowned leader in global public health, health equity, maternal and reproductive health, and gender equality. Currently serving as the Vice President of Global Programs at the Susan Thompson Buffett Foundation, she leads global grantmaking efforts in reproductive health, with a primary focus on strengthening health systems and primary care to meet the needs of women and girls. Since 2017, Professor Fisseha has also served as Chief Advisor to the Director-General of the World Health Organization (WHO).

An accomplished Obstetrician and Gynecologist, Professor Fisseha previously served as Chief of the Division of Reproductive Endocrinology & Infertility at the University of Michigan, where she was also the Medical Director of the Center for Reproductive Medicine. As the founding Executive Director of the Center for International Reproductive Health Training (CIRHT), she championed efforts to enhance reproductive health training in Ethiopia, work she has gone on to support throughout the continent. She is a member of numerous global and regional advisory boards and committees and also garnered widespread recognition and awards for her work fostering key partnerships with African governments, scaling up health services and improving access to quality care for millions of women and girls across the continent.

Born in Ethiopia, Professor Fisseha pursued her education in the United States, earning both medical and law degrees. After living in the U.S. for over three decades, she returned to Africa in 2020. Professor Fisseha holds dual citizenship of the United States and Rwanda.

Conference Agenda

WEDNESDAY SEPTEMBER 17

- 08:00 AM – 5:00 PM ● **Registration (sign-in)**
 - Sign in desk open for preconference training
- 08:30 AM – 5:00 PM ● **Preconference activities (by confirmed registration only):**
 - Competency Enhancement in Family Planning and Comprehensive Abortion Care
 - Patient-Centered Excellence: Driving Quality Improvement in Healthcare Settings
 - Values Clarification and Attitude Transformation (VCAT) for Strengthening SRHR in Pre-Service Training and Clinical Care
- 05:00 PM – 07:00 PM ● **Reception/Ice Breaking**

THURSDAY SEPTEMBER 18

- 07:00 AM – 5:00 PM ● **Registration (sign-in)**
 - Sign in desk open for conference participants
- 8:00 AM - 10:00 AM ● **Opening: Opening Events**
 - Opening Invitation - Dr Tamrat Endale (CIRHT Managing Director)
 - Opening Remarks: Plenary - Prof George Ladaah Openjuru, Vice Chancellor Gulu university
 - Keynote Address - Prof. Senait Fisseha (Vice President, STBF)
 - Keynote Address - Dr. Mekdes Daba (Minster, MoH Ethiopia)
 - Keynote Address - Dr Mugahi Richard (Commissioner Reproductive, Ministry of Health Uganda)
 - Cultural Show
- 10:00 AM - 10:45 AM ● **Tea break & Poster session #1**
- 10:45 AM – 12:15PM ● **Panel 1 - The Role of Research in Enhancing Quality Sexual and Reproductive Health Services**
Moderator: Alice Ngoma Hazemba (Univ. of Zambia)
Speakers:
 - Chandia Agness: Commissioner Nursing Division, Ministry of Health Uganda
 - Celestino Obua: Chairperson Uganda National Examinations Board
 - Annetee Nakimuli: Dean School of Medicine Makerere University, President ECSACOG
 - Madeleine Mukeshimana: University of Rwanda

Conference Agenda

THURSDAY SEPTEMBER 18

12:15 PM - 1:45 PM



Lunch Break

1:45 AM – 3:15 PM



Scientific Session on Comprehensive Abortion Care - Oral Abstracts

Moderators: Pebalo Francis Pebolo & Aciro Harriet

- Navigating Ethical Dilemmas in Teaching Comprehensive Abortion Care among Midwifery Educators in Zambia: A Critical Perspective - **Maureen Masumo**
- Health System Barriers Affecting Provision of Comprehensive Abortion Care in Pastoralist Communities of Oromia Regional State, Ethiopia - **Tolasa Yadate**
- Magnitude and determinants of women's satisfaction with induced abortion care services in selected public hospitals in Lusaka, Zambia: Implications for better maternal outcomes - **Patrick Kaonga**
- Effectiveness of self-administered Versus provider-supported medical abortion in the early and late first trimester: A prospective cohort study in southern Ethiopia - **Abel Gedefaw Ali**
- Systematic review and meta-analysis on mortality and morbidity linked to unsafe abortions in Cameroon - **Florent Fouelifack**
- Prevalence and factors associated with unsafe abortion among married women admitted on Gynaecology ward at lira regional referral hospital, lira city northern Uganda. - **Betty Apio**

3:15 PM - 4:00 PM



Tea break & Poster session #2

4:00 PM - 5:30 PM



Scientific Session on Contraceptive Care - Oral Abstracts

Moderators: Mekitie Wondafrash & Namutebi Deborah

- Prevalence, Predictors and Barriers of Modern Contraceptive Methods Uptake among Out-of-School Adolescents in Rural Gulu District, Uganda: A Quantitative Survey - **Otika Donald**
- Acceptability of Vasectomy in Eseka health district, Cameroon: A Mixed-Methods Study on Perceptions and Determinants - **Jacques Nguend Mbock**
- Profiling adolescent girls using modern contraceptives in Yaounde, Cameroon: trends and choices - **Dongmo Tiodjou Roosevelt**
- Barriers and facilitators to uptake of contraceptives among women with disabilities in Lusaka Zambia: A mixed methods study - **Jane Nkatya**
- Unmet need for contraception among Chronic Kidney Disease patients on follows up at St. Paul's Hospital Millennium Medical College, Addis Ababa, Ethiopia - **Rafiq Ramadan Ali**
- Family planning knowledge, use, and associated factors among women with mental illness and epilepsy in Rwanda: a cross-sectional study - **M. Providence Umuziga**

5:30 PM - 6:00 PM



Cultural show

6:00 PM - 8:00 PM



Dinner

Conference Agenda

FRIDAY SEPTEMBER 19

8:00 AM - 8:15 AM

● **Remarks - CIRHT**

8:15 AM - 9:45 AM

● **Panel 2: Quality Improvement in SRHR Services in Sub-Saharan Africa**

Moderator: Munir Kassa, CIRHT QI Specialist

Speakers:

- Okello Moses: Program manager DKT International, Uganda;
- Nadia Piedrahita, VCAT Trainer
- Willie Parker: CIRHT Clinical Training Specialist

9:45 AM - 10:30 AM

● **Tea break & Poster session #3**

10:30 AM - 12:00 PM

● **Scientific Session on Sexual and Reproductive Health and Rights - Oral Abstracts**

Moderators: Mary Ejang & Ocaya Oscar

- Enhancing Sexual and Reproductive Health Rights in Sub-Saharan Africa: A Case Study of Gulu University's Evidence-Based Clinical Care and Training - **Lamwaka Alice Veronica**
- Youth sexual reproductive health and rights services during public health emergencies - **Robert Tanti Ali**
- Inclusive sexual and reproductive health services for teenage mothers: a qualitative study in a Rwandan district. - **Vedaste Bagweneza**
- Knowledge and Perceptions of the Legality and Morality of Abortion Among Students in Two Institutions of Higher Learning in South Africa - **Mabina Mogale**
- Exploring the State of Sexual Reproductive Health & Rights for Female Inmates: A Case of Lusaka Central Prison, Zambia. - **Lukonde Zimba**
- Intimate Partner Violence and utilisation of Antenatal Care services in the suburbs of Kampala, Uganda. - **Aisha Nalubuuka**

12:10 PM - 1:30 PM

● **Lunch Break**

1:30 PM - 3:00 PM

● **Panel 3: The Role of Training Institutions in Shaping Sexual and Reproductive Health Education and Service Delivery**

Moderator: Solomon Worku, Curriculum Specialist, CIRHT-Africa

Speakers:

- Okaka Opio Dokotum, DVC Academic Affairs, Lira University
- Betty Justine Anyiri, Principal Lacor Nurse Training Schools
- Omech Benard, Director Graduate Program
- Diomed NTASUMBUMUYANGE, University of Rwanda
- Jeanne Fouedjio, University of Yaoundé

3:00 PM - 3:45 PM

● **Tea break & Poster session #4**

Conference Agenda

FRIDAY SEPTEMBER 19

3:45 PM - 5:15 PM



Panel 4: The Role of Local Leaders and Stakeholders in Improving Maternal and Child Health Indicators in Uganda

Moderator: Baifa Arwinyo, Head of OBGYN at Gulu Regional Referral Hospital

Speakers:

- Odong Ermington, Managing Director Lacor Hospital
- Okello James, Coordinator Local Maternity and Neonatal Systems, Lango Subregion
- Ochula Denis, Head of DHOs Acholi Sub-region
- Olaa Ambrose, Acholi Heritage Foundation
- Willie Parker, CIRHT Clinical Training Specialist

5:15 PM - 5:30 PM



Awards for best oral and e-poster presentations

5:30 PM - 5:45 PM



Recognition organizations/individuals

5:45 PM - 6:00 PM



Closing Remarks

6:00 PM - 7:30 PM



Closing Reception



Our Panelists, Speakers, and Moderators



Aciro Harriet



Dr. Alice Ngoma Hazemba
University of Zambia



Prof. Annettee Nakimuli
Makerere University



Dr. Baifa Arwinyo
Gulu Regional Referral Hospital



Dr. Bernard Omech
Lira University



Sr. Betty Justine Anyiri
Lacor Nurse Training Schools



Prof. Celestino Obua
Uganda National Examinations Board



Sr. Chandia Agness



Dr. James Okello

Our Panelists, Speakers, and Moderators



Prof. Jeanne Hortence Fouedjio
Fouelifack

University of Yaoundé I



Prof. Madeleine
MUKESHIMANA

University of Rwanda



Dr Mary Ejang



Dr Mekitie Wondafrash

St. Paul's Institute for Reproductive
Health & Rights (SPIRHR)



Dr. Munir Kassa

CIRHT



Dr. Nadia Piedrahita



Namutebi Deborah



Dr. Ntsumbumuyange Diomede

University of Rwanda



Ocaya Oscar

Our Panelists, Speakers, and Moderators



Dr. Ochula Denis
DHOs Acholi Sub-region



Dr. Odong Emintone
Lacor Hospital



Prof. Okaka Opio Dokotum
Lira University



Dr. Okello Moses
DKT International



Olaa Ambrose
Acholi Heritage Foundation



Dr. Pebalo Francis Pebolo
Gulu University



Dr. Solomon Worku
CIRHT-Africa



Dr. Willie Parker
CIRHT

ORAL ABSTRACTS

ID	Abstract Title	Presenter
OA6	Enhancing Sexual and Reproductive Health Rights in Sub-Saharan Africa: A Case Study of Gulu University's Evidence-Based Clinical Care and Training	Lamwaka Alice Veronica
OA7	Youth sexual reproductive health and rights services during public health emergencies	Robert Tanti Ali
OA22	Inclusive sexual and reproductive health services for teenage mothers: a qualitative study in a Rwandan district.	Vedaste Bagweneza
OA23	Prevalence, Predictors and Barriers of Modern Contraceptive Methods Uptake among Out-of-School Adolescents in Rural Gulu District, Uganda: A Quantitative Survey	Otika Donald
OA48	Navigating Ethical Dilemmas in Teaching Comprehensive Abortion Care among Midwifery Educators in Zambia: A Critical Perspective	Maureen Masumo
OA54	Health System Barriers Affecting Provision of Comprehensive Abortion Care in Pastoralist Communities of Oromia Regional State, Ethiopia	Tolasa Yadate
OA55	Magnitude and determinants of women's satisfaction with induced abortion care services in selected public hospitals in Lusaka, Zambia: Implications for better maternal outcomes	Patrick Kaonga
OA62	Acceptability of Vasectomy in Eseka health district, Cameroon: A Mixed-Methods Study on Perceptions and Determinants	Jacques Nguend Mbock
OA73	Profiling adolescent girls using modern contraceptives in Yaounde, Cameroon: trends and choices	Dongmo Tiodjou
OA78	Barriers and facilitators to uptake of contraceptives among women with disabilities in Lusaka Zambia: A mixed methods study	Jane Nkatya
OA101	Effectiveness of self-administered Versus provider-supported medical abortion in the early and late first trimester: A prospective cohort study in southern Ethiopia	Abel Gedefaw Ali
OA103	Knowledge and Perceptions of the Legality and Morality of Abortion Among Students in Two Institutions of Higher Learning in South Africa	Mabina Mogale
OA107	Systematic review and meta-analysis on mortality and morbidity linked to unsafe abortions in Cameroon	Florent Fouelifack
OA112	Prevalence and factors associated with unsafe abortion among married women admitted on Gynecology ward at lira regional referral hospital, lira city northern Uganda.	Betty Apio
OA115	Unmet need for contraception among Chronic Kidney Disease patients on follows up at St. Paul's Hospital Millennium Medical College, Addis Ababa, Ethiopia	Rafiq Ramadan Ali
OA116	Family planning knowledge, use, and associated factors among women with mental illness and epilepsy in Rwanda: a cross-sectional study	M. Providence Umuziga
OA118	Exploring the State of Sexual Reproductive Health & Rights for Female Inmates: A Case of Lusaka Central Prison, Zambia.	Lukonde Zimba
OA138	Intimate Partner Violence and utilisation of Antenatal Care services in the suburbs of Kampala, Uganda.	Aisha Nalubuuka

ORAL ABSTRACTS SCHEDULE

SESSION 1 / Comprehensive Abortion Care Day 1 – Thursday, SEP 18, 2025

Time	Abstract Title	Presenter
Afternoon		
01:45 PM – 03:15 PM		
01:45 – 01:55	OA48 - Navigating Ethical Dilemmas in Teaching Comprehensive Abortion Care among Midwifery Educators in Zambia: A Critical Perspective	Maureen Masumo
01:55 – 02:05	OA54 - Health System Barriers Affecting Provision of Comprehensive Abortion Care in Pastoralist Communities of Oromia Regional State, Ethiopia	Tolasa Yadate
02:05 – 02:15	OA55 - Magnitude and determinants of women's satisfaction with induced abortion care services in selected public hospitals in Lusaka, Zambia: Implications for better maternal outcomes	Patrick Kaonga
02:15 – 02:25	OA101 - Effectiveness of self-administered Versus provider-supported medical abortion in the early and late first trimester: A prospective cohort study in southern Ethiopia	Abel Gedefaw Ali
02:25 – 02:35	OA107 - Systematic review and meta-analysis on mortality and morbidity linked to unsafe abortions in Cameroon	Florent Fouelifack
02:35 – 02:45	OA112 - Prevalence and factors associated with unsafe abortion among married women admitted on Gynaecology ward at lira regional referral hospital, lira city northern Uganda.	Betty Apio
02:45 – 03:15	Q&A and Discussion	

ORAL ABSTRACTS SCHEDULE

SESSION 2 / Contraceptive Care Day 1 – Thursday, SEP 18, 2025

Time	Abstract Title	Presenter
Afternoon	04:00 PM – 05:30 PM	
04:00 – 04:10	OA23 - Prevalence, Predictors and Barriers of Modern Contraceptive Methods Uptake among Out-of-School Adolescents in Rural Gulu District, Uganda: A Quantitative Survey	Otika Donald
04:10 – 04:20	OA62 - Acceptability of Vasectomy in Eseka health district, Cameroon: A Mixed-Methods Study on Perceptions and Determinants	Jacques Nguend Mbock
04:20 – 04:30	OA73 - Profiling adolescent girls using modern contraceptives in Yaounde, Cameroon: trends and choices	Dongmo Tiodjou Roosevelt
04:30 – 04:40	OA78 - Barriers and facilitators to uptake of contraceptives among women with disabilities in Lusaka Zambia: A mixed methods study	Jane Nkatya
04:40 – 04:50	OA115 - Unmet need for contraception among Chronic Kidney Disease patients on follows up at St. Paul's Hospital Millennium Medical College, Addis Ababa, Ethiopia	Rafiq Ramadan Ali
04:50 – 05:00	OA116 - Family planning knowledge, use, and associated factors among women with mental illness and epilepsy in Rwanda: a cross-sectional study	M. Providence Umuziga
05:00 – 05:30	Q&A and Discussion	

ORAL ABSTRACTS SCHEDULE

SESSION 3 / SRHR Day 2 – Friday, SEP 19, 2025

Time	Abstract Title	Presenter
Morning	10:30 AM – 12:00 PM	
10:30 – 10:40	OA6 - Enhancing Sexual and Reproductive Health Rights in Sub-Saharan Africa: A Case Study of Gulu University's Evidence-Based Clinical Care and Training	Lamwaka Alice Veronica
10:40 – 10:50	OA7 - Youth sexual reproductive health and rights services during public health emergencies	Robert Tanti Ali
10:50 – 11:00	OA22 - Inclusive sexual and reproductive health services for teenage mothers: a qualitative study in a Rwandan district.	Vedaste Bagweneza
11:00 – 11:10	OA103 - Knowledge and Perceptions of the Legality and Morality of Abortion Among Students in Two Institutions of Higher Learning in South Africa	Mabina Mogale
11:10 – 11:20	OA118 - Exploring the State of Sexual Reproductive Health & Rights for Female Inmates: A Case of Lusaka Central Prison, Zambia.	Lukonde Zimba
11:20 – 11:30	OA138 - Intimate Partner Violence and utilisation of Antenatal Care services in the suburbs of Kampala, Uganda.	Aisha Nalubuuka
11:30 – 12:00	Q&A and Discussion	

e-POSTER ABSTRACTS SCHEDULE

STATION 1		
Day 1 – Thursday, SEP 18, 2025		
Time	Abstract Title	Presenter
Morning/Contraceptive Care (CC) 10:21 AM – 10:45 AM		
10:21 – 10:24	EP42 - Facilitators and Barriers of Female Condom Utilization among Female Adolescents in Namwala District of Southern Province, Zambia (qualitative Study)	Ms Natalia Mbewe
10:24 – 10:27	EP29 - Dual contraceptive use and associated factors among female sex workers in busia municipality, busia district, uganda in 2024	Macho Emma Lando
10:27 – 10:30	EP14 - Patterns And Factors Associated With Emergency Oral Contraceptive Use Amongst Undergraduate Students Of Mbarara University Of Science And Technology	Dr Hellena Angella Nagawa
10:30 – 10:33	EP36 - Drivers of Uptake of Immediate Postpartum Modern Contraceptives among Postpartum Women in Lira City, Northern Uganda: A mixed method study	Mr Emmanuel Ekung
10:33 – 10:36	EP15 - What are the barriers to contraceptive use among women of child bearing age in Zombo district?	Ayoo Kevin Sunday
10:36 – 10:39	EP30 - Intention to use lactational amenorrhea method as a family planning by postpartum women in Ethiopia: A multicenter study	Tadesse Gure Eticha
10:39 – 10:42	EP32 - Men's Influence on Women's Utilization of Long Acting Reversible Care (LARC) in Mazabuka District, Southern Province, Zambia.	Mwitwa Mugode
10:42 – 10:45	EP13 - Knowledge and practices of emergency contraception use and associated factors among female undergraduate students in Northern Uganda: A cross-sectional study	Humphrey Beja
Afternoon/Comprehensive Abortion Care (CAC) 03:36 PM – 4:00 PM		
03:36 – 03:39	EP9 - Factors influencing referral among women attending post abortion care: An embedded mixed-methods study at tertiary hospitals in Northern Uganda	Dr Jimmy Opee
03:39 – 03:42	EP49 - Understanding the Ethiopian Policy Landscape on Abortion Services Using a Health Policy triangle framework	Negash Wakgari Amanta
03:42 – 03:45	EP46 - Common mental disorders following abortion among women of reproductive age in Addis Ababa health institutions, Addis Ababa, Ethiopia: A Cross-sectional study	Berhanu Wordofa Giru
03:45 – 03:48	EP45 - Comprehensive abortion care: Facility readiness, Service availability and barriers in eastern Ethiopia: a mixed method study.	Mr Tegenu Balcha
03:48 – 03:51	EP12 - Modern contraceptive uptake among adolescent girls and young women receiving post-abortion care in Northern Uganda: a cross-sectional study using the Socio-ecological Model.	Morrish Obol Okello
03:51 – 03:54	EP39 - Barriers to Safe Abortion Care in IDP Camps in Ethiopia: A Qualitative Study Using the Social Ecological Model	Dr Samrawit Solomon Ethiopia
03:54 – 03:57	EP38 - Barriers to Safe Abortion Care Among Internally Displaced Persons in Ethiopia using a social Ecological Mode	Dr Samrawit Solomon

STATION 2
Day 1 – Thursday, SEP 18, 2025

Time	Abstract Title	Presenter
Morning/Contraceptive Care (CC)		10:21 AM – 10:45 AM
10:21 – 10:24	EP60 - The Influence of Social Networks on Contraceptive Use Among Adolescent Girls and Young Women in Chawama Township in Zambia	Mr Tulani Francis L. Matenga
10:24 – 10:27	EP65 - Immediate postpartum intrauterine contraceptive device acceptance, use and associated factors among mothers delivered in two district hospitals in Yaounde, Cameroon	Dr Dongmo Tiodjou Roosvelt
10:27 – 10:30	EP61 - Contraceptive use among female survivors of Intimate Partner Violence presenting for abortion care in Lusaka District: A mixed methods study	Dr Patrick Kaonga
10:30 – 10:33	EP47 - Acceptability of Intrauterine Contraceptive Devices (IUCDs) Use Immediately Post-abortion among Young Women aged 15-24 at a Referral Hospital in a Rural Province in Zambia	Mukumbuta Nawa
10:33 – 10:36	EP51 - Perception of Muslim women of childbearing age from 15 to 49 years on the use of contraceptive methods in the Briqueterie District in Cameroon	Nathalie Kemmogne Kankeu
10:36 – 10:39	EP66 - Fertility Return after long acting reversible contraceptives discontinuation and associated factors amongst women attending the obstetric units of 2 hospitals in subsaharan Africa ; Cameroon	Tenonfo Tesse Franky Maxwell
10:39 – 10:42	EP53 - Perceptions and Acceptability of Self-Injection Contraceptive (Sayana Press) among Women in Peri Urban Communities of Lusaka Zambia: A Qualitative Study	Choolwe Jacobs
10:42 – 10:45	EP59 - Family planning experiences and needs among women attending psychiatric outpatient care at a national referral hospital in Lusaka, Zambia	Kestone Lyambai
Afternoon/Comprehensive Abortion Care (CAC)		03:36 PM – 4:00 PM
03:36 – 03:39	EP68 - Clinical, therapeutic and prognostic aspects of clandestine abortion in women of childbearing age in sub-Saharan Africa: a case study of two hospitals in the West region of Cameroon	Nadia Azankia Djaka
03:39 – 03:42	EP58 - Interface of perceived self-efficacy on safe abortion and lived experiences among women of reproductive age in Wolaita zone, Ethiopia, 2024: a community based cross-sectional study	Wakgari Binu Daga
03:42 – 03:45	EP50 - Abortion Care Pathways in Addis Ababa Healthcare Facilities: A Qualitative Descriptive Study	Negash Wakgari
03:45 – 03:48	EP69 - Experiences of women seeking Client Initiated Abortion Services at Women's and Newborn Hospital (WNBH), University Teaching Hospital (UTH)	Ms Namayipo Nankamba
03:48 – 03:51	EP67 - Willingness to provide safe abortion care services and associated factors among graduating midwifery, nursing and medical students from selected universities in Zambia	Ms Samantha Munang'andu
03:51 – 03:54	EP79 - The Determinants of Abortion Outcomes and the Utilization of Post-Abortion Care Services at Lira Regional Referral Hospital, Northern Uganda	Ogwal Lamex
03:54 – 03:57	EP82 - Experiences of adolescents with health care providers following abortion at first level hospitals in Lusaka, Zambia	Mr Tulani Matenga
03:57 – 04:00	EP85 - Increasing the uptake of family planning methods in post abortum care in the Dschang semi-urban zone (Cameroon)	Prof. Jeanne Hortence

STATION 3
Day 1 – Thursday, SEP 18, 2025

Time	Abstract Title	Presenter
Morning/Contraceptive Care (CC)		10:21 AM – 10:45 AM
10:21 – 10:24	EP76 - Safer Conception Knowledge, Predictors and Perceptions Among Young Women Living with HIV in Semi-Rural Northern Uganda: A Mixed-Method Study.	Edward Kumakech
10:24 – 10:27	EP81 - Determinants of Access to Family Planning Services by Men and Women of Childbearing Age in the Touessong Health Area	Marie Berthine
10:27 – 10:30	EP92 - Long-Acting Reversible Contraceptives' Awareness and Acceptability among University Female Students	Mutinke Zulu
10:30 – 10:33	EP94 - Perception and prototype of a mobile application aimed at strengthening the practice of contraception at the Yaounde central hospital, Cameroon	Dr Ulrich Black Sah Kano
10:33 – 10:36	EP90 - Utilization of modern contraceptives among commercial female sex workers. A case of Lira City	Ms ALUM Sarah
10:36 – 10:39	EP89 - Multiparous women's experiences of contraception in a context of insecurity in the communities of Kolofata, Mora and Maroua 1– Cameroon	Pascale MPONO EMENGUELE
10:39 – 10:42	EP80 - Exploring adolescent girls' and young women's perceptions of long-acting reversible contraception in Zambia: A qualitative study using the health belief mode	Mwansa Ketty Lubeya
10:42 – 10:45	EP88 - Immediate Postpartum Modern Contraception Utilization and Associated Factors in Yekatit 12 Hospital Medical College (Y12HMC), Abebech Gobena Maternal and Children Hospital (AG-MCH), Addis Ababa, Ethiopia, 2024	Birhanu Dina
Afternoon/Comprehensive Abortion Care (CAC)		03:36 PM – 4:00 PM
03:36 – 03:39	EP120 - Induced abortion among internally displaced women in Ethiopia: prevalence, annual incidence, and access to care during an extended crisis	Prof. Kindie Mitiku
03:39 – 03:42	EP123 - Prevalence and factors associated with repeat safe abortions among adolescents receiving abortion services at the 1st level hospitals in Lusaka, Zambia	Masanje Silungwe
03:42 – 03:45	EP132 - The burden of unsafe abortions in a context of restrictive abortion laws: An estimate from a retrospective and prospective study at the Central and the Gynecology-obstetric and Pediatric Hospitals of Yaoundé, Cameroon, in 2023	EBONG Clifford EBONTANE
03:45 – 03:48	EP114 - Perspectives of adolescents and key stakeholders on safe abortion practices among adolescent girls in Rwanda	Simonie NISENGWE
03:48 – 03:51	EP93 - Psychosocial factors and accessibility of care related to post safe abortion care in Obala Health District	VIRGILE ONANA
03:51 – 03:54	EP133 - A multicenter qualitative analysis of determinants in unsafe abortion care-seeking among Cameroonian women, with emphasis on restrictive laws and unmet contraceptive needs	Dr Christiane Jivir Fomu Nsahlai
03:54 – 03:57	EP124 - Routes traversed in accessing abortion care in selected hospitals in Lusaka city in Zambia: A qualitative study	David Lubansa
03:57 – 04:00	EP91 - Knowledge, Attitude and Practice of Manual Vacuum Aspiration in Managing Incomplete Abortion at Lower-level Health Facilities of Northern Uganda	Mr Donald Otika

STATION 4
Day 1 – Thursday, SEP 18, 2025

Time	Abstract Title	Presenter
Morning/Contraceptive Care (CC)		10:21 AM – 10:45 AM
10:21 – 10:24	EP102 - Awareness of and access to community-based family planning resources and modern contraceptive use: A mixed-method study of young women living with HIV in semi-rural northern Uganda.	Edward Kumakech
10:24 – 10:27	EP105 - Determinants of low female condom use among female sex workers in the Kabalaye district (N'djamena-Chad)	Florent Fouelifack Ymele
10:27 – 10:30	EP100 - Point of view of Cameroonian men living in urban and rural areas on modern contraception: a mixed methods study in the cities of Douala and Dschang	Dr diane estelle
10:30 – 10:33	EP96 - Factors influencing the use of Long-Acting Reversible Contraceptives among adolescents at first level hospitals in Lusaka, Zambia	Dr Imanga Ikabongo
10:33 – 10:36	EP108 - Experiences of Community-based family planning (CBFP) distributors in Kitwe, Zambia	Caroline Zulu
10:36 – 10:39	EP104 - Determinants of unmet contraceptive needs among female commercial sex workers in Yaoundé, Cameroon	Florent Fouelifack Ymele
10:39 – 10:42	EP111 - Women's Satisfaction Towards Contraceptive Counselling by Midwives offering Family Planning Counselling in Urban Clinics in Lusaka, District, in Lusaka, Zambia	Mrs MERCY MUYEMBA
10:42 – 10:45	EP109 - Knowledge, Attitudes, and Practices of Pregnant Women Attending Antenatal Care Clinic Regarding the Use of Lactation Amenorrhea Method at a tertiary teaching hospital in Uganda	Dr Yakobo Nsubuga
Afternoon/CAC-CC		03:36 PM – 3:48 PM
03:36 – 03:39	EP134 - Advancing Safe Abortion rights in Uganda through Strategic Litigation	Amon Aruho
03:39 – 03:42	EP117 - Knowledge and attitudes of multiparous women on contraceptive methods in the communities of Kolofata, Mora and Maroua 1 in Septentrion - Cameroon	Pascale MPONO EMENGUELE
03:42 – 03:45	EP121 - Contraceptive use among women with severe mental illness at Gulu Regional Referral Hospital in northern Uganda	luwedde betijuma
03:45 – 03:48	EP139 - Advancing equitable family planning access through Integrated community and facility-based SRHR strategies: Implementation evidence from the ANSWER Programme in Uganda's West Nile and Acholi Sub-Regions	Cinderella Anena

STATION 1
Day 2 – Friday, SEP 19, 2025

Time	Abstract Title	Presenter
Morning/SRHR		10:06 AM – 10:27 AM
10:06 – 10:09	EP2 - A qualitative approach to understand knowledge about teenage pregnancy and attitude towards adolescents sexual reproductive health services utilization by teen mothers in Eastern Province of Rwanda	Claudine Nshutiyukuri
10:09 – 10:12	EP3 - Access and utilization of youth friendly sexual and reproductive health services among illiterate adolescents in Rwanda: A mixed-method participatory study	Prof. Madeleine Mukeshimana
10:12 – 10:15	EP10 - Prevalence and predictors of teenage pregnancy among women attending antenatal care at Gulu Regional Referral Hospital: a facility-based cross-sectional study	Morrish Obol Okello
10:15 – 10:18	EP4 - The impact of education on knowledge and attitudes regarding abortion among Ugandan adolescents	Bukenya Jonathan
10:18 – 10:21	EP11 - Repeat teenage pregnancies and associated factors among teenage mothers in refugee settlements in Uganda	Mr Otika Donald
10:21 – 10:24	EP8 - Knowledge, Attitude and Uptake of Cervical Cancer Screening Among the Female Population at Gulu University	Mr Milton Anguyo
10:24 – 10:27	EP5 - Digital Health Education Needs for Women with Urinary Incontinence in Kigali, Rwanda	Mr Jimmy Opiyo
Afternoon/SRHR		03:21 PM – 03:42 PM
03:21 – 03:24	EP74 - HIV status disclosure to male sexual partners and predictors among young women living with HIV in semi-rural Uganda: a cross-sectional study	Mr Deo Benyumiza
03:24 – 03:27	EP71 - Use of Female-Controlled Dual Protection Methods Among Young Women Living with HIV in Northern Uganda: A Convergent Mixed-Methods Study	Edward Kumakech
03:27 – 03:30	EP75 - HIV self-testing and nondisclosure to male partners among young women living with HIV in semi-rural northern Uganda: a cross-sectional study	Ms Doryn Ebong
03:30 – 03:33	EP83 - Importance of collaborative integration reproductive justice in comprehensive sexuality education to address adolescent sexual, reproductive health and rights needs in rural communities in Zambia: a qualitative study	Mr Malizgani Paul Chavula
03:33 – 03:36	EP84 - Evaluation of knowledge, attitudes and practices of People in the Obala Health District about sexual and reproductive health care services	Henriette Magne
03:36 – 03:39	EP70 - Prevalence and factors associated with early pregnancies in sub-Saharan Africa: Dschang Health District, Cameroon	Prof. Jeanne Hortence Fouedjio
03:39 – 03:42	EP77 - Assessing Sexual Education in Cameroonian Secondary Schools: A Mixed-Methods Insight into Student Experiences, Barriers, and Policy Implications	Dr Madye Ange Ngo Dingom

STATION 2
Day 2 – Friday, SEP 19, 2025

Time	Abstract Title	Presenter
Morning/SRHR		10:06 AM – 10:27 AM
10:06 – 10:09	EP16 - Acceptability, appropriateness and preferences of HIV Self-Testing among adolescent girls and young women in rural Northern Uganda: A cross-sectional study.	Morrish Obol Okello
10:09 – 10:12	EP19 - “If you don’t ask they will tell you nothing”. A qualitative inquiry of current practices of informed consent and debriefing for caesarean section in the West Region of Cameroon.”	Jovanny Fouogue tsuala
10:12 – 10:15	EP18 - « We explain that it is to protect us and them». Maternity care providers’ views on informed consent and debriefing for caesarean section: a qualitative study in the West Region of Cameroon.	Jovanny Fouogue tsuala
10:15 – 10:18	EP21 - “It is all about seeking permission”. Women expectations towards a person-centered informed consent and debriefing for caesarean section in the West Region of Cameroon.	Jovanny Fouogue tsuala
10:18 – 10:21	EP24 - Factors associated with awareness and acceptability of pre-exposure prophylaxis (PrEP) among women of reproductive age in Kenya: an analysis of the 2022 KDHS.	Mr Kiiza Robert
10:21 – 10:24	EP17 - Adaptation and implementation of a community based doula workshop in South Sudanese refugee settlements.	Ruth Zielinski
Afternoon/SRHR		03:21 PM – 03:42 PM
03:21 – 03:24	EP119 - Utilization of selected sexual and reproductive health services among the undergraduate students at the University of Zambia, Lusaka, Zambia	Manasseh Mvula
03:24 – 03:27	EP113 - Risk Identification, Retention and Response (IRR), Quality Improvement implementation at Lira Regional Referral Hospital.	Betty Apio
03:27 – 03:30	EP106 - Knowledge, attitude and practice of adolescents on sexuality in public secondary schools in the city of Yaoundé	Florent Fouelifack Ymele
03:30 – 03:33	EP99 - Investing in Surgical Care: A Way to Avert a Major Backslide in Maternal and Neonatal Health	ERIC SSENUNI
03:33 – 03:36	EP95 - Enhancing Family Planning Uptake through an Integrated Maternal and Newborn Care One-Stop Center: Experience from a Tertiary Hospital in Northern Uganda	Ms GRACE LANYERO
03:36 – 03:39	EP86 - Sexual and reproductive health and rights research training in cameroon: experiences of seed grant awardees	Prof. Jeanne Hortence
03:39 – 03:42	EP87 - Effectiveness of timely hepatitis B birth dose (TBD) vaccination in the prevention of mother-to-child transmission of Hepatitis B Virus (HBV) infection in Ethiopia, 2024.	Birhanu Dina

STATION 3
Day 2 – Friday, SEP 19, 2025

Time	Abstract Title	Presenter
Morning/SRHR		10:06 AM – 10:27 AM
10:06 – 10:09	EP37 - Effectiveness of an obstetric Triage Protocol in Reducing Waiting Time and improving satisfaction with care among pregnant women attending Maternity unit at Lira Regional Referral Hospital	Ms Anna Grace Auma
10:09 – 10:12	EP27 - Major Depression Among Pregnant Women Attending a Tertiary Teaching Hospital in Northern Uganda Assessed Using DSM-V Criteria	Jerom Okot
10:12 – 10:15	EP35 - The tension between Sexuality Education policy actors and their expressed agenda of discourse in the case of Ethiopia and Uganda	Dr Siyane Aniley
10:15 – 10:18	EP31 - Should female students have the right to access contraceptive services at Universities? a pathway to enhancing completion and well-being in Uganda	Mr Yeeko Kisira
10:18 – 10:21	EP33 - Prevalence and Determinants of teenage pregnancy in Uganda. A meta-analysis and systematic review.	Abdulmujeeb Babatunde
10:21 – 10:24	EP28 - Prevalence, Types, And Determinants of Gender-Based Violence Among Pregnant Women in Northern Uganda: A Hospital-Based Cross- Sectional Study	Jerom Okot
10:24 – 10:27	EP34 - Temporal and spatial trends of low birth weight and Kangaroo Mother Care initiation in Uganda, 2015–2023	Emmanuel Mfitundinda
Afternoon/SRHR		03:21 PM – 03:42 PM
03:21 – 03:24	EP128 - Evaluating a digital health platform's role in enhancing youth sexual and reproductive health access in Ethiopia	Ms Betaniya Fitsum
03:24 – 03:27	EP125 - Facility readiness and knowledge of health care workers to manage postpartum hemorrhage in public health facilities within Kampala metropolitan areas, Uganda	Dr Abdullahi Teituk
03:27 – 03:30	EP127 - Feasibility and acceptability of using the BabySaver resuscitation platform and NeoBeat together for neonatal resuscitation in a low-resource setting: A pre-post implementation study	Milton Musaba
03:30 – 03:33	EP126 - Acceptability of the Moyo device for intrapartum fetal heart rate monitoring at a referral hospital in Uganda: a qualitative study	Ritah Nantale
03:33 – 03:36	EP129 - Young male adults' awareness of and intention to utilize SRH services in selected universities.	Chileshe Mwaba Siwale
03:36 – 03:39	EP122 - Barriers and Facilitators Of Access To Mental Health Services In Gulu	Dr Emmanuel Mpamizo
03:39 – 03:42	EP130 - Multi-component SRHR programming and Its influence on Knowledge, Attitudes, and Contraceptive Practices among out-of-school adolescents: Implementation evidence from the ANSWER Programme in Northern Uganda.	Cinderella Anena

STATION 4
Day 2 – Friday, SEP 19, 2025

Time	Abstract Title	Presenter
Morning/SRHR		10:06 AM – 10:27 AM
10:06 – 10:09	EP64 - Role of integrating long-acting reversible contraception and HIV test-and-treat strategies into mental health care for enhancing women's health and wellbeing in Zambia	Mr Kestone Lyambai
10:09 – 10:12	EP43 - Drivers of Breast Ironing Practices and Their Implications for Sexual Reproductive Health Rights Among Adolescents in Eastern Province Zambia: A Qualitative Study	Martha Mbewe
10:12 – 10:15	EP41 - Knowledge and Attitude towards Ethiopian Abortion Law and its associated factors among Reproductive age women with Disability in Gedio zone, Southern Ethiopia: A cross-sectional study	Mrs gelila woredebrhan
10:15 – 10:18	EP52 - Lived experiences and coping strategies of mothers with babies in the neonatal intensive care unit at lira regional referral hospital	Beth Namukwana
10:18 – 10:21	EP56 - Empowering Adolescent girls to make informed decisions on Safe Sex practices and Family planning during initiation ceremonies in Eastern Province, Zambia	Alice Ngoma Hazemba
10:21 – 10:24	EP57 - Determinants of pre-exposure prophylaxis (PrEP) uptake in antenatal and postnatal settings in Lusaka, Zambia	Twaambo Hamoonga
10:24 – 10:27	EP40 - Adolescents' Experiences of Childbirth in Lira, Northern Uganda: Person-Centered Maternity Care and Future Childbearing Intentions	Dr Samson Udho
Afternoon/SRHR		03:21 PM – 03:39 PM
03:21 – 03:24	EP131 - Positioning medical students as reproductive justice advocates: A reproductive justice training for clinical year medical students at Kabale University.	Dr Peter Isagara
03:24 – 03:27	EP140 - Prevalence and associated factors of postpartum depression among women attending postnatal clinic at Gulu Regional Referral Hospital, Uganda	Nannungi Christine
03:27 – 03:30	EP137 - Awareness and Willingness to Use Pre-Exposure Prophylaxis Among women Seeking Abortion Services in , Kafue, Zambia	Dr Bell Nkonde
03:30 – 03:33	EP141 - Uptake and Factors Associated with Obstetric Ultrasound Scans before 24 weeks of gestation among Pregnant Women attending Antenatal Care in Gulu Regional Referral Hospital, Gulu City: A Cross sectional Study	Mr Ian Lutara
03:33 – 03:36	EP135 - Integrated inter-professional hands-on pre-service training in Family Planning (LARC) and Comprehensive Abortion Care (CAC); Lessons from Zambia	Alice Ngoma Hazemba
03:36 – 03:39	EP136 - Leveraging peer-led models and economic empowerment to advance SRHR equity among out-of-school adolescents in Uganda: Evidence from the ANSWER programme in West Nile and Acholi sub-regions	Cinderella Anena

ORAL ABSTRACTS/

COMPREHENSIVE ABORTION CARE (CAC)

Oral CAC / OA48

Navigating Ethical Dilemmas in Teaching Comprehensive Abortion Care among Midwifery Educators in Zambia: A Critical Perspective

Authors: Maureen Masumo¹; Mwitwa Mugode¹; Tulani Matenga¹

¹University of Zambia

Background Safe abortion services are an integral component of reproductive health services in which midwives play an essential role in delivering secure and comprehensive abortion care (CAC). CAC is an intervention integrated into the midwifery curriculum as its provision is fundamental to improving women's health and wellbeing. This aspect includes providing appropriate information, managing induced abortion, and offering care for pregnancy loss or spontaneous abortion and post abortion care. The quality of CAC taught to midwives during their training provides an opportunity for the provision of services in line with the law and in a non-judgmental way. Despite the importance of teaching future midwives CAC for quality care, educators face challenges in preparing or delivering the content to learners. Limited studies have been conducted to understand the views of midwifery educators on the provision of CAC education, this study therefore aims to explore midwifery educator's experiences in teaching abortion, particularly in relation to the ethical and legal complexities surrounding this topic.

Methods: This study was part of a mixed-method study that employed a concurrent mixed-method design. Midwifery educators who did not participate in the quantitative part from public and faithbased training institutions were purposively selected to participate. In-depth interviews were conducted using an interview guide to explore the midwifery educators' experiences in teaching CAC. Data was transcribed verbatim and a thematic approach was used to generate themes based on the self-efficacy theory

Results: This study revealed four major themes: Importance of Abortion Education; Ethical, Legal, and Societal Values; Professional Responsibility and Competency and Barriers and Challenges in Abortion Education. These themes highlight both the practical and ideological dimensions that influence how educators approach the topic of abortion within midwifery training programs. Results revealed that educators felt that abortion education enhances student's clinical confidence and ethical reasoning and enables future midwives to care for patients regardless of personal views. Results further demonstrated that educating providers who can offer safe care can contribute to better outcomes and reduce unsafe abortions. Educators often experience ethical dilemmas in navigating societal perspectives of abortion, religious beliefs and their educational requirements, resulting in self-censorship or cautious delivery of content. Additionally, the legal environment in the country does not create an enabling environment for abortion services, thereby creating further legal dilemmas for learners. Limited practices for students to learn were identified as a challenge in delivering CAC training. Meanwhile, students viewed abortion education as an academic requirement rather than practical preparation. This limited engagement reduced the perceived relevance of the topic to real-world midwifery care.

Conclusion: Midwifery educators recognized abortion education as crucial for maintaining professional competence and ensuring patient safety, despite the ethical and societal challenges it sometimes raised. Their insights reflect a commitment to student-centred, ethically-informed education that equips future midwives to provide respectful, evidence-based care in complex, real-world contexts. Therefore, it is essential to adopt teaching strategies responsive to ethical, legal and societal dilemmas that hinder teaching and service delivery.

Key words: Comprehensive Abortion Care, Ethical and Legal, Midwifery Education

Oral CAC / OA54

Health System Barriers Affecting Provision of Comprehensive Abortion Care in Pastoralist Communities of Oromia Regional State, Ethiopia

Author: Tolasa Yadate¹¹*School of Public Health, College of Health Science and Medicine, Dilla University, Dilla, Ethiopia*

Background: The provision of Comprehensive Abortion Care (CAC) in accordance with legal frameworks and clinical standard is crucial. However, disparities in access to quality comprehensive abortion services persist, particularly in pastoralist communities that often face limited healthcare infrastructure, challenging geographic and socio-cultural contexts, and socioeconomic disadvantages. The aim of this study is to explore health system level barriers that affect provision of CAC in pastoralist communities of Oromia regional state, Ethiopia.

Methods: A qualitative study was conducted from April 13 to June 23, 2024. A total of 23 key informant interviews were carried out with healthcare providers at 10 selected health facilities, as well as reproductive health officers at woreda, zonal, and regional-levels. Verbatim transcript files were analyzed using thematic analysis and coded with OpenCode 4.03 software.

Results: Various health system barriers affecting the provision of abortion services including gaps in access and availability, inadequate skilled medical providers, financial constraints, poor commitment of management, and gaps in implementation of legal frameworks were identified. While policies and legal frameworks around abortion are generally supportive, challenges in implementation and awareness persists. The inaccessibility of CAC services within community is leading to higher utilization of traditional practices and high number of unsafe abortion cases. The unique socio-cultural, lifestyles, geographical and infrastructural characteristics of the pastoralist community exacerbate those barriers. Inequity features pertaining to service availability, accessibility and supply are the underlying causes of the systematic barriers that affect the provision of CAC services in the pastoralist communities.

Conclusion: The findings of this study highlight significant challenges in the provision of CAC in pastoralist communities. Addressing these systemic issues requires a multifaceted approach involving improved infrastructure, better training for providers, enhanced community education, stronger policy implementation, and advocacy efforts at all levels.

Keywords: CAC, Health system-level barriers, Pastoralist communities, Oromia, Ethiopia

Oral CAC / OA55

Magnitude and determinants of women's satisfaction with induced abortion care services in selected public hospitals in Lusaka, Zambia: Implications for better maternal outcomes

Author: Patrick Kaonga 1**Co-authors:** Alice Hazemba 1; Bellington Vwalika1; Choolwe Jacobs1; Malizgani Paul Chavula1; Tulani Francis Matenga11 *University of Zambia*

Background: Induced abortion is termination of pregnancy intentionally and estimated 44 million induced abortions take place annually globally. Abortion-related complications contribute to preventable maternal mortality and morbidity especially if it is unsafe, accounting for 9.8% of maternal deaths globally, and 15.6% of maternal mortality in sub-Saharan Africa. Women should have access, safe and legal abortion to reduce maternal morbidity and mortality. To achieve these goals, care and treatment of induced abortion services must be responsive to the needs of women and reduce barriers to care and services. To increase responsiveness to induced abortion care, one factor that is important is satisfaction with the service which is a critical indicator evaluate healthcare service quality, yet the magnitude and determinants of women's satisfaction with induced abortion in Zambia is not known. Therefore, this study was set out to assess magnitude and determinants of women's satisfaction with induced abortion care services in selected public hospitals in Lusaka, Zambia.

Methods: A cross-sectional study was conducted and we randomly selected three public health hospitals in Lusaka, Zambia. We consecutively enrolled participants and probability proportional to size was conducted according to the total number of women seeking induced abortion in each hospital during the study period, resulting in fractions from Levy Mwanawasa, Kanyama and Chawama hospitals of 25.1%, 37.0%, and 37.8% respectively. Data was collected using an interviewer-administered structured, and pretested questionnaire from 1st September to 31st December 2024. The outcome variable was satisfaction which was measured using multiple indicators (confidentiality, privacy, information provision, physical environment and technical quality of the provider). If a woman satisfied with all these indicators it was considered as satisfied otherwise unsatisfied. Multiple regression model was used to assess determinants of women's satisfaction with induced abortion.

Results: Out of 343 women enrolled, majority 205 (59.8%) were not married and unemployed 265 (77.3%). The magnitude of women's satisfaction with induced abortion care was 208 (60.6% [95% CI: 56.4 - 64.2%]). Tertiary education (AOR = 2.98; 95% CI: 1.82 - 4.99), being employed (AOR=1.97; 95% CI: 1.16 - 2.28), richest quintile (AOR = 2.05; 95% CI: 1.33 - 2.45), medical abortion (AOR = 4.41; 95% CI: 2.59 - 7.48), previous abortion (AOR = 2.94; 95% CI: 1.02 - 8.48), 7.51) were significantly associated with women's satisfaction with induced abortion care while those who reported planned pregnancy were less likely to be satisfied (AOR = 0.65; 95% CI: 0.46 - 0.86).

Conclusion: This study found low women's satisfaction with induced abortion care services. Education, employment, wealth quintile, abortion type, previous abortion and planned abortion were determinants of women's satisfaction with abortion care services. The Zambian government should strictly monitor the quality of induced abortion care services and interventions to understand women's expectations and perspectives are recommended to improve satisfaction and for better maternal outcomes.

Oral CAC/OA101**Effectiveness of self-administered Versus provider-supported medical abortion in the early and late first trimester: A prospective cohort study in southern Ethiopia**

Authors: Abel Gedefaw Ali ¹; Abraham Fessehayee Sium ²

1 Hawassa University

2 St. Paul's Hospital Millennium Medical College

Background: Medical abortion using mifepristone and misoprostol is considered safe for use up to nine weeks of gestation, whether administered in clinical settings or self-managed at home. However, evidence on the effectiveness of self-administration, especially in the late first trimester and in low-income settings such as Ethiopia, remains limited. In countries like Ethiopia, self-managed medical abortion is often excluded from national guidelines due to a lack of localized data. This study aimed to evaluate the effectiveness of self-administered medical abortion during both early and late first trimesters.

Methods and materials: A prospective, multi-center cohort study was conducted from March 16, 2024, to January 15, 2025, across six purposively selected healthcare facilities and medication abortion outlets in Hawassa City, Southern Ethiopia. Participants were eligible if they were aged 15 years or older, opted for medical abortion, and agreed to have outcome assessment after 2-4 weeks. Based on informed choice following counseling, participants were assigned to a self-administered and provider-supported group. The primary outcome was successful abortion, defined as complete uterine evacuation without the need for additional medical or surgical intervention. Secondary outcomes included participant satisfaction and post-abortion contraceptive uptake. Outcomes were assessed via ultrasound 2-4 weeks after misoprostol administration or by phone for participants unable to return.

Results: Out of 626 enrolled participants, 554 (88.5%) completed the follow-up. Of these, 341 were in the self-administration group and 213 in the provider-supported group. The mean participant age was 24.1 years (SD 4.2), with significant age differences between groups (24.7 vs. 23.1, $p=0.000$). The mean gestational age was 6.4 weeks for the self-administered and 7.5 weeks for the provider group ($p=0.000$). Overall, 92.4% (95% CI: 89.9–94.5%) experienced a successful medical abortion. Success rates were 93.8% (95% CI: 91.3–95.7) for gestational age <9 weeks and 84.5% (95% CI: 76.2–92.9) for =9 weeks. Self-administration had a success rate of 96.8% (95% CI: 94.3–98.4) versus 85.4% (95% CI: 80.0–89.9) in the provider group (RR: 1.13; 95% CI: 1.07–1.20; $p=0.000$). After adjusting for known predictors of abortion success, the odds of success for self-administration remained significantly higher (AOR: 6.42; 95% CI: 2.95–13.95). The common causes of failure included excessive bleeding (4.0%; 95% CI: 2.5–5.8), retained tissue (2.9%; 95% CI: 1.6–4.5), and continued pregnancy (0.7%; 95% CI: 0.2–1.6). No significant difference was found in mean duration of bleeding (7.3 ± 4.6 vs. 7.7 ± 5.1 days; $p=0.14$). Satisfaction was high in both groups (self: 98.1%; facility: 96.8%; $p=0.43$). Post-abortion contraceptive use was similar (self: 64.0%; provider: 70.4%, $p=0.172$), but long-acting method uptake was significantly lower in the self-administration group (19.9% vs. 53.3%; $p=0.000$).

Conclusion: Self-administration of medical abortion is both effective and acceptable, demonstrating that, with proper counseling, medication abortion can be safely administered outside of health facilities. This approach has the potential to significantly expand access, especially for women in rural or underserved areas, while also promoting women's self-care. However, the lower uptake of long-acting contraceptives among self-administering participants should be addressed before the method implementation in a large context

Oral CAC / OA107

Systematic review and meta-analysis on mortality and morbidity linked to unsafe abortions in Cameroon

Author: Florent Fouelifack Ymele ¹¹ *Higher Institute of Medical Technology / Yaounde Central Hospital*

Background. Unsafe abortions constitute a public health problem. It's one of the causes of maternal mortality in the world and particularly in developing countries. Despite the progress made, maternal mortality remains high in Cameroon. The scarcity and disparity of data on abortions leads to a lack of strong evidence to advocate to decision-makers on the extent of the problems associated with abortions in Cameroon. Our objective was to estimate the rates of mortalities and complications related to unsafe abortions, as well as the difficulties of accessing safe abortions in Cameroon.

Methods. We carried out a systematic and meta-analytical review in the biomedical databases MEDLINE (Pubmed), Google Scholar and African Journal Online (AJOL) concerning unsafe abortions and / or difficulties in accessing safe abortions in Cameroon, without date or language restriction. Gray literature was also consulted. Two authors simultaneously selected the studies and the data extraction was done through a form designed on Google Form. The proportion was estimated on a random-effect model. The I² and Q statistics were used to assess the extent of heterogeneity across the studies.

Results. Out of 430 studies and documents identified from databases and gray literature, 28 were included in the analysis. About one in four maternal deaths (95% CI: 20 - 27) in Cameroon was related to unsafe abortions, and the mortality rate from unsafe abortions was 5% (95% CI: 3 - 7), rate of severe bleeding and / or anemia was 40% (95% CI: 18 - 63) and the infection rate was 17% (95% CI: 7 - 28). These infections were dominated by pelvic infections, pelvioperitonitis from uterine perforation, severe sepsis, and septic shock. Case reports described uterine perforations with incarceration and necrosis of neighboring organs, uterine rupture during the following pregnancy. The abortion was performed in the practitioner's or patient's home in 41.4% of cases, in a health center in 35.1% of cases, in a private clinic in 21.2% of cases, drugs selling places and in traditional healer clinics. The restriction of abortion laws, the stigma surrounding abortion and its consequences at the individual, community, organizational, political and professional levels, lead to the underreporting of unsafe abortions and a deep reluctance to advocate for safe access to abortion services from policy makers.

Conclusion. The intensification of awareness campaigns for provider behavior change communication, family planning, the de-stigmatization of abortions, the training of health personnel in postabortion consequences, a multidisciplinary and multicentric action would contribute to the reduction in morbidity and mortality due to abortions.

Keywords: mortality, morbidity, difficulties, access, unsafe abortion, Cameroon.

Oral CAC / OA112

Prevalence and factors associated with unsafe abortion among married women admitted on Gynaecology ward at Lira regional referral hospital, Lira city northern Uganda.

Author: Betty Apio ¹

¹ Lira Regional Referral Hospital

Introduction: Over 60% of unplanned pregnancies end up in abortion, and estimated 45% of these abortions are Unsafe contributing for 13% of all maternal death globally. The study aimed to determine the prevalence and factors associated with unsafe abortion among married women admitted on gynecological ward at Lira Regional Referral Hospital (LRRH) a public facility in Lira City Northern Uganda.

Methodology: We conducted a cross-sectional study among married women admitted with abortion in Gynecological ward at LRRH, Lira city, Northern Uganda. From Dec 2022 to April 2023. A consecutive sampling technique was used to recruit 368 participants. Quantitative data was collected using interviewer administered questionnaire, and descriptive statistics analyzed using Statistical Package for Social Sciences (SPSS) version 29.0. Ethical approval was obtained from Gulu University Research Ethics Committee (GUREC). LRRH administration and informed consent from study participants.

Results: Most 203(55.2%) of the respondents were aged 15-24 years, 160(43.5%) were from rural setting, 158(42.9%) were Protestants by religion, 338(91.8%) were Lango by tribe, 111(30.2%) were peasants, and 229(62.2%) had primary level of education. Respondents who had unsafe abortion were 176(47.8%) while 192(52.2%) had safe abortion. Respondents who were aged 15-24 years were less likely to have unsafe abortion (AOR: 0.685, 95% CI: 0.454-0.725, P=0.020) compared to respondents aged >34 years. Respondents who were from rural settings were more likely to have unsafe abortion AOR: 2.559, 95% CI: 1.453-4.505, P=0.001) compared to those who were urban settings. Respondents who had monthly income of <100,000 shillings (AOR: 2.677, 95% CI: 1.426-5.023, P=0.002), 100,000-250,000 shillings (AOR: 2.854, 95% CI: 1.463-5.567, P=0.002) and 250,000-500,000 shillings (AOR: 2.306, 95% CI: 1.031-5.158, P=0.042) were more likely to have unsafe abortion compared to those who had total monthly income of >500,000 shillings.

Conclusions: There was high Prevalence of unsafe abortion in this study. Older age, coming from rural settings and low monthly income were significantly associated with unsafe abortion practices. Ministry of Health should launch a campaign to educate the public about the risks of unsafe abortion and the availability of sexual and reproductive health services, such as family planning services, nationally to prevent unsafe abortion from unplanned pregnancies

**ORAL ABSTRACTS/
CONTRACEPTIVE CARE (CC)****Oral CC / OA23****Prevalence, Predictors and Barriers of Modern Contraceptive Methods Uptake among Out-of-School Adolescents in Rural Gulu District, Uganda: A Quantitative Survey****Author:** Otika Donald 1**Co-authors:** Felix Bongomin 1; Pebalo Francis Pebolo 1; Sharon Manuela Iyamet 1; Sylvia Awor 1*1 Gulu University*

Background: Globally, the sexual and reproductive health needs of adolescents remain largely unmet. Over 20 million female adolescents in need of a modern contraceptive method are not using any. In Uganda, the utilization of modern contraceptives among female adolescents is 9.4%, being the lowest in the region. We assessed the prevalence, predictors and barriers to modern contraceptive uptake among out-of-school adolescents in rural Gulu district, Uganda.

Methods: We conducted a cross-sectional descriptive study on out-of-school adolescent girls, obtained through multistage and convenience sampling from rural Gulu district between April and May 2023. We performed modified Poisson regression analysis for the predictors and barriers of modern contraceptive use.

Results: We included 385 participants with a mean age of 17 (IQR: 16-18) years. Current modern contraceptive use among out-of-school adolescents in the rural Gulu district was at 37.1% (95% CI: 32.30 to 42.18), and lifetime modern contraceptive use was at 58.4 % (n=171). Modern contraceptive methods used in the last six months included condoms 74 (51.7%), pills 6 (4.2%), IUDs 7 (4.9%), Implants 51 (35.7%) and Injectable 21 (14.7%). We found out that “no history of modern contraceptive discontinuation” (AOR: 1.8, 95% CI: 1.36 –2.35, P<0.001) was independently associated with current modern contraceptive use. Those who felt uncomfortable (OR: 0.5, 95% CI: 0.29 to 0.74, P=0.001) and very uncomfortable (OR: 0.3, 95% CI: 0.07 to 0.99, P=0.049) discussing contraception with healthcare providers were unlikely to currently be using modern contraceptive methods.

Conclusion: Our study found that only 1 in 3 out-of-school adolescents in rural Gulu district are using modern contraceptive methods, despite 3 out of 4 being sexually active, revealing unmet contraceptive needs in the area. More than half of those using any method are using short-term contraceptive methods. No history of discontinuation serves as a predictor of current use, while discomfort in discussing contraceptive methods with healthcare providers acts as a notable barrier.

Oral CC / OA62

Acceptability of Vasectomy in Eseka health district, Cameroon: A Mixed-Methods Study on Perceptions and Determinants

Author: Jacques Nguend Mbock 1,**Co-authors:** Dongmo Roosevelt 1; Felix Essiben 1; Fortune Ngala Nkahn 2; Fouedjio Jeanne 3; Madye Ange Ngo Dingom 3; Marie Jose Essi 1; Mireille Ndje Ndje 4; Serge Clotaire Bilong 5; Ulrich Black Sah Kano 1; Virgile Onana 1¹ *Faculty of Medicine and Biomedical Sciences University of Yaounde 1*² *Yaounde General Hospital*³ *Faculty of Medicine and Pharmaceutical Sciences University of Dschang*⁴ *Faculty of Arts and Human Sciences University of Yaounde1*⁵ *Faculty of Medicine and Biomedical Sciences*

Background: Vasectomy is a reliable and cost-effective male contraceptive method, yet it remains underused in sub-Saharan Africa. Despite being a simple, effective, and permanent male contraceptive method, vasectomy remains virtually unused in Cameroon, with reported prevalence of less than 0.1% according to the 2018 Cameroon Demographic and Health Survey. This low uptake is driven by a combination of factors, including poor awareness, negative sociocultural beliefs, limited male involvement in family planning. As a result, the contraceptive burden falls disproportionately on women, hindering progress toward national reproductive health goal. This study aimed to assess both the knowledge and perception of vasectomy as a method of contraception and identify factors influencing its acceptability in Eseka health district, Cameroon.

Methods: A mixed-methods design was adopted. Quantitatively, a structured questionnaire was administered to 134 participants and analyzed using Chi-square tests, t-tests, and logistic regression. Qualitatively, 3 focus group discussions were conducted with health providers, community representatives and villagers, involving 14 participants each and transcribed verbatim, with thematic analysis applied through an inductive approach.

Results: In our study, 134 participants were surveyed for quantitative data collection. Up to 73.7% of participants did not know about vasectomy as a method of contraception. After explaining what vasectomy was, 10.4% of participants reported they would accept vasectomy after presenting the method. Acceptability was significantly increased in married couples ($p = 0.023$), Having three or more children ($p = 0.029$), and higher level of education ($p=0.028$). Qualitative findings highlighted prevailing negative beliefs: vasectomy was perceived as emasculating, irreversible, and contrary to religious teachings. It was associated with social stigma and seen as a woman's responsibility.

Conclusion: Vasectomy remains poorly accepted in Eseka health district, Cameroon due to a combination of limited awareness and entrenched cultural beliefs. This study demonstrates that vasectomy acceptability in Eseka is shaped by a complex interaction of educational, social, and cultural factors. The integration of qualitative insights with quantitative trends provides a comprehensive understanding of the barriers to vasectomy adoption. To increase uptake, it is essential to implement culturally sensitive educational interventions that dispel myths and emphasize the safety and benefits of vasectomy. Moreover, involving men directly in family planning programs and engaging religious and community leaders as allies could significantly improve the social acceptability of male contraceptive methods in Cameroon.

Keywords: Vasectomy, male contraception, acceptability, perception, Eseka, Cameroon

Oral CC / OA73

Profiling adolescent girls using modern contraceptives in Yaounde, Cameroon: trends and choices

Author: Dongmo Tiodjou Roosevelt ¹

Co-authors: Essiben Felix 1; Jacques NGUEND MBOCK 2; Madye Ange Ngo Dingom 3; Ulrich Black Sah Kano 4; Wadjou Chimi Gaelle 1

¹ University of Yaounde I

² Medical doctor

³ Faculty of Medicine and Pharmaceutical Sciences University of Dschang

⁴ Faculty of Medicine and Biomedical Sciences University of Yaounde

Background: Adolescents represent a vulnerable and critical group in the global effort to improve sexual and reproductive health outcomes. Globally, around 16 million adolescent girls give birth each year, with a large proportion of these occurring in low- and middle-income countries, where access to contraceptive information and services remains limited. In sub-Saharan Africa, early sexual initiation, unmet need for contraception, and low rates of dual contraceptive method use contribute significantly to unintended adolescent pregnancies, unsafe abortions, and sexually transmitted infections, including HIV. Modern contraceptive use among adolescents is a key intervention to reduce unintended pregnancies and prevent pregnancy-related morbidity and mortality. However, limited data exists on the characteristics of adolescents using modern contraception in sub-Saharan Africa, including Cameroon. This study aimed to assess the sociodemographic and reproductive profile of adolescents using modern contraception in Yaounde, Cameroon.

Methods: We conducted a cross-sectional study, with data collected from adolescent and family planning clinic registers in three major referral hospitals in Yaounde, namely, the Yaounde GynaecoObstetric and Paediatric Hospital, the Yaounde Central Hospital, and the Yaounde University Teaching Hospital, from 2022 to 2024 (a three-year period). The study included all adolescent girls aged 10 to 19 years who were recorded after being offered modern contraceptives at the study sites. Sociodemographic, obstetric, and contraceptive data were extracted and analyzed using descriptive statistics.

Results: A total of 327 adolescent girls were identified as using modern contraception during the study period. The median age was 18 years, with a minimum of 14 years and a maximum of 19 years. Most had attained secondary level of education (79.5%), were still in school (81.7%), were single (94.8%), and identified as Christians (88.1%). A majority (70.9%) had experienced at least one pregnancy, and a half (54.4%) had at least one live birth. The most commonly used contraceptive methods were condoms (65.2%), implants (44.3%), intrauterine devices (5.8%) and combined oral contraceptive pills (3.4%). Dual method of contraception (condom and another modern method) was reported in 18.7% of these adolescents.

Conclusion: This study shows that adolescents using modern contraception in Yaounde are predominantly educated, in school, and often initiate contraception following sexual debut or pregnancy. The low uptake of dual contraception indicates a missed opportunity for integrated protection against both pregnancy and sexually transmitted infections. To improve the impact of family planning programs among adolescents, public health efforts should prioritize earlier engagement, ideally before the onset of sexual activity, through comprehensive sexuality education, school-based health interventions, and community outreach. Specific attention should be given to reaching out-of-school adolescents with lower educational attainment, who are at heightened risk but often underrepresented in service use data. Strengthening adolescent-friendly services, reducing provider bias, and normalizing youth access to contraception are essential for addressing current

gaps. Future studies should explore behavioral drivers and system-level barriers to improve the inclusiveness and responsiveness of contraceptive services for adolescent girls in Cameroon and similar settings.

Oral CC / OA78

Barriers and facilitators to uptake of contraceptives among women with disabilities in Lusaka Zambia: A mixed methods study

Author: JANE NKATYA ¹**Co-authors:** Alice Ngoma Hazemba ²; Maureen Masumo ¹; Mulanda Joseph Mulawa ¹; Mwitwa Mugode ³¹ University of Zambia² University of Zambia, School of Public Health³ University of Zambia School of Public Health

Background

In Zambia, 22% of women still have unmet contraceptive needs, with rural women and married adolescents experiencing the greatest disparities. Women with disabilities encounter additional barriers, including inaccessible facilities, stigma, and misinformation. The limited access to long-acting methods and lack of disability-inclusive services deepen inequalities. However, there is inadequate evidence on factors influencing the low uptake of contraceptives among women living with disability in Zambia. Therefore, this study explores contraceptive access barriers among women with disabilities in Lusaka, aiming to inform targeted, equitable strategies.

Methods

A mixed-methods design was employed, combining a cross-sectional survey and semi-structured interviews conducted between October 2024 and March 2025. The main outcomes were contraceptive use, decision-making processes, and access barriers. Key exposures included disability status, sociocultural beliefs, and service accessibility, with covariates such as age, marital status, and education level. Quantitative data were described using descriptive and multivariable analyses, while in the qualitative approach, we used thematic analysis to explore underlying factors influencing contraceptive choices.

Results

A total of 150 participants were enrolled in this study, with a mean age of 30 years. All respondents were knowledgeable about contraceptive methods and had used at least one form, with condoms being the most commonly used (66.67%). 55.33% of respondents obtained contraceptives from hospitals. Additionally, 51.33% faced barriers to access, including long travel distances, mobility issues, and concerns about privacy, stigma, and judgment at service points. Quantitative and Qualitative findings highlighted multiple intersecting barriers to contraceptive access for women with disabilities, including physical (mobility and transport challenges), social (discrimination, stigma, and lack of partner support), and health system-related (inadequate counselling and side effects) factors, alongside key facilitators such as supportive providers, peer networks, and outreach services.

Conclusions

This study highlights that despite strong contraceptive knowledge, individuals with disabilities face major barriers such as limited access, social stigma, and provider judgment. The findings underscore the need for more inclusive and culturally responsive reproductive health services that address these systemic barriers. The study calls for mobile clinics, better counselling, male engagement, and training healthcare providers to reduce bias and promote disability-inclusive policies for improved access and outcomes.

Keywords: Contraceptive access, women with disabilities, Zambia, reproductive health, barriers.

Oral CC/OA115

Unmet need for contraception among Chronic Kidney Disease patients on follows up at St. Paul's Hospital Millennium Medical College, Addis Ababa, Ethiopia

Author: Rafiq Ramadan Ali ¹

Co-author: Kidist Lemma Gizachew ¹

¹ St. Paul's Hospital Millennium Medical College

Background: Globally over 800 million people have chronic kidney disease (CKD). While this number reflects individuals across all demographics, it has a notably significant impact on women of reproductive age. These women face distinct challenges related to fertility, contraception, adverse pregnancy outcomes, and the progression of CKD. Existing practices frequently fall short in meeting the complex needs of this population, resulting in missed opportunities for timely interventions and comprehensive family planning.

Objective: To assess the magnitude of unmet need for contraception and its associated factors among CKD patients who have follow-ups at St Paul Hospital Millennium Medical College (SPHMMC), Addis Ababa, Ethiopia.

Methodology: A hospital based cross-sectional study was done from July 1,2024 to September 27,2024 to determine the unmet need of contraception among CKD patients undergoing follow-up at SPHMMC. All female CKD patients on follow-up at SPHMMC renal clinic and dialysis center who were willing to participate in the study during the study period and who meet the inclusion criteria were included. Data was collected from 217 respondents by two trained data collectors. Unmet need for contraception was calculated as the percentage of reproductive age women who were sexually active and want to delay their next childbirth or who want to stop having children but are not utilizing a form of contraception.

Result: The study included a total of 217 participants. Over one third of the participants were in the age range of 25-34 years and 41.9% were married. Among the participants 41% had stage I disease while 4.6% had End-Stage Renal disease. The commonest co-morbidity identified was hypertension followed by diabetes mellitus. Family planning counseling was given to 57.6% of the respondents, with 35% of the counseled women expressing satisfaction with the information they received. According to the findings of the study only 23.5% of the participants used contraceptives and the most commonly used contraception was combined oral contraceptive pill (COC). The unmet need of family planning was 40.1% with the highest age group with unmet need being those above 35 years. In addition, those with education level less than high school, those whose monthly income is less than 3000 birr have, and patients with advanced stage CKD are more likely to have unmet need for contraception.

Conclusion: The high unmet need for contraception and the higher uptake of COCs show women on follow up for CKD at SPHMMC are not having holistic care and reproductive needs are neglected despite the study being conducted in a setup with a dedicated family planning unit. The study shows the need for integration of reproductive care for CKD patients and the need for availability and access to different options of family planning.

Oral CC / OA116

Family planning knowledge, use, and associated factors among women with mental illness and epilepsy in Rwanda: a cross-sectional study

Authors: M. Providence Umuziga ¹; Pacifique Mukangabire ¹

Co-authors: Benoite Umubyeyi ²; Clementine Kanazayire ¹; Darius Gishoma ³; Donatilla Mukamana ¹; Fidele Sebera; Oliva Bazirete ⁴; Philomene Uwimana ³; Vedaste Baziga ³

¹ University of Rwanda

² 1. School of Nursing and Midwifery, University of Rwanda, Kigali, Rwanda, 2. Department de Recherche, Enseignement et Formation, Maison Medicale Jeanne Garnier, Paris, France

³ School of Nursing and Midwifery, University of Rwanda, Kigali, Rwanda

⁴ Ndera Neuropsychiatric Teaching Hospital

Introduction: Family planning knowledge and access to quality family planning services hold a central position in the lives of all women of reproductive age. However, women with mental illness and epilepsy, who face a high risk of sexual violence, unwanted pregnancies, poor obstetric outcomes, and drug interactions, need these services the most. Understanding their family planning knowledge and utilization is crucial for meeting their needs. The present study aims to assess the knowledge, use of family planning, and associated factors among women living with mental illness and epilepsy attending Ndera Neuropsychiatric Hospital and its affiliated branches.

Methodology: A cross-sectional study was conducted between October 2022 and February 2023. The study involved a purposive sample of 289 women who attended the Ndera Neuropsychiatric Hospital and its two affiliated branches during the data collection period. Psychiatric nurses administered a structured questionnaire. Data were analyzed using descriptive statistics, and multiple logistic regression analysis was performed to identify factors associated with the use of family planning methods.

Results: Out of the 289 participants, the majority (96. 9%) were aware of family planning methods, most (67. 8%) had used one method at least once in their lives, half (51. 9%) were using a family planning method at the time of data collection, and a small number (26%) expressed intentions of using a family planning method in the future. The most known and utilized methods were the injectable (17. 5%) and oral contraceptive pill (17. 5%), respectively. Among natural family planning methods, breastfeeding and withdrawal were less commonly used. Being single (AOR = 66. 4, 95% CI: 9. 9, 44) or married (AOR = 51. 4, 95% CI: 11. 9-222), having a primary level of education (AOR = 5. 5, 95% CI: 2. 2, 15. 9), knowing a contraceptive method (AOR = 5. 5, 95% CI: 0. 6, 49), and suffering from brief psychotic disorders (AOR = 2. 2, 95% CI: 1. 1, 6. 6) predicted higher utilization of family planning.

Conclusion: Most women with mental illness in this study were aware of family planning methods and had used one in their lives. The national average is lower regarding family planning awareness. It is important to enhance family planning education and counselling for women attending psychiatric outpatient clinics.

ORAL ABSTRACTS/ SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

Oral SRHR / OA6

Enhancing Sexual and Reproductive Health Rights in Sub-Saharan Africa: A Case Study of Gulu University's Evidence-Based Clinical Care and Training

Author: Lamwaka Alice Veronica¹

Co-authors: Aber Gloria Veronica¹; Akena David Geria¹

¹ *Gulu University*

Background: Sub-Saharan Africa faces significant challenges in providing quality sexual and reproductive health (SRH) services, exacerbating poor health outcomes and human rights violations. In Uganda, Ministry of Health has put in place policies and guidelines to support Reproductive Health Services.

Objective: This study aimed to evaluate the effectiveness of Gulu University's pre-service training, research, and evidence-based clinical care delivery in improving SRH rights in sub-Saharan Africa with reference to Uganda.

Methods: A mixed-methods approach was employed, combining quantitative and qualitative data collection and analysis. A survey of 300 healthcare providers and 500 clients was conducted, supplemented by in-depth interviews with 20 key informants.

Results: The study revealed significant improvements in healthcare providers' knowledge, attitudes, and practices regarding SRH rights ($p < 0.001$). Clients reported increased satisfaction with SRH services, citing improved confidentiality, dignity, and informed consent ($p < 0.01$). Key informants highlighted that, 85% of healthcare providers demonstrated improved knowledge of SRH rights, 90% of clients reported increased satisfaction with SRH services and 95% of key informants highlighted the critical role of Gulu University's training programs in enhancing SRH service delivery.

Conclusion: This study demonstrates the effectiveness of Gulu University's comprehensive approach to improving SRH rights in sub-Saharan Africa with emphasis on Uganda Health Care Systems. The findings underscore the importance of pre-service training, research, and evidence-based clinical care delivery in enhancing SRH service quality and promoting human rights.

Keywords: sexual and reproductive health rights, sub-Saharan Africa, pre-service training, evidence-based clinical care, Gulu University.

Oral SRHR / OA7**Youth sexual reproductive health and rights services during public health emergencies**

Author: Robert Tanti Ali¹

¹ *University of Ghana-School of Public Health (Department of Social Behavioural Sciences)*

Background: Public health emergencies like pandemics and natural disasters hamper the delivery of sexual and reproductive health and rights services to the youth. Adolescents and young people generally suffer from inadequate access to information, limited services that are friendly to them, and sociocultural constraints, which are aggravated in emergencies. The implementation of youth-friendly sexual reproductive health and Rights (SRHR) programmes has specific challenges during public health emergencies. During public health emergencies, it is essential to ensure that SRHR services for youths are maintained and their access is not compromised. Giving priority to SRHR services for youths during public health emergencies is critical in ensuring that they can maintain their sexual and reproductive health and rights. This study assesses the processes of implementing youth-friendly SRHR programs during public health emergencies in the Adansi South District of Ghana.

Methods: The study adopted a qualitative method approach. Six (6) focused group discussions (n=54) were conducted amongst young people aged 10-24 years, whilst ten (10) key informants from the health directorate were interviewed. A facility checklist was also conducted in all the seven public health facilities in the district using the WHO guideline on youth-friendly services. Qualitative data were transcribed, coded, and analyzed using thematic content analysis. The study received ethics approval from the Ghana Health Service Ethics Review Committee with approval number GHS-ERC: 009/09/23, and data were collected between February and September 2024.

Results: The findings identified disruption of regular health services, increased difficulty in accessing condoms, STI testing, closure of youth centers and community programs, fear of accessing services due to risk of infection, and closure of schools as key barriers to youth SRHR service delivery and utilisation during public health emergencies. The study also revealed significant shortcomings in the planning and adaptation of youth-friendly SRHR programs during public health emergencies. The results show that all the seven public health facilities in the district had no pre-existing emergency response plans for youth SRHR services according to the facility checklist. The findings also show that there has not been any attempt to develop a youth SRHR-specific emergency response plan. The results also show significant gaps exist in awareness, accessibility, and effectiveness of SRHR programs, particularly during public health emergencies.

Conclusion: The study established that the Adansi South District has critical challenges in implementing youth-friendly SRHR interventions during public health emergencies. Equitable and resilient SRHR service provision among youths calls for enhancing preparedness plans under emergencies. It requires more efforts towards raising awareness and enhancing access, especially among priority interventions such as STI prevention and family planning services under public health emergencies. There is a need for policymakers and stakeholders to prioritize youth-focused interventions to bridge these gaps and provide holistic SRHR support during public health emergencies. The Ghana Health Service should develop a framework that will conduct a thorough analysis of situational obstacles hindering the youth SRHR realization particularly during public health crises.

Oral SRHR / OA22**Inclusive sexual and reproductive health services for teenage mothers: a qualitative study in a Rwandan district.**

Authors: Alice Nyirazigama^{None}; Bellancille Nikuze^{None}; Innocent Twagirayezu^{None}; Joselyne Rugema^{None}; Madeleine Mukeshimana^{None}; Vedaste Bagweneza¹

¹ *Nursing/Academic area*

Background: Sexual and reproductive health (SRH) plays a crucial role in overall well-being, and there is a concerning rise in teenage pregnancies globally, particularly evident in Rwanda, as highlighted by the Demographic and Health Survey. These pregnancies often result in serious consequences, affecting the health, education, and socio-economic status of teenage mothers. Despite the general availability of SRH services, teenage mothers frequently face stigma, discrimination, and limited access to youth-friendly care tailored to their unique needs. In Rwanda, gaps persist in ensuring the inclusiveness and responsiveness of SRH services for this vulnerable group. Therefore, this study aimed to explore the inclusiveness of teenage mothers in SRH services by examining their understanding of SRH, their access to and experiences with these services, and their suggestions for improving inclusiveness and accessibility.

Methods: A qualitative descriptive design was used to explore the inclusiveness of teenage mothers in SRH services. Data were collected from 50 purposively selected teenage mothers through five focus group discussions (FGDs) conducted at five health centers in a Rwandan district with a high prevalence of adolescent pregnancies. Participants were eligible if they had conceived after age 13 and delivered before age 20, lived in the health center's catchment area, and had no intellectual disabilities affecting participation. Informed consent was obtained from participants aged 18–19, while assent was obtained from those under 18 along with consent from their legal guardians. Discussions were audio-recorded, transcribed, and analyzed thematically using Braun and Clarke's six-step approach, with support from Atlas.ti version 22.

Results: The age range of participants was 15 to 19 years, most had attended primary education, were not married, and resided in urban areas. The majority of participants had limited knowledge of the fertility cycle and conception, often holding misconceptions about the timing of pregnancy and the necessity of penetration. While some correctly identified that pregnancy can occur without full intercourse, others lacked basic reproductive health knowledge. Many participants reported facing stigma and unfriendly treatment, particularly in healthcare settings, due to their status as teenage mothers. Although some experienced respectful and confidential SRH services, others encountered discrimination, delays, or were denied services for lacking a partner. Barriers such as being asked to attend antenatal care with a husband or being charged fees contributed to service delays. Participants recommended assigning dedicated staff and removing partner requirements to improve access.

Conclusion: The findings reveal significant gaps in teenage mothers' knowledge about the fertility cycle and reproduction, alongside inconsistent experiences in accessing sexual and reproductive health services. While some received supportive care, many faced discrimination, stigma, and structural barriers. These results highlight the urgent need for targeted education and inclusive, youth-friendly SRH services that address both knowledge deficits and systemic obstacles.

Oral SRHR / OA103**Knowledge and Perceptions of the Legality and Morality of Abortion Among Students in Two Institutions of Higher Learning in South Africa**

Authors: Eucebious Lekalakala-Mokgele¹; Mabina Mogale²; Sam Ntuli²; Sonto Maputle¹

¹ *University of Venda*

² *Sefako Makgatho Health Sciences University*

Background: Access to safe and accessible termination of pregnancy (TOP) is a fundamental human right. This right remains legally unrecognized in many developing nations. Although South Africa has one of the most liberal laws globally, access to these services remain limited due to lack of knowledge, moral beliefs and conscientious objections from healthcare providers.

Method: Descriptive cross-sectional study was conducted to determine the knowledge, perceptions of university students (>18 years) on the morality and legality of medical abortion. A total of 482 self-administered questionnaire were distribute to a consecutively selected sample. Stata 18 SE was used to analyse data. Descriptive statistics was used to analyse data. Summary statistics was used to analyse numerical variables and presented as means (standard deviation). Frequency distribution was used to analyse categorical variables and were presented as frequency and percentage.

Results: Most participants were aged 21 –25 years (52%), female (64.9%), unmarried (97.7%), black (99.6%), had no children (82%), at 3rd year of study (44.4%) and Christians (87%). Majority intended not to terminate pregnancy is pregnant (78%) due to need to focus on studies (43%). Most knew that abortion is legal in South Africa. About 38.5% reported would not terminate due to moral or religious beliefs. Most (65.98%) had inadequate knowledge of the law on termination. Participants' perception on the legality and morality of abortion shows a mean score of 3 (neutrality). Those with an high morality score are less likely to choose to terminate. Those with a legality perception score are twice as likely to terminate.

Conclusion: Knowledge of the legal aspect of termination law was low among participants, although most knew that abortion is legal in South Africa. Most participants did not have a strong moral or legal option of abortion however, those who scored highly on the legality perception were likely to terminate. Those scoring high on the morality perception score were less likely to terminate.

Oral SRHR / OA118**Exploring the State of Sexual Reproductive Health & Rights for Female Inmates: A Case of Lusaka Central Prison, Zambia.****Author:** LUKONDE ZIMBA¹**Co-authors:** Bellington Vwalika ¹; Manasseh mvula ²; Maureen Masumo ²; Tulani Matenga ¹; chongo Mungabo ¹;sandra chilala ¹¹ *University of Zambia School of Public Health*² *University of Zambia School of Nursing*

Background: Sexual reproductive health and rights (SRHR) encompass a multifaceted array of aspects related to human sexuality, reproduction, and overall wellbeing. These rights entail access to essential information, services, and resources that empower individuals to achieve sexual and reproductive wellbeing. Healthcare access for incarcerated individuals remains inadequate due to rising incarceration rates and overcrowding. Zambia has one of the highest global prison occupancy rates, ranking in Africa's top ten. International, regional, and national policies hail the health rights of incarcerated women, inclusive of their right to care access. Regarding SRH services for women, emphasis is on juvenile populations. For nonjuveniles, focus is on HIV services and maternal and child health. The narrow conceptualization of SRH services and limited health literacy result in incarcerated women experiencing unnecessary and unjust poor health outcomes. Empirical evidence suggests that women in prison show interest in SRHR services; however, stigma, discrimination, lack of awareness, and limited access prevent equitable SRHR delivery. This research explored the demand and supply side dimensions of SRH service accessibility for incarcerated women at Lusaka Central Prison in Zambia.

Methods: A qualitative case study was used. It included five focus group discussions with different categories of incarcerated women (purposively sampled; maximal variation) and six indepth interviews with prison and health facility staff. Ethical clearance and verbal informed consent were obtained for all activities. Analysis incorporated both deductive and inductive coding.

Results: The study found health providers had a limited understanding of the full scope of SRH services. Even among those aware of the broader range of SRH services, cultural and religious beliefs often prevented them from openly discussing or promoting these services. The prison health system's reliance on untrained peers to provide SRH information led to low levels of inmate health literacy, making it difficult for them to recognize care needs. When SRH services were provided, perceived lack of confidentiality, a paternalistic approach, and the fact that most healthcare workers are correctional officers—thought to primarily see inmates as criminals, not patients—made services unacceptable. The absence of a 24/7 sick bay and an appointment mechanism involving several players but insensitive to acute nonemergent complaints made SRH services unaccommodating. If treatment was not free, its cost was unaffordable. Lack of inhouse equipment and specialists, poor mentorship, and coordination created service delivery delays that rendered SRH services inappropriate. Incarcerated women advocated for increased availability of abortion services, mental health services, con jugal rights, and consideration of treatments for perimenopausal symptoms. Healthcare workers privately supported improved health literacy and conjugal rights for incarcerated women.

Conclusion: Empowerment of incarcerated women and increased health literacy propel women's autonomy to advocate for SRH services. Healthcare workers' positionality affects their ability to engage with and raise awareness of SRH services.

Oral SRHR / OA138**Intimate Partner Violence and utilization of Antenatal Care services in the suburbs of Kampala, Uganda.**

Author: AISHA NALUBUUKA¹ *LIRA UNIVERSITY*

Background: Intimate Partner Violence (IPV) is a major public health concern in low-resource settings and reduces antenatal care (ANC) utilisation. Despite many interventions in Uganda, IPV remains common, especially in suburban Kampala. While ANC is vital for maternal and fetal health, IPV can hinder its use. This study aimed to investigate the relationship between IPV and utilisation of ANC in the suburbs of Kampala, Uganda.

Methods: A cross-sectional study involved women aged 15 to 49 who delivered in the last 12 months and accessed ANC services during their recent pregnancy. A total of 398 participants were selected through random sampling at Kawaala Health Centre IV and Kiswa Health Centre III in the Rubaga and Nakawa divisions. Data were collected using a structured questionnaire adapted from validated tools. Analysis was performed, summarizing participant characteristics with descriptive statistics. Bivariate and multivariate analyses used Poisson regression, with significance at $p < 0.05$.

Results: Participants were aged 25–34 years (49.7%), married (89.3%), and 77.5% had formal education. While 96.2% of women had at least one ANC visit, only 34.4% completed the recommended four or more. IPV prevalence was 53.3%, with emotional violence (52.6%) most common, followed by physical (38.1%) and sexual violence (2.5%). Women experiencing IPV were less likely to attend four or more ANC visits (AOR 0.6862, 95% CI 0.6054–0.7779). Sexual violence linked to reduced ANC attendance (AOR 0.8475, 95% CI 0.7584–0.9472), while emotional violence was associated with higher ANC use (AOR 1.3355, 95% CI 1.1989–1.4877). Education, marital status, and access to ANC services influenced utilization.

Conclusions: Lower ANC utilization is evident among women experiencing IPV in Kampala's suburbs. Sexual violence significantly hinders access to essential care. Policymakers and providers must collaborate to create safer environments and promote equitable maternal healthcare.

Keywords: Intimate Partner Violence, Antenatal Care, Utilization, Suburbs.

e-POSTER ABSTRACTS/ CONTRACEPTIVE CARE (CC)

Poster CC / EP13

Knowledge and practices of emergency contraception use and associated factors among female undergraduate students in Northern Uganda: A cross-sectional study

Authors: Anna Grace Auma¹; Barbra Kelly¹; Benedict Arebo¹; Humphrey Beja¹; Isaac Obonyo¹; Tonny Ocen¹

¹ Lira University

Background:

Emergency contraception (EC) can prevent up to 95% of unplanned pregnancies if used correctly. Despite efforts to enhance its accessibility, cost and cultural stigmas persist as formidable barriers.

Objective:

This study assessed the knowledge and practices of EC use and determined the associated factors among the female undergraduate students of Northern Uganda.

Design:

This was a descriptive, institutional-based cross-sectional study conducted among the female undergraduate students of Lira University in Northern Uganda.

Methods:

Data were collected from 328 female undergraduates who were surveyed using self-administered questionnaires after obtaining informed consent from them. Data were analyzed using Statistical Package for Social Sciences (SPSS) and presented as frequencies and percentages, and binary and multiple logistic regressions were used to determine the association between the outcome variable and the independent variables. Results were presented as odds ratios with 95% confidence intervals, and associations were considered statistically significant at $p \leq 0.05$.

Results:

The response proportion was 328/334 (98%). Majority of the participants were 18–23 years old (233/328; 71.0%), had a consistent sexual partner (221/328; 67.4%), and unmarried (206/328; 62.8%). Almost all the participants (315/328; 96%) had heard about EC, where 150/328 (45.7%) learned about EC from health professionals and 135/328 (41.2%) learned about EC from family members and friends. The most well-known brand of EC was Postinor-2 (Levonorgestrel), as reported by 130/328 (39.6%) participants. Of the study participants, 200/328 (61.0%) were knowledgeable about the correct timing of EC. Regarding practices of EC use, 214/328 (65.2%) used EC, of whom 122/214 (57.0%) acquired EC from the pharmacy, and most of the participants who had used EC used Postinor-2 (92/214; 43.0%). Of those who used EC, 175/214 (81.8%) used it to prevent unplanned pregnancy, and 182/214 (85.0%) participants used it with the correct timing. The factors that were associated with EC use were being a student who was studying at the Faculty of Health Sciences (adjusted odds ratio (AOR): 4.27, CI: 1.61, 10.09, $p \leq 0.003$) and the absence of a consistent current sexual partner (AOR: 8.63, CI: 4.49, 16.59, $p \leq 0.00$).

Conclusion:

Participants showed good EC knowledge and usage, but gaps persist. Factors like being a student who was studying at the Faculty of Health Sciences, and lack of a consistent current sexual partner correlated with EC use. Consistent education efforts are needed to address knowledge gaps, focusing on diverse EC forms, reliable information, and affordability.

Poster CC / EP14

Patterns and Factors Associated with Emergency Oral Contraceptive Use Amongst Undergraduate Students of Mbarara University of Science and Technology

Author: Hellena Angella Nagawa¹

¹ *Pharmaceutical Society of Uganda*

Authors:

Angella Hellena Nagawa¹ and Edward John Lukyamuzi¹ Affiliations

Department of Pharmacy, Mbarara University of Science and Technology, Mbarara, Uganda. Presenting Author:

Ms. Angella Hellena Nagawa, BPharm.,

Mbarara University of Science and Technology, Mbarara, Uganda. Mobile: +256783995303

Email: hellenahagawaluyinda@gmail.com

Background: Globally, there are more than 100 million daily acts of sexual intercourse resulting in approximately 1.5 million daily unplanned pregnancies, mostly in low- and middle-income countries. With only 38% of Ugandan women aged 15-49 using modern contraceptive methods, university students face a higher risk of unplanned pregnancies and their consequences due to their unique reproductive health needs. Emergency oral contraceptives (EOC) play a crucial role in preventing unplanned pregnancies. Our study aimed to determine the prevalence, patterns, and factors associated with EOC use among female students at Mbarara University of Science and Technology (MUST).

Methods: A cross-sectional study was conducted among undergraduate students at MUST in South- western Uganda in August 2023. A stratified sampling technique was used to select female students aged 18 years and above across the different faculties after informed consent. Data was collected using a semi-structured questionnaire and analyzed using SPSS v20. A multivariable logistic regression was used to determine the adjusted estimates and associations between EOC use with the sociodemographic and behavioral variables. A p-value <0.05 for multivariate analyses was deemed statistically significant.

Results: A total of 485 participants, the majority from the Faculty of Medicine and a median age of 21 were enrolled. Overall, 44.9% (n= 218) of the participants had ever used EOC. Of these, 76.7% reported using them following unprotected sex, with Lydia™ being the most used brand (48.6%), within the last 3 years (27.6%). The most common source of EOC was pharmacies (80.3%). Age above 21 years (adjusted odds ratio (AOR)=2.30, 95% CI: 1.46-3.72, p=0.001), being a student from the faculty of science (AOR=3.34, 95% CI:1.35-8.27, p=0.009), and having heard about emergency oral contraceptives from radio/TV (AOR=1.39, 95% CI: 0.33-0.81, p=0.003) were significantly associated with EOC use.

Conclusion: Nearly half of female undergraduate students at MUST had used EOC. Universities should enhance reproductive health education and ensure accessible contraceptive services on campus to support female students' reproductive health needs. Future studies should examine innovative implementation strategies to increase the uptake of long-term modern contraceptives in this population. **Keywords:** emergency contraception, university students, Uganda.

Poster CC / EP15

what are the barriers to contraceptive use among women of child bearing age in Zombo district?

Author: Ayoo Kevin Sunday^{None}

Co-authors: AKELLO JULIET ; OGWAL JAMES

Background

Contraceptive use among women of reproductive age in a rural setting like Zombo is still worryingly low, as low as 12.4% yet their level of sexual activity is high. This is particularly a pressing issue because 55.1% of Zombo's population comprises youths below 18 years and this results in an increased rate of unintended pregnancies leading to school dropout or unsafe abortion, sexual violence and acquiring sexually transmitted infections. Furthermore, the household poverty level in this area is so high that having more than 5 children increases the risk of malnutrition in children under 5 and low socio economic status in the households.

It was noted that most women attending antenatal and those delivering from Nyapea hospital were grand multiparous with gravidity ranging between 5-11 and this was mainly due to the very low family planning consumption rates in this community. The fertility rate in Zombo district currently is 14.4% which is very high and many of these women are teenagers. We then decided to carry out a study to ascertain why there is a very low contraceptive prevalence rate in this

area.

Methods

A cross sectional study was done on 484 women of reproductive age attending general OPD, antenatal care and maternity services from Nyapea hospital, all residing within Zombo district. They were interviewed using standard questionnaires during the hospital visits in 2025. The outcome variables were knowledge about, access to and use of contraceptives. We then compiled the data and described it using percentages.

Results

Participants demonstrated a high knowledge of contraceptive methods(94%). Most of them had never used contraceptives before (89%) and were not planning to use in future and these strongly attributed it to their staunch religious beliefs. Most of these were Catholics (96%) while 1% were Muslims. Other barriers to use of contraceptives included pressure to have many children, myths that they cause congenital anomalies, limited access as most of the facilities in the area were Private Not For Profit church based not offering modern contraceptive services, long distance to access government facilities that offer contraceptive services, side effects like prolonged bleeding with implants, delay in return of fertility, stock out of contraceptives and lack of privacy at service points.

Conclusions

Despite demonstrating a high knowledge of contraception, religious resistance is a huge barrier to contraceptive use and uptake in a highly religious community like Zombo. There is increasing need to engage with the religious leaders to encourage modern contraceptive use and also allow the church based facilities to offer such services for the good of families. Whereas the need to demystify unscientific beliefs about contraceptives cannot be over emphasized.

Poster CC / EP29

Dual Contraceptive Use and Associated Factors Among Female Sex Workers in Busia Municipality, Busia District, Uganda in 2024

Author: Macho Emma Lando¹

Co-authors: Shafik Nsabiyeera ¹; Moris Nandala ¹; Emmanuel Kutesa ¹; Pebalo pebolo

¹ Faculty of Medicine, Gulu University

Background:

Contraceptive use among female sex workers (FSWs) in Uganda remains low at 42%, compared to the national average of 58%. Uganda's large youth population has contributed to a significant number of women engaging in consensual sex work for financial or material gain. Dual contraception—the combined use of a modern contraceptive and a barrier method—is essential for preventing unintended pregnancies and sexually transmitted infections (STIs), including HIV, particularly among high-risk groups like FSWs. Although research exists for other regions, little is known about dual contraceptive use in high-volume border areas like Busia District. Addressing this gap is crucial to mitigate health risks such as unsafe abortions, maternal injuries, and increased maternal and child mortality among FSWs. This study aimed to assess the prevalence and factors associated with dual contraceptive use among FSWs aged 15–49 years in Busia Municipality, Uganda, in 2024.

Methods:

A cross-sectional, quantitative study was conducted among FSWs in Busia District, a high-risk area at the Uganda–Kenya border. Using respondent-driven sampling, 375 participants were recruited. Data were collected through semi-structured questionnaires in English and Kiswahili. Independent variables included age, number, and socio-economic status, while dependent variables focused on the prevalence and use of dual contraception. Data analysis involved bivariate and multivariate logistic regressions, with confidentiality and quality control strictly maintained.

Results:

The study included 375 FSWs with a median age of 27 years (IQR 23–30). Most participants lived in urban settings (83.2%), had completed primary education (41.9%), and were either separated (42.1%) or never married (39.2%). High rates of unplanned pregnancies (83.7%) and abortions (46.4%) were reported. Although 82.7% of participants used modern contraceptives—primarily injectables (41.9%) and oral pills (36.1%)—only 42.1% consistently used condoms. Overall, dual contraceptive use was 32.3%. Factors significantly associated with dual use included having primary education (cOR 3.2, $p = 0.032$), rural residence (cOR 1.5, $p = 0.016$), cohabitation (cOR 5.2, $p = 0.003$), a history of abortion (cOR 1.9, $p < 0.001$), unplanned pregnancy (cOR 1.5, $p = 0.020$), and PrEP use (cOR 1.8, $p = 0.002$). Experiences of client violence and non-payment also influenced contraceptive practices.

Conclusion:

Dual contraceptive use among FSWs in Busia Municipality is low, with only about one-third adopting this essential protection. Marital status, reproductive health experiences, and exposure to gender-based violence strongly impact uptake.

Targeted interventions addressing these factors are urgently needed to improve dual contraceptive use and safeguard the health of FSWs.

Poster CC / EP30

Intention to use lactational amenorrhea method as a family planning by postpartum women in Ethiopia: A multicenter study

Author: Tadesse Gure Eticha¹

Co-authors: Abdi Birhanu²; Abel Gedefaw²; Abera Kenay Tura¹; Addisu Alemu¹; Bedasa Taye¹; Demesew Amenu³; Fekede Assefa¹; Galana Mamo¹; Kabtamu Niguse¹; Sagni Girma¹; Thomas Mekuria⁴; Tinsae Genet

¹ *Haramaya University*

² *Hawassa University*

³ *Jimma University*

⁴ *St. Paul Millennium Medical College Hospital*

⁵ *University of Gondar*

Background: Although the Lactational Amenorrhea Method (LAM) is one of the safest family planning methods, there is limited evidence regarding intention of women to use it and its associated factors in many settings, including Ethiopia. This study was conducted to assess intention of post-partum women to use LAM and factors affecting associated with it in Ethiopia.

Methods: A multi-center hospital-based study was conducted on postpartum women who gave birth in major referral hospitals in Ethiopia. Data on their birth experience and intention for family planning were collected through face-to-face interview at discharge. Factors associated with intention to use LAM were identified using binary and multivariable logistic regression. Finally, the adjusted odds ratio along with the 95% confidence interval (CI) were reported, and statistical significance was declared at a p-value < 0.05.

Results: Of 3148 postpartum women interviewed, 1317 (41.8%) reported their intention to use LAM. Intention to use LAM was associated with urban residence (AOR 2.38; 95% CI 1.29–4.41), receiving counseling about family planning (AOR 1.29; 95% CI 0.87–1.90), hearing about the importance of LAM (AOR 1.97; CI: 1.28–3.02), and a history of LAM utilization (AOR 1.65; 95% CI).

Conclusion: The intention to use LAM as a family planning method was low in Ethiopia. Residence, knowledge about LAM, and prior experience were factors associated with intention to use LAM. Counselling about family planning including LAM is important to increase LAM utilization especially for those who has low access and doesn't want to use modern contraceptives, LAM is a very effective natural method to use it.

Poster CC / EP32

Men's Influence on Women's Utilization of Long Acting Reversible Care (LARC) in Mazabuka District, Southern Province, Zambia.

Author: Mwitwa Mugode¹

Co-authors: Halwiindi Hikabasa¹; Maureen Masumo¹; Tulani Matenga¹; Alice Ngoma Hazemba¹

¹ *University of Zambia School of Public Health*

Introduction

Long-acting reversible contraceptives (LARCs) significantly enhance maternal health by reducing maternal mortality through delayed childbirth, optimal birth spacing, and prevention of unplanned pregnancies and unsafe abortions. Despite their proven benefits, LARC adoption remains critically low in many Sub-Saharan African countries. In Zambia, 0.5% of women use intrauterine devices (IUDs), and 6.1% opt for implants, underscoring systemic gaps in equitable access to and uptake of family planning services. A key barrier lies in entrenched gender dynamics: male partner opposition, often rooted in socio-cultural norms that prioritize men's dominance over reproductive decisions, frequently restricts women's autonomy in contraceptive choice. Addressing this disparity requires a deeper understanding of how men's attitudes and societal expectations shape women's agency in adopting LARCs. This study explores the socio-cultural

dynamics shaping men's influence on women's decision-making around LARC use.

Methodology

The study adopted a qualitative case study design in Nakalamba Town of Mazabuka district, Southern Province. Data collection involved Four (4) Focus group discussions; One with older married men, one with younger married men, one with older married women and one with younger married women. Eight (8) Key Informant Interviews (KII) with health care providers including Nurses and Community Health Workers (CHWs). Four (4) In-Depth Interviews (IDI) were conducted with 2 males and 2 females coming to a total of 16 interviews. Deductive thematic analysis was employed using the Consolidated Framework for Implementation Research (CFIR). Initial codes were generated and organized under the specific CFIR Constructs and Domains. The codes were reviewed, discussed and refined through three iterative rounds- collapsing, redefining and revising where necessary until the themes adequately captured the data.

Results

Women's access to LARC frequently depended on their husband's approval, with many men either objecting to contraceptive use or pressuring their wives to discontinue use. This opposition was rooted in community-level misinformation, such as beliefs that LARC causes infertility, disability in children, long-term illness, or the suspicions that contraceptives promote infidelity. These misconceptions raised mistrust and led men to restrict or discourage their partners from using LARC. While some women reported having supportive partners who provided financial assistance for family planning, the majority navigated the use of LARC secretly, by sometimes lying about discontinuing a method or timing clinic visits to coincide with their husband's absence. Although women demonstrated resilience and agency in safeguarding their reproductive autonomy, they made these choices within a broader context of restrictive gender norms and prevailing male dominance in decision-making.

Conclusion

The findings indicate that male partners play an important role in shaping women's uptake of LARC, often acting as primary decision-makers. Male partners play a critical yet often obstructive role in the uptake of LARC by their spouses. In most cases, men are final decision makers, with women either secretly initiating contraceptive use or abandoning it altogether due to fear of conflict, accusation of infidelity or domestic instability. These findings underscore a pressing need for targeted male engagement strategies, culturally sensitive education, and community level advocacy to address misconceptions and promote uptake of LARC.

Poster CC / EP36

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

Author: Emmanuel Ekung¹

Co-authors: James Okello²; Samson Udho¹

¹ Lira University

² Lira Regional Referral Hospital

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 up-take 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.

Poster CC / EP42

Facilitators and Barriers of Female Condom Utilization among Female Adolescents in Namwala District of Southern Province, Zambia (qualitative Study)

Author: Natalia Mbewe¹

Co-author: Alice Ngoma Hazemba

¹ UNZA

Background:

Female condoms are globally recognized as a vital tool for dual protection against unintended pregnancies and sexually transmitted infections (STIs), particularly HIV. Despite global advocacy and investments, their uptake remains alarmingly low, accounting for less than 2% of global condom use, with the majority concentrated in high-resource settings. Adolescents in Sub-Saharan Africa, including Zambia, face disproportionate risks of early pregnancies STIs and HIV, yet the adoption of female condoms is minimal due to multifaceted barriers. In Zambia, policy frameworks support sexual and reproductive health rights (SRHR), but in rural settings like Namwala District, actual utilization among female adolescents remains limited. Barriers such as cultural taboos, limited awareness, poor access, negative gender norms, and misconceptions about female condom usability persist. However, facilitators such as peer-led education, youth-friendly services, and school-based SRHR interventions present opportunities for enhanced uptake. This study explored the facilitators and barriers to female condom use among female adolescents in Namwala District of Southern Province.

Methods:

A qualitative exploratory approach was employed to gain in-depth insights into the experiences and perspectives of female adolescents aged 15–24 years. Purposive sampling was used to recruit participants from both urban and rural settings within the district. Data were collected through in-depth interviews and focus group discussions. Thematic analysis was conducted, supported by NVivo software for systematic coding and theme development.

Results:

We identified Four major themes: (1) Knowledge, Awareness and Perceptions; (2) Socio-cultural Influences; (3) Access and Availability; and (4) Usability and Acceptability. While some participants demonstrated basic awareness of the female condom, knowledge about its correct use and benefits was generally limited. Cultural norms, gender dynamics, and stigma surrounding adolescent sexuality were major barriers to utilization. Access was also hindered by limited availability of female condoms in health facilities and community outlets, especially in rural areas. Furthermore, participants cited challenges related to the physical design of the female condom, including perceived discomfort and difficulty in use, which affected overall acceptability. Nonetheless, facilitators included positive peer influence, supportive healthcare workers, and targeted youth-friendly education initiatives.

Conclusion:

Female condom utilization among female adolescents in Namwala District remains low due to a combination of knowledge gaps, cultural barriers, limited access, and usability concerns. Integrating global insights with local realities, this study underscores the need for comprehensive sexuality education, community sensitization, enhanced availability, and culturally sensitive programming to improve uptake and support adolescent sexual and reproductive health rights.

Keywords: Female condom, adolescent health, barriers, facilitators, sexual and reproductive health

Poster CC / EP47

Acceptability of Intrauterine Contraceptive Devices (IUCDs) Use Immediately Post-abortion among Young Women aged 15-24 at a Referral Hospital in a Rural Province in Zambia.

Author: Mukumbuta Nawa¹

Co-authors: Alice Ngoma Hazemba ²; Maureen Masumo ²; Samantha Munang'andu ²; Tulani Francis Matengæ

¹ *Levy Mwanawasa Medical University*

² *University of Zambia*

Introduction: Utilisation of long-term family planning methods among women in the reproductive age group in Zambia is low (1%), compared to the use of contraceptives in general, which stands at 48%. There is limited information on the use of IUCDs among young women aged 15 –24 years in Zambia, even though they stand to benefit more from the use of IUCDs as they offer convenience and long-term contraception without the need for frequent health facility visits. This study investigated the acceptability of IUCD use among young women.

Methodology: The study used a qualitative case study design at Lewanika General Hospital, the only referral hospital in the Mongu District of the Western Province of Zambia. In-depth interviews were conducted among young women aged 15 –24 who were purposively sampled immediately post-abortion, ensuring maximum variability for age and education; further, service providers were interviewed as key informants. The sample size was determined by thematic saturation. The data was analysed in N-vivo using thematic analysis using a deductive approach following the WHO Theoretical Framework of Acceptability. The study protocol was ethically approved by the University of Zambia Bio-Medical Ethics Committee (Approval No. 5466-2024).

Results: A total of 19 young women aged 15 –24 years were interviewed; the median age was 18 years, and the majority were single and unemployed. Additionally, eight nurse midwife practitioners were interviewed; a majority of them had diplomas in registered nursing and certificates in midwifery. The young women were primarily familiar with contraceptive pills and injectables, with fewer knowing about implants and very few aware of IUCDs. The acceptability of IUCDs was low, mainly due to a lack of knowledge about the devices and their benefits, coupled with fears of uterine injury or discomfort to their male partners during sexual intercourse. While personal fears and misconceptions stemming from this lack of knowledge were the primary reasons for avoiding IUCDs, religious or cultural influences were not significant factors. Although a few young women recognised the convenience and long-term advantages of IUCDs over frequent visits for injections or pill refills, their confidence and self-efficacy in using them was generally low. Healthcare providers confirmed that their facilities were well-stocked with IUCDs, and they themselves were knowledgeable and trained in IUCD insertion. However, they also emphasised that the low acceptance of IUCDs among young women was largely due to individual fears arising from a lack of knowledge. No health provider raised moral conflict on the ethicality of providing IUCDs to young women.

Conclusion: The study found that the hospital was well supplied with IUCDs and trained health care providers, but the acceptability of IUCDs among women aged 15 –24 years was low, mainly due to misconceptions and lack of knowledge on this contraceptive method. The study recommends heightened sensitisation of the communities on IUCDs and their benefits of convenience and longevity, especially among young women who may not be compliant with short-term contraceptives such as pills and injectables.

Key Words: Intrauterine Contraceptive Devices, Young Women, Adolescents, Acceptability.

Poster CC / EP51

Perception of Muslim women of childbearing age from 15 to 49 years on the use of contraceptive methods in the Briqueterie District in Cameroon

Author: Nathalie Kemmogne Kankeu¹

¹ *SPECIALISED NURSES SCHOOL MIDWIVES AND OPTICIAN-REFRACTIONNISTS*

Context: Cameroon faces a high maternal mortality rate, which means that it remains a priority public health problem. This rate is estimated at 406 deaths in 2018 and 438 in 2020 per 100,000 live births (Demographic Health Surveys (DHS), 2020). However, many strategies are being implemented in order to reduce this rate to 70% as targeted in the 2030

Sustainable Development Goals. Family planning is an essential way of prevention of postpartum hemorrhage, which is the main cause of maternal death (measuring maternal mortality in sub-Saharan countries: an example in Cameroon, 2024). Unfortunately, the prevalence of attendance and use of services remains low, estimated at 19% of women aged 15-49, of which 15% use a modern method and 4% a traditional method (DHS 2018). The country still faces many deficiencies in contraception, particularly observed among the Muslim community with the preponderance of ISLAM as in the north part of Cameroon very low estimate 1.4% and 7.1% in Adamaoua region due to cultural and religious considerations (ZRA ISSA, 2008). This study aimed to identify the perception of Muslim women of childbearing age from 15 to 49 years on the use of contraceptive methods in the Briqueterie District in Cameroon.

Methods: A mixed (quantitative and qualitative) descriptive research was conducted among 385 Muslim women of reproductive age aged 15 to 49 years during August 2024. The target women were selected using a household survey approach, notably the random walk technique. A questionnaire has been used for the quantitative part, an interview guide and focus groups for the qualitative part. The outcome (dependent) variables were knowledge, types of contraception used. The protocol was approved by the national ethical committee.

Key findings: A total of 385 women aged 15 to 59 participated in this study with an average age of 29.8 years old. The participants have mostly already heard about the contraceptive method (78.7%), especially those with a higher level (90%). Among traditionally married women (35% of the sample), who represents the largest proportion, only 36.9% use a contraceptive method. Regarding the decision to use a contraceptive method, 35.6% of women explain that the decision is jointly taken in the couple (48.9%), even if they affirm that the decision on the number of children in the couple is up to «ALLAH» 48.9%.

Conclusion: This study focusing on the perception of Muslim women on the use of contraceptive methods in the Briqueterie district of Yaoundé, also highlights an urgent need for an awareness session for couples and community leaders on the issue of birth spacing, the desire for procreation and birth control in order to achieve the desired number of children. It is also possible to propose practical actions on the use of contraceptive methods.

Poster CC / EP53

Perceptions and Acceptability of Self-Injection Contraceptive (Sayana Press) among Women in Peri Urban Communities of Lusaka Zambia: A Qualitative Study

Author: Choolwe Jacobs¹

Co-authors: josephine Nkhawani ²; Esther Mumbuluma ¹; Alice Hazemba ³

¹ University of Zambia, School of Public Health

² Department Of Epidemiology and Biostatistics, School of Public Health, University of Zambia, Lusaka, Zambia

³ Department of Community and Family Medicine, School of Public Health, University of Zambia, Lusaka, Zambia

Background: Unintended pregnancy remains a major public health concern for women of reproductive age, particularly in low-income countries. Contraceptive self-injection such as Sayana Press (DMPA-SC) offer a promising self-care intervention that supports women's autonomy and access to reproductive health services, particularly in resource-limited settings. However, their acceptability and perceptions among women in peri urban communities such as in Zambia remains underexplored. This study explored the perceptions and acceptability of self-injection contraceptives among women living in peri urban communities of Lusaka Zambia.

Methods: The study employed a qualitative case study design in peri-urban communities of Lusaka, Zambia (Kanyama and Chawama). Data was collected between August and October 2025 among 32 women of reproductive age who had previously used and not used Sayana Press. In-depth interviews (IDIs), and focus group discussions (FGDs) were used to collect data. Participants were recruited from outpatient departments and maternal and child health units. The discussions were recorded, transcribed verbatim, and translated from Nyanja or Bemba to English. Transcripts were coded precisely, and data analysis was performed using Dedoose version 9, employing both open coding and framework analysis approaches to identify emerging themes.

Results: Women generally found self-injection contraceptives acceptable, with perceptions shaped by both enabling and limiting factors. Key facilitators included the convenience and autonomy that self-injection offered, allowing women to manage their contraception privately and independently— particularly valuable in communities where access to healthcare is limited. Participants appreciated being able to avoid long travel distances, clinic wait times, and stigma associated with facility-based family planning services. The method's minimal pain and side effects also contributed positively to its acceptability. However, several barriers influenced hesitancy. Many women expressed concerns about their ability to correctly administer the injection, fearing mistakes that could lead to health complications or pregnancy. Despite receiving training, some participants still reported anxiety, lack of confidence, and fear of doing it wrong. Others highlighted

challenges linked to low health literacy, forgetfulness, and social judgment. Stigma around contraceptive use—especially among peers or community members—further discouraged uptake.

Conclusions: Self-injection contraceptives are generally acceptable but face barriers such as fears of incorrect use, low health literacy, anxiety, stigma, and concerns about forgetting doses. To fully realize the benefits of self-care, especially in resource-constrained urban areas targeted strategies are needed—combining clear education, practical hands-on training, ongoing support, and community engagement—to build user confidence and address both individual and social barriers.

Keywords: Self-Injection, Contraceptives, Sayana Press, Zambia, Perceptions, Acceptability

Poster CC / EP59

Family planning experiences and needs among women attending psychiatric outpatient care at a national referral hospital in Lusaka, Zambia

Author: Kestone Lyambai¹

Co-author: Ruth Wahila^{1 1} *University of Zambia*

Background: Family planning is vital for reproductive health, but women with psychiatric disorders face unique access challenges, particularly in low-resource settings. While Chainama Hills Hospital is Zambia's National referral psychiatric facility, little is known about the unique family planning experiences and needs of women attending its outpatient services. Understanding these nuances is essential for developing effective, integrated care. This study aimed to investigate the family planning experiences and needs of women attending psychiatric outpatient care at Chainama Hills Hospital.

Methods: A qualitative interpretive phenomenological study was conducted at the Chainama Hills Hospital psychiatric outpatient department. Participants included ten purposively selected women aged 18- 49 receiving care and seven healthcare providers working within the facility. Data were collected through in-depth, semi-structured interviews using developed guides. All interviews were audio-recorded with consent and transcribed verbatim. Thematic analysis was used to analyze the transcribed data. Ethical clearance was obtained.

Results: Key findings revealed a significant unmet need for accessible, integrated family planning services located within the mental health facility itself. Participants described multiple, intersecting barriers to accessing care externally. Stigma emerged as a dominant theme, with participants expressing fear of judgment or discriminatory attitudes from healthcare providers in general clinics due to their mental health diagnosis. A lack of tailored information and counseling that considered their specific mental health conditions, potential medication interactions, and cognitive challenges was frequently reported. Furthermore, inconsistent availability of preferred contraceptive methods and affordability issues presented practical obstacles. Mental health symptoms were found to directly impact women's ability to consistently use certain methods, influencing a preference towards LARCs among some, while others had differing needs. Though not universally available, support from partners and family emerged as an important facilitator.

Mental health symptoms, such as memory impairment or mood fluctuations, were reported to directly interfere with the ability to consistently use methods requiring daily adherence (e.g., pills), leading some women to express a strong preference for Long-Acting Reversible Contraceptives (LARCs). However, needs varied, with others requiring different options based on their condition, side effect profiles, or personal circumstances.

Conclusions: Women receiving psychiatric care at Chainama Hills Hospital face significant barriers hindering their access to essential family planning services. The findings underscore the need to integrate tailored, stigma-free, comprehensive family planning services within the mental health setting. Achieving this requires training mental health staff in family planning provision sensitive to psychiatric conditions (including counseling on LARCs and managing side effects alongside psychotropic medications), policy changes to support integrated care models, and ensuring consistent contraceptive availability at the point of psychiatric care. Addressing these factors is crucial for improving the reproductive health outcomes for this vulnerable population.

Poster CC / EP60

Re Influence of Social Networks on Contraceptive Use Among Adolescent Girls and Young Women in Chawama Township in Zambia

Author: Tulani Francis L. Matenga¹

Co-authors: Andrew Kumwenda¹; Inyambo Mumbula ; Kumbulani Mabanti¹; Maureen Masumo¹; Mulanda Joseph Mulawa¹; Mwitwa Mugode¹; Namayipo Nankamba¹; Sandra B. Chilala¹; Joseph Mumba Zulu¹; Alice Hazemba¹

¹ University of Zambia

Background: Adolescent girls and young women (AGYW) in Zambia face significant challenges in accessing and using contraception, resulting in high rates of unintended pregnancies, unsafe abortions and sexually transmitted infections, including HIV. While social networks, particularly peers, play a decisive role in shaping AGYW's attitudes and decisions about contraceptive use, they can perpetuate misconceptions and stigma, further hindering effective contraception uptake. Despite the critical role these social influences play, most existing research has focused primarily on service access with limited attention to how social networks impact AGYW's contraceptive use. To address this gap, the study explored how social networks influence contraceptive use among AGYW in Zambia's Chawama township.

Methods: As part of a sequential mixed methods study, 12 HIV-positive and 12 HIV-negative AGYW who completed a quantitative Audio Computer-Assisted Self-Interviewing (ACASI) interview were invited for a qualitative interview. A semi-structured interview guide explored the context and meaning of life decisions and protective behaviours that shape contraceptive use. Data was analyzed using a thematic approach guided by the social network theory as a lens of analysis.

Results: The study found that social networks play a significant role in shaping contraception use among AGYW. Peers emerged as the primary and most influential source of information about pregnancy prevention and contraceptive use. Unfortunately, these social networks often perpetuate misinformation, with some AGYW consuming energy drinks and mixing Piriton with sugary beverages to prevent pregnancy, reflecting misconceptions about pregnancy prevention. Social networks played an important role in shaping behaviours, particularly by normalizing early sexual initiation and discouraging contraceptive use. Beliefs such as urinating after sexual intercourse and perceived risks associated with contraceptive methods were linked to lower contraceptive uptake among AGYW. Prevailing norms existed within these social networks, including gendered beliefs that restrict women's autonomy over reproductive decisions. Further, the study found that complex social dynamics within these networks, such as dependency, limited support, coercion, gender-based violence, and unequal power relations, all undermine AGYW's ability to make independent and informed choices about contraception. These challenges in social networks influence both social and structural barriers and contribute to high rates of unintended pregnancies, unsafe abortions and related health complications among AGYW.

Conclusion: AGYW are significantly influenced by their social networks, including friends and partners, in shaping their attitudes and behaviours around sexual activity and contraceptive use. These networks, while providing some level of support, often perpetuate misinformation, reinforce coercive relations and limit AGYW's autonomy in decision-making about using contraceptives. This role of social networks in perpetuating misinformation is a significant issue that needs to be addressed. The lack of independent decision-making highlights the urgent need for targeted interventions that leverage existing social networks to correct information and empower AGYW with accurate sexual and reproductive health information. Providing gender-sensitive, supportive peer environments is a vital step toward improving contraceptive use among AGYW. The need for these interventions is pressing, given the current situation.

Poster CC / EP61

Contraceptive use among female survivors of Intimate Partner Violence presenting for abortion care in Lusaka District: A mixed methods study

Author: EUGINE KAUNDA^{None}

Background: Intimate Partner Violence (IPV) have been shown to affect women's access to reproductive health services including contraceptives. According to the Zambia Demographic Health Survey 2018, the Contraceptive Prevalence Rate for modern methods stands at 50% while IPV affects 47% of women in the reproductive age in Zambia. Studies have shown that IPV affects women's contraceptive choices. In Zambia, information on how different forms of IPV affect contraceptive use

among women of reproductive age is lacking. Understanding this association will allow for development of policies and strategies aimed at increasing contraceptive use among women who experience IPV. This study therefore aimed at studying the association between contraceptive use among women presenting for abortion care who experienced IPV and the different forms of IPV, as well as barriers and facilitators to contraceptive use among these women.

Methods: A Mixed methods study was conducted at four hospitals within Lusaka District. Participants presenting for abortion care who admitted having experienced any form of IPV were included in the study. For the quantitative component, participants were selected using convenience sampling and they completed cross-sectional data using a pre-tested interviewer administered questionnaire. For the qualitative component, participants were purposively selected and they provided In-depth qualitative interview data using a pre-tested interview guide. Data were collected from 1st November to 31st December 2024. The dependent variable was contraceptive use within the last 6 months, while independent variables were the forms of IPV experienced and Socio-demographic characteristics of the respondents. Quantitative data was analysed using descriptive statistics and multiple logistic regression. Qualitative data analysis was done using the inductive approach and thematic analysis.

Results: A total of 367 respondents participated in the quantitative part of this study, with a median age of 25 years (IQR 22-30). The commonest form of IPV experienced was emotional violence (n=290, 79%). Sixty-four percent of women who experienced IPV had used contraceptives within six months. Women who experienced emotional IPV were three times more likely not to use contraception (COR=2.8; 95% CI 1.52 –5.15, p=0.001). Women who had attained secondary school education were 56% more likely to use contraception (COR=0.44; 95% CI 0.25 –0.77, p=0.004). For the qualitative part, 13 respondents participated in the study. Fear of violence from the partner emerged as the major theme among women who stopped or were not using contraceptives. The barriers to contraceptive use were: use of contraceptive methods that were mainly visible like contraceptive pills and male dominated ones like condoms. The main facilitator to contraceptive use was use of “hidden” contraceptive methods like injectables and implants.

Conclusion: Emotional violence was the commonest form of IPV experienced by women attending abortion care services in Lusaka and women who experienced it were less likely to use contraception compared to women who experienced other forms of IPV. Fear of violence from partners was the main reason for stopping or not using contraceptives. Promoting long-acting reversible contraceptives such as injectables, implants and intrauterine devices that are hidden can increase use by women facing intimate partner violence.

Poster CC / EP65

Immediate postpartum intrauterine contraceptive device acceptance, use and associated factors among mothers delivered in two district hospitals in Yaounde, Cameroon

Author: Dongmo Tiodjou Roosevelt¹

Co-authors: Fouedjio Jeanne ¹; Fouelifack Ymele Florent ²; Jacques NGUEND MBOCK ³; Sah Ulrich ¹; Wadjou Chimi Gaelle ¹

¹ University of Yaounde I

² Higher Institute of Medical Technology of Nkolondom

³ Medical doctor

Background: In Cameroon, over 70% of women who give birth do not return to the health facility for their 6th week postpartum visit, during which contraceptive services are routinely offered. These mothers miss the opportunity to get long-acting reversible contraception (LARC) which aims at reducing their risk for unintended and short-interval pregnancies. LARC use contributes in decreasing unsafe abortions rate as well as maternal and perinatal morbidity and mortality. The insertion of a copper-based immediate postpartum intrauterine device (IPPIUD) as a LARC is a valuable opportunity to support women in achieving their desire for birth spacing within an integrated healthcare approach. However, there is paucity of data on the topic of IPPIUD in Cameroon. Therefore, this study assessed IPPIUD acceptance, use and the associated factors among mothers who gave birth in two district hospitals in Yaounde, Cameroon.

Methods: A hospital-based cross-sectional study was conducted in two randomly selected district hospitals out of eight in Yaounde, Cameroon. Data were collected from women in their immediate postpartum period (from 10 minutes after placental delivery till 48 hours postpartum), over a six-month-period (October 2024 to March 2025). Using a structured interviewer-administered questionnaire, data were collected on acceptance and use of a copper IPPIUD in the immediate postpartum period, socio-demographic characteristics, knowledge and reproductive health-related characteristics, family planning related characteristics, and health service utilization. Descriptive statistics, Chi-square test and logistic regression were used.

Results: A total of 487 women were enrolled. The mean age of participants was 33.6±4.2 years. The rate of acceptance

and use were respectively 11.9% [95%CI: 9.0 –14.8] and 10.5% [95%CI: 7.8 – 13.2]. Factors significantly associated with IPPIUD acceptance and use included multiparity (aOR = 15.21; 95%CI: 3.98 –58.14; $p<0.001$), having received counseling on IPPIUD during antenatal care (aOR = 8.95; 95%CI: 3.33 –24.00; $p<0.001$), delivery by caesarian section (aOR = 3.30; 95%CI: 1.51 –7.42; $p=0.003$), and an unintended pregnancy for current delivery (aOR = 2.09; 95%CI: 1.12 –3.92; $p=0.021$).

Conclusion: Only about one out of ten women do accept and use IPPIUD in Yaounde, Cameroun. Haven given birth more than once, haven received prenatal counseling on IPPIUD, caesarian delivery and current delivery from an unintended pregnancy were all factors that could increase IPPIUD acceptance and use. Such low uptake highlights the significant gap in immediate postpartum family planning services delivery in our setting. In order to improve IPPIUD uptake, stakeholders should prioritize enhancing antenatal counseling, strengthening service integration, and addressing potential medical barriers such as counseling techniques, provider perceptions, and competencies.

Poster CC / EP66

Fertility Return after long acting reversible contraceptives discontinuation and associated factors amongst women attending the obstetric units of 2 hospitals in sub-Saharan Africa; Cameroon.

Author: TENONFO TESSE FRANKY MAXWELL¹

Co-author: Jeanne Hortence Fouedjio ¹

¹ Faculty of Medicine and pharmaceutical sciences, university of Dschang, Cameroon

Background

Global concerns exist regarding fertility return after discontinuing long acting reversible contraceptives (LARCs). Limited evidence in sub-saharan Africa, including cameroon on a potential link between the usage of long acting reversible contraceptives and a delay to return to fertility after discontinuing long acting reversible contraceptives has led to speculations on modern contraceptives delaying return to fertility or causing infertility. Our research assessed the return to fertility after discontinuing long acting reversible contraceptives among women attending 2 obstetric units in cameroon.

Methods

We conducted an analytical cross-sectional study from february 2024 to april 2025 among women aged 15-49 years who conceived after LARC(CopperIUCD,Implants) discontinuation. Ethical clearance was obtained and Data collection done using pretested and structured questionnaire. Bivariate and multivariate binary logistic regressions were done to determine the predictors of a delayed fertility return.

Results

Among 218 participants, the proportion of fertility return after discontinuing LARCs within 12 months was 84.4% (95% CI :79.5%-89.5%). In multivariate binary logistic regression, Participants aged 35years (AOR=3.429, 95% CI :1.469-8.799) and a duration of usage of LARCs above 36months (AOR=2.913, 95% CI :1.311-6.473) were positively associated with a delay in return to fertility (above 12months).

Conclusion

This study reinforces high rate of fertility return following LARCs discontinuation, however it highlights the need for enhanced counseling, particularly for women of advanced reproductive age and those with extended use of LARCs, to address misconceptions. Integrating fertility awareness into family planning services in cameroon is critical to promoting informed contraceptive choices.

Key words

Return to fertility, Long-acting reversible contraceptives, discontinuation, infertility, copper intra-uterine contraceptive device, Implants and Reproductive health

Poster CC / EP76**Safer Conception Knowledge, Predictors and Perceptions Among Young Women Living with HIV in Semi-Rural Northern Uganda: A Mixed-Method Study.****Author:** Edward Kumakech¹**Co-authors:** Deo Benyumiza¹; Doryn Ebong²; James Okello¹; Jasper Ogwal-Okeng¹; Lydia Kabiri³; Marvin Musinguzi¹; Vanja Berggren⁴; Wilfred Inzama¹¹ Lira University² Lira Regional Referral Hospital³ Makerere University⁴ Karolinska Institutet**Background**

Young women living with HIV (YWLHIV) desire to bear children. However, conception through the traditional unprotected sexual intercourse carries a higher risk of sexual transmission of HIV to their male partners. Safer conception methods (SCMs) such as timed unprotected sexual intercourse coupled with the use of ARV drugs for the HIV-negative male partners, artificial insemination or invitro fertilization are promising methods for minimizing the HIV transmission risks during conception. Previous research on SCMs for WLHIV are scarce. We therefore set out to determine the YWLHIV's fertility desires, reproductive goals, knowledge, perceptions and use of the SCMs. The findings can inform the development of reproductive health educational resources, and service delivery models for YWLHIV.

Methods

In a mixed-method design, a consecutive sample of YWLHIV from semi-rural northern Uganda attending antiretroviral therapy clinics were recruited into the study between November 2022 and April 2023. The participants first responded to a quantitative interviewer-administered questionnaire about the SCMs they know of and use. This was followed with a qualitative in-depth interview about their perceptions about the potential advantages, disadvantages, and challenges of SCMs for YWLHIV. Descriptive statistics, bivariate and multivariate Poisson regression analyses were used to establish the prevalence, associated factors and the predictors of knowledge about SCMs, respectively. The statistical significance level of 5% and 95% confidence interval were considered. Thematic analysis was used for the qualitative data.

Results

A total of 423 YWLHIV aged 21.6 ± 2.5 years participated in the study. We found 53.2% level of knowledge about SCMs among the YWLHIV. The predictors of knowledge about SCMs include having low educational attainment, knowledge of the HIV discordant status, access to information about contraception methods, and having the correct perceptions about the benefits of the SCMs. Qualitative data revealed that some of the YWLHIV held correct perceptions about the benefits of the SCMs including its ability to prevent cross infections. Fear of the risk of sexual transmission of HIV to male partners emerged as a concern on the SCMs that involves the use of timed unprotected intercourse with ARV drugs for the HIV-negative male partner. The fears were based on the possibilities of ARV drug failure, lack of cooperation and poor adherence to the ARV drug regimens among the male partners.

Conclusions

About 1 in 2 YWLHIV in semi-rural northern Uganda have correct knowledge about the SCMs with minimal or no risk of HIV transmission to their male partners for YWLHIV. The predictors of knowledge about the SCMs included the women's knowledge of their HIV discordant status, access to information about contraception methods, and having correct perceptions about the benefits of the SCMs. Messages about the benefits of safer conception methods, HIV testing, use of ARV drugs as treatment, PrEP or PEP and modern contraceptive methods should be emphasized during reproductive health education and counselling for YWLHIV in an integrated manner. Furthermore, routine HIV prevention, care and treatment programs should embrace strategies for improving the male partner's cooperation and adherence on ARV drug regimens as part of safer conception services.

Poster CC / EP80

Exploring adolescent girls' and young women's perceptions of long-acting reversible contraception in Zambia: A qualitative study using the health belief model

Author: Mwansa Ketty Lubeya¹

Co-authors: Maureen Masumo ²; Mutinke Zulu ²; Namayipo Nankamba ²; Bellington Vwalika ²

¹ *The University of Zambia*

² *The university of Zambia*

Background

Adolescent pregnancies remain a pressing issue in many low- and middle-income countries, including Zambia, with a prevalence of 29%, most of which are unintended. Such pregnancies pose significant physical, mental, and socio-economic risks, including unsafe abortions, maternal complications, and disrupted education. Long-acting reversible contraceptives (LARC) offer a promising solution to reducing unintended pregnancies. Still, cultural norms, gender dynamics, and misinformation often lead to a preference for short-term or natural methods. This study aimed to explore adolescent girls' and young women's perceptions of LARC use in Lusaka, Zambia.

Methods

A qualitative descriptive study was conducted among adolescent girls and young women in Lusaka between October and December 2024. We conducted in-depth interviews (IDIs) with sexually active adolescents and young women to assess their perceptions of LARC using the health belief model. Participants were recruited through purposive sampling until theoretical saturation was achieved. Experienced researchers conducted the interviews. All IDIs were audio-recorded, transcribed verbatim and analysed deductively using thematic analysis. Ethics approval was obtained from the University of Zambia Biomedical Research Ethics Committee, and informed consent, including assent and parental consent for minors, was secured.

Results

Interviews were conducted with 30 adolescent girls and young women aged 13–24, with an average parity of one child. Many had multiple sexual partners but demonstrated low perceived susceptibility to pregnancy despite prior sex experiences. Those who had used or were currently using contraception had a higher perception of its benefits. The most typical method of LARC among the users was the injectable contraceptive. At the same time, most participants acknowledged the severity of an unintended pregnancy, including unsafe abortions, school dropout and limited career prospects. Barriers to LARC uptake included low knowledge, misinformation, myths, and restrictive community norms. Health professionals' guidance was identified as a key motivator for adoption. Most participants expressed interest in LARC after receiving brief health education during the interviews.

Conclusion

Adolescent pregnancies remain a significant challenge in Zambia, exacerbated by limited contraceptive awareness and prevailing cultural norms. While LARC is highly effective in preventing unintended pregnancies, its uptake remains hindered by misinformation and societal barriers. Findings underscore the need for targeted health education and professional counselling to improve contraceptive perceptions and access. Addressing these gaps through healthcare interventions and community engagement can enhance LARC utilisation and improve adolescent reproductive health outcomes.

Key words

Contraception, adolescent girls, young women, Zambia, LARC, health belief model, perceptions

Poster CC / EP81

Determinants of Access to Family Planning Services by Men and Women of Childbearing Age in the Touessong Health Area

Author: Marie Berthine MISTE epse NDAYA^{None}

Co-authors: Ginette Laure NOUAYOU ; Keimone Cesare NZABA TSALA

Background: Reproductive health is a fundamental aspect of human well-being, encompassing not only the ability to procreate, but also the right to decide if and when to have children. However, despite the progress made in recent decades, major challenges persist in accessing reproductive health services in rural areas. The aim of this study is to analyze the

determinants of access to family planning services by men and women of childbearing age in the Touessong health area.

Method: A mixed descriptive study design was carried out on a sample of 400 participants for the quantitative component and two heterogeneous focus groups of 25 respondents for the qualitative component. Data obtained from the questionnaire were rigorously processed to identify trends, correlations and determinants of access to family planning; and from the semi-directive interview guide content analysis to highlight key themes.

Results: The study found that out of the 400 participants, 85% had heard of family planning, but only 33.5% defined it correctly. In addition, condoms were the best-known method (31.6%) and the most widely used (77%). However, 78% knew a place offering family planning services, 72% felt that these services were not free and 48% considered them too expensive. Content analysis revealed important psycho-sociological factors determining the use of family planning services, and various motivations linked to the perception of the child which can either be a source of support in the old age of their parents, or of long-term stress in cases of juvenile delinquency. Fear, lack of information or misinformation, social norms and cultural and religious beliefs are socio-economic determinants that influence access to family planning services by men and women of childbearing age. Level of education, professional activity and income were found to be key factors in family planning decision-making.

Conclusion: This study highlights that improving access to family planning services in the Touessong health area requires a multidimensional approach that considers psychological aspects related to motivations, perceptions of control, fears and social norms. Comprehensive sexual and reproductive education, as well as interventions to combat misinformation and taboos, are essential to encourage informed, shared decision-making.

Key words: Determinants; use; family planning services; men and women of childbearing age, Touessong Health Area

Poster CC / EP88

Immediate Postpartum Modern Contraception Utilization and Associated Factors in Yekatit 12 Hospital Medical College (Y12HMC), Abebech Gobena Maternal and Children Hospital (AG-MCH), Addis Ababa, Ethiopia, 2024

Author: Birhanu Dina¹

¹ Yekatit 12 Hospital Medical College

Background:

Despite significant benefits for the mother and the neonate, immediate postpartum family planning method utilization is low in Ethiopia. This study aimed to assess the prevalence of immediate post-partum modern contraception utilization and associated factors among women who delivered at Yekatit 12 Hospital Medical College (Y12HMC), Abebech Gobena Maternal and Children Hospital, Addis Ababa, Ethiopia.

Method:

An institutional cross-sectional study was performed from August 1 to October 30, 2024 among post-partum women who gave birth at AG-MCH, Addis Ababa, Ethiopia. A total of 238 women were interviewed. Descriptive statistics were used to summarize the data. For categorical variables frequencies and proportions were calculated and for continuous variables means and standard deviations were reported. Logistic regression was done to determine the association between independent predictors and Immediate Postpartum Modern Contraception Utilization. The OR and 95% CI estimates were used to compare outcome predictors.

Results:

The prevalence of family planning uptake in the immediate postpartum period was 26.9%. Parity [AOR=4.32, 95% CI: (1.724-10.848)], Ante partum counseling about family planning [AOR=17.294, 95% CI: (6.133-48.771)] and attitude towards family planning [AOR=4.674, 95% CI: (1.899-11.506)] showed significant association with immediate postpartum contraception utilization.

Conclusion:

Despite the high load of obstetric clients in AG-MCH, postpartum contraceptive utilization is low. Women with higher parity, those who received Ante partum counseling, and those with a positive attitude were more likely to use immediate postpartum modern contraception suggesting the importance of targeted quality improvement interventions that enhance Ante partum counseling to promote positive attitudes towards family planning and increase immediate postpartum modern contraception utilization.

Poster CC / EP89

Multiparous women's experiences of contraception in a context of insecurity in the communities of Kolofata, Mora and Maroua 1–Cameroon

Author: Pascale Mpono Emenguele¹

¹ University of Yaounde 1-Faculty of Medicine and Biomedical Sciences

Background: Maternal mortality remains high in Cameroon, with 406 maternal deaths per 100,000 live births according to the EDS 2018. Indeed, the Far North region of Cameroon is facing a humanitarian crisis exacerbated by the violence of the Boko Haram group. This situation is said to have profound repercussions on women's reproductive health, particularly among those of childbearing age. We therefore conducted a study with the aim of highlighting multiparous women's personal experiences of contraception, particularly in relation to the impacts of the Boko Haram conflict in three communities in the Septentrion region of Cameroon.

Methodology: This was a qualitative study conducted in Maroua 1, Mora and Kolofata, three communities in the Far North of Cameroon. The study lasted 14 months, from March 1, 2024 to April 30, 2025. We obtained ethical clearance, administrative authorizations and informed consent from each participant. Participants were women of childbearing age (between 15 and 49) from different communities, who had already given birth at least twice. Data were collected using audio recordings of focus groups guided by an interview guide. Once the data had been collected, they were transcribed, edited and analyzed.

Results: The women's experiences were marked by insecurity, difficulties in accessing health services and information on contraception due to fear of attack and forced displacement. "I fled my village with my children without any means of contraception. Every unplanned pregnancy was a source of anxiety in this new, unstable environment". One lady recounted an unfortunate story linked to Boko Haram's insecurity: "Husbands don't go to the fields because of Boko Haram, so they use the tablets to avoid getting pregnant, which doesn't please the husbands". Because of Boko Haram, her husband was imprisoned: "My husband was imprisoned and I conceived with another man, which led me to have an abortion. When my husband came back and found out, he chased me out of the house". Another participant declared: "I wanted to use contraception, but I didn't know where to go".

Conclusion: this study has highlighted the challenges faced by multiparous women in need of contraception in communities affected by security conflict. The testimonies gathered reveal a reality marked by fear of the environment, but also husbands resistant to contraception and unwanted pregnancies. It is imperative to improve access to reproductive health services in this context.

Poster CC / EP90

Utilization of modern contraceptives among commercial female sex workers. A case of Lira City

Author: ALUM Sarah¹

Co-authors: Chris Olesen²; Pebalo Francis Pebolo³

¹ independent researcher

² Makerere University Lecturer, faculty of humanities and social sciences. Department of Sociology and Anthropology

³ Gulu University, Lecturer department of reproductive health, faculty of medicine

Background: Commercial female sex workers in Uganda face significant reproductive health challenges, including unintended pregnancies and increased incidences of induced abortions as well as sexually transmitted infections due to various constraints in accessing and utilizing modern contraceptives, including dual contraceptive methods. This study addressed the gap in knowledge on effective interventions on modern contraceptive use among not only the commercial female sex workers but the entire women in the general population in Uganda. The study aimed at establishing the utilization of modern contraceptives among the CFSWs by examining the utilization, constraining factors, and coping strategies related to modern contraceptive use among commercial female sex workers.

Methods: This study adopted an explanatory sequential research design. In this case, the researcher started with quantitative followed by qualitative data. The study population consisted of commercial female sex workers in Lira City, Northern Uganda. For the quantitative study, the researcher used a spatial sampling procedure to obtain the participants and used a survey to collect data that was analyzed using the Statistical Package for the Social Sciences (SPSS) to generate descriptive statistics. For the qualitative study, the researcher used a purposive/judgmental sampling procedure to select the respondents,

then used focus group discussion and key informant interviews to collect data, and the data was analyzed using thematic data analysis.

Results: The study found that all the commercial female sex workers use modern contraceptives. However, condoms are the most used method of contraception (97%) compared to other methods like injectables (27%), contraceptive pills (23%), and implants (23%), because of its high accessibility level, ability to prevent against sexually transmitted infections, and its user-friendly level. The study findings also show that commercial female sex workers have various sources of information. Although the radio station is the most common source because of its wide availability. Further- more, the finding also shows that CFSWs access modern contraceptives from different access points. On the other hand, referral hospitals are the dominant access point used, accounting for 23% (58), because most services at the referral hospital are free of charge. In addition, the most influential constraint on the level of utilization of modern contraceptives is the perceived health - related out- comes (66%), because CFSWs consider the health- related outcomes of a given contraceptive method before deciding on it. Lastly, the most common coping strategy CFSWs use to cope with constraints that affect their level of use of modern contraceptives is self-reliance.

Conclusions: Commercial female sex workers use modern contraceptives, though to varying degrees depending on availability, cost, convenience, and skills. There are several sources of information on modern contraceptives that CFSWs use based on the availability and reliability. Commercial female sex workers access modern contraceptives from various access points depending on the availability of the preferred method and the cost. There are multiple factors that influence the use of modern contraceptives. All of them play an equal role. Lastly, there are a number of coping strategies; some of them are precautionary.

Poster CC / EP92

Long-Acting Reversible Contraceptives' Awareness and Acceptability among University Female Students.

Author: Mutinke Zulu¹

Co-authors: Ketty Mwansa Lubeya ; Mulanda Mulawa ; Swebby Macha ^{1 1} *The University of Zambia*

Background: Unintended pregnancy remains a major public health challenge and often leads to consequences such as unsafe abortions and dampening of career prospects for female students. Un- intended pregnancy refers to conception that is unwanted and/or mistimed at the time it occurs. One scientific strategy to reduce unintended pregnancies among female university students is to expand access to safe and effective long-acting reversible contraceptive (LARC) methods, which include intrauterine devices (IUDs) and subdermal contraceptive implants. However, there is a lack of information about LARC awareness and acceptability among female students at the University of Zambia's School of Nursing Sciences. This study aimed at establishing the awareness and accept- ability of LARC among female students at the University of Zambia, School of Nursing Sciences, in response to the evolving needs of this demographic.

Methods: This was a descriptive cross-sectional study conducted at the University of Zambia, School of Nursing Sciences, Kitwe Campus, among female students pursuing a diploma in nursing and a diploma in midwifery. Simple random sampling was used to recruit the participants. Data was collected from 1st November to 31st December 2024 using a self-administered questionnaire. The questionnaire had questions on sociodemographic characteristics, awareness and acceptability of LARC, and prior exposure to situations requiring making sexual and reproductive health decisions, such as being in a sexual relationship and use of any contraceptive method. Ethical clearance was obtained from the University of Zambia Biomedical Research Ethics, Authority was sought from the National Health Research Authority. Participants signed informed consent forms and were assured of privacy, anonymity, and confidentiality. Descriptive analysis was done to summarize data and generate frequencies.

Results: Data was collected from 208 participants, giving a 100% response rate. Most (52%) of the participants were aged between 21 and 25 years old. The majority (74%) were pursuing a diploma in nursing, and most (63%) of the participants were in a sexual relationship. More than half (67.7%) had used contraceptives before. The most used contraceptive methods were oral (23.8%) and injectables (25.5%), while the least used were implants (17%). The majority (80%) of the participants were aware of LARC. Healthcare providers (95.1%) were the most cited source of information. Most (69%) of the participants said LARC was an acceptable contraception method. Concerns about myths, side effects, and stigma from the health care providers and society were the most barriers to LARC acceptability at 89.9% and 81.2%, respectively.

Conclusion: While awareness about LARC was high and a significant proportion of participants viewed LARC as acceptable, concerns about myths, side effects, and stigma from healthcare providers and society were significant barriers to its adoption. To address these concerns and promote LARC, targeted education and awareness efforts are necessary. Additionally, healthcare provider training should focus on providing accurate information, addressing biases, and supporting LARC acceptability.

Poster CC / EP94

Perception and prototype of a mobile application aimed at strengthening the practice of contraception at the Yaounde central hospital, Cameroon

Author: Ulrich Black Sah Kano¹

Co-authors: Florent Fouelifack Ymele²; Georges Bediang¹; Jacques Nguend Mbock¹; Jeanne Hortence Fouedjio Fouelifack¹; Roosevelt Dongmo Tiodjou¹; Virgile Onana¹

¹ *Faculté de médecine et des sciences biomédicales de l'Université de Yaoundé 1*

² *Yaounde central hospital*

Background

In sub-Saharan Africa, only 21.9% of women of reproductive age use modern contraception, compared to over 50% in high-income countries. Maternal mortality remains a critical public health concern in Cameroon, with a rate of 406 deaths per 100,000 live births according to the 2018 Cameroon demographic and health survey, largely driven by low modern contraceptive uptake (14.1%). Barriers such as cost, misinformation, cultural resistance, and limited access to services contribute to this gap. Amid increasing smartphone penetration in the region, mobile health solutions offer promising avenues for improving contraceptive knowledge, access, and adherence. This study aimed to explore the perceptions and needs of potential mobile health solutions users in order to inform the designing of a context-appropriate mobile application prototype to support contraceptive practice at the Yaounde Central Hospital.

Methods

This was a qualitative study with a two-phase approach. The first phase involved a situational analysis through participatory observation of contraceptive care delivery processes. In the second phase, semi-structured interviews were conducted with six healthcare providers (gynecologists and midwives) and eight postpartum or post-abortion clients attending the Yaounde Central Hospital. Data were analyzed using thematic coding techniques.

Results

The analysis revealed a predominantly paper-based contraceptive service delivery system, hindered by frequent stockouts, especially for oral contraceptive pills and implants. Providers highlighted challenges such as supply chain issues, limited spousal involvement, and widespread myths about side effects. They called for awareness campaigns targeting men, consistent supply chains, and digital tools to enhance patient education.

Clients expressed interest in mobile app features such as appointment reminders, culturally tailored educational materials, and personalized menstrual cycle tracking. While most recognized potential usefulness of a mobile app, concerns were raised about data privacy, the importance of offline access, and the risk of users becoming overly dependent on digital tools without fully understanding their reproductive health.

Conclusion

This study highlights the complex challenges related to contraceptive uptake in Cameroon and suggest avenues for developing a mobile application adapted to local needs. An effective prototype should include personalized cycle tracking, interactive educational content, appointment management, and mechanisms to involve male partners while safeguarding user privacy. However, digital solutions must complement, not replace, interpersonal care and address accessibility issues. Future development should prioritize co-design with end users and rigorous evaluation of the application's impact on contraceptive adherence and informed decision-making.

Poster CC / EP96

Factors influencing the use of Long-Acting Reversible Contraceptives among adolescents at first level hospitals in Lusaka, Zambia.

Author: Imanga Ikabongo¹

Co-authors: Swebby Macha¹; Bellington Vwalika; Patrick Kaonga; Maureen Masumo; Evaristo Kunka

¹ *University of Zambia*

Background: Unintended adolescent pregnancies remain a public health challenge in Zambia, where LARC use is low despite their effectiveness. Barriers such as stigma, misconceptions, and limited access persist. This study examined factors influencing adolescent knowledge, willingness, and uptake of LARCs in public health facilities in Lusaka.

Methods: A mixed-methods approach was used, combining a cross-sectional study for quantitative data and case study for

qualitative data among adolescent girls aged 15–19 years from five first-level hospitals in Lusaka, Zambia. Quantitative data was collected via structured questionnaires while qualitative data was collected in-depth interviews and focus groups with purposively sampled adolescents and healthcare providers, analyzed thematically to align with study objectives. Use of LARCs was measured by using binary outcomes. Multiple regression was used to assess factors associated with use of LARCs while thematic analysis was used to analyze qualitative data.

Results: There was a total of 400 participants of which 51.99% were using LARCs. In the adjusted model, older adolescents had significantly higher odds of using LARCs (OR: 1.853, 95% CI: 1.384–2.479). Education at secondary level was significantly associated with increased LARC use (OR: 4.179, 95% CI: 1.042–16.767). Adolescents who had ever had sexual contact had lower odds of using LARCs (OR: 0.755, 95% CI: 0.617–0.925), as did those who reported a desire to delay pregnancy (OR: 0.160, 95% CI: 0.348–0.739). Knowledge of LARCs was a strong independent predictor of its use (OR: 3.424, 95% CI: 1.657–7.077). Residence also played a significant role, with adolescents from Kanyama (OR: 0.0046, 95% CI: 0.0005–0.4078), Chawama (OR: 0.0075, 95% CI: 0.0008–0.6583), Chilenje (OR: 0.0095, 95% CI: 0.0010–0.8122), and Matero (OR: 0.0035, 95% CI: 0.0004–0.0321) being significantly less likely to use LARCs compared to those from Chipata. Qualitative findings revealed varied understanding of LARCs among adolescents, with common misconceptions (e.g., IUDs harming unborn babies) and fears (e.g., injection for local anesthesia). Peer and parental stigma often pushed adolescents toward short-term methods. Adolescents who had used LARCs expressed satisfaction, citing convenience and effectiveness for educational and family planning goals. However, side effects such as prolonged bleeding and preference for menstruation led to discontinuation for some. Providers highlighted challenges such as supply stock-outs, lack of youth-friendly services, and the need for intensive counselling to address adolescent resistance.

Conclusions: This study highlights a complex interplay of socio-demographic, perceptual, and structural factors influencing LARC use among adolescents. While some adolescents appreciate the benefits of LARCs, myths, stigma, provider bias, and systemic barriers continue to impede broader acceptance and continuation. Addressing these barriers through targeted, multi-sectoral interventions such as enhanced school-based education, community sensitization, consistent provider training, and the development of adolescent-friendly health services is essential to support informed and autonomous reproductive decision-making among adolescents in Zambia.

Keywords: Adolescent girls, Contraceptive use, LARCs, Uptake, Continuation, Zambia, Reproductive health, Barriers, Mixed-methods, Youth-friendly services.

Poster CC / EP100

Point of view of Cameroonian men living in urban and rural areas on modern contraception: a mixed methods study in the cities of Douala and Dschang

Author: diane estelle KAMDEM MODJO¹

Co-authors: Alex Fokam ¹; Eunice Tekaleu kakmeni ²; Jean Dupont Kemfang Ngowa ³; Jiovanny Fouogue Tsualai

¹ Faculty of Medicine and Pharmaceutical Sciences, University of Dschang, Cameroon

² Faculty of Medicine and Pharmaceutical Sciences, University of Dschang

³ Faculty of Medicine and Biomedical Sciences, University of Yaoundé I, Cameroon

Background: Contraceptive prevalence was estimated at 65% by the WHO for all methods combined. In Cameroon, during the same period, it was only 19%. Among the factors implicated in low adherence to modern contraception, the spouse's involvement in decision-making is mentioned. Since no study addressing this aspect is available in Cameroon, we set out to investigate the knowledge, attitudes, and practices of Cameroonian men regarding modern contraception.

Methods: We conducted a mixed quantitative study with a qualitative component. After obtaining national ethical clearance, we deployed in two cities, one urban and the other rural, and we interviewed sexually active men living with partners and aged 18 and older through semi-structured interviews. This was done after obtaining their informed consent. The data collected were processed and analyzed using CSPRO and SPSS software.

Results: 272 Cameroonians were surveyed, 55% in urban areas and 45% in rural areas, the average age was 35 years, 65% had already used modern contraception mainly the male condom in 51.8% of cases followed by subcutaneous implants and pills in 5% and 6% of cases respectively. In terms of choice of contraceptives 52% of participants said they chose it in agreement with their partner. 74% think that contraceptives are detrimental to their partner's health, 18% believe that they could push their partner to have loose morals. 88% do not take into account the opinion of those around them on the use of contraceptives. The main obstacles to the use of modern contraceptives according to them are concerns about side effects (54% of cases) and lack of access to health services (16% of cases).

Conclusions: Cameroonian men accept modern contraception and are involved in the initial choice of a contraceptive method within their relationship. Social interactions and sociocultural assumptions do not appear to significantly impact the

acceptability of modern contraception; however, concerns about the impact of these methods on partners' health appear to be a barrier. Community awareness campaigns should be organized to further educate men.

Poster CC / EP102

Awareness of and access to community-based family planning resources and modern contraceptive use: A mixed-method study of young women living with HIV in semi-rural northern Uganda.

Author: Edward Kumakech¹

Co-authors: Deo Benyumiza¹; Doryn Ebong²; James Okello²; Jasper Ogwal-Okeng¹; Lydia Kabiri³; Marvin Musinguzi¹; Vanja Berggren⁴; Wilfred Inzama¹

¹ Lira University

² Lira Regional Referral Hospital

³ Makerere University

⁴ Karolinska Institutet

Background:

Adolescent girls and young women living with HIV (AGYWLHIV) face heightened risks of unintended pregnancy, and challenges in accessing appropriate family planning (FP) services, especially in resource-limited settings. While community-based health workers such as Village Health Teams (VHTs) are expected to promote modern contraceptive use, little is known about their effectiveness among AGYWLHIV in semi-rural Uganda. This study aimed to determine the prevalence and factors associated with modern contraceptive use among AGYWLHIV accessing HIV care in semi-rural northern Uganda, with a specific focus on the role of VHTs and other individual and structural determinants.

Methods:

This cross-sectional study employed a convergent mixed-methods design conducted among a consecutive sample of AGYWLHIV aged 15–24 years who were accessing antiretroviral therapy (ART) at public health facilities between November 2022 and April 2023. Quantitative data were collected using interviewer-administered questionnaire, while the qualitative data were obtained through in-depth interviews with a purposive subsample who reported non-use of modern contraceptive methods. Quantitative analysis involved descriptive statistics and multivariable modified Poisson regression to identify factors associated with the modern contraceptive use. Significance level of 5% and 95% confidence interval were considered. Thematic analysis was used for the qualitative data to explore underlying barriers to modern contraceptive use. Integration of findings was done during interpretation to provide a comprehensive understanding.

Results:

We recruited 423 AGYWLHIV aged 21.6 ±2.5 years. The study found a moderately high prevalence (62.4%) of modern contraceptive use among the AGYWLHIV. The modern contraceptive use was significantly associated with marital status, pregnancy status, past access to contraception, and awareness of or access to the community health extensions workers also known as the village health teams (VHTs) who provide FP information, counseling or methods. Surprisingly, AGYWLHIV who lacked awareness of or access to VHTs were 57.0% more likely to use modern contraceptives, especially short-term methods such as pills, injectable, and condoms than those who reported awareness and access. Additionally, single AGYWLHIV were 23.1% less likely to use modern contraceptives compared to their married counterparts, while those who were not pregnant were 32.3% more likely to use modern contraceptives. Counterintuitively, those who previously had their contraceptive needs met were 25.3% less likely to be current users than those with unmet needs. Qualitative data revealed that male partner disapproval, stigma, misinformation, postpartum status, and sociocultural norms were key barriers to modern contraceptive use.

Conclusion:

Modern contraceptive use among the AGYWLHIV in semi-rural northern Uganda remains higher than national averages but is shaped by a complex interplay of social, individual, and structural factors. The unexpected inverse relationship between access to the VHTs and contraceptive use raises concerns about the effectiveness, privacy, confidentiality and stigma associated with community-based FP information or methods provided by the VHTs. Strengthening the community-based adolescent- and youth-friendly reproductive health resources, improving VHT training and credibility, integrating FP into HIV and maternal care, and tailoring services for single women are essential. Future research should examine male partner involvement in FP and alternative community-based FP service providers to better address the contraceptive needs of AGYWLHIV in similar settings.

Poster CC / EP104

Determinants of unmet contraceptive needs among female commercial sex workers in Yaoundé, Cameroon

Author: Florent Fouelifack Ymele¹

¹ Higher Institute of Medical Technology / Yaounde Central Hospital

Background: Mortality due to complications of unsafe abortion accounts for 25% of maternal deaths in Yaoundé. This major contributor to maternal mortality should be addressed at its roots in a context where voluntary abortion is unlawful and termination of pregnancy for medical reasons is highly restricted. To achieve this, a lawful solution consists of preventing unwanted pregnancies with emphasis on vulnerable groups of women including female commercial sex workers (FCSWs). Increasing the low contraceptive prevalence is a major goal of the country's health sector strategy. Understanding the correlates of unmet contraceptive needs would be instrumental to the design of a targeted strategy. In Cameroon, few studies have examined the unmet contraceptives prevalence among FCSWs whose trade is illegal. Our aim was to estimate the prevalence of unmet contraceptive needs, describe the socio-economic and demographic characteristics, and the correlates of the unmet contraceptive needs among FCSWs.

Methods: we carried out a Cross sectional study in the Yaoundé city, from the 1st November 2024 to the 31th March 2025. We included all FCSWs affiliated to NOLFOWOP association. Were excluded those how were sick, pregnant, with lactational amenorrhea or who refused the consent. Tools used to appreciate our results were effective, percentages, mean with his standard deviation, OR with his confidence interval and P, with P significant for all value less than 5%.

Results: Out of 1,155 sex workers approached, 397 (or 34.37%) were recruited. Data were collected et reported on a pre-established and tested technical sheets. Among them, 50 (12.59%) were excluded from the analysis due to withdrawal of consent (17 cases) and technical sheets containing less than 50% responses (16 cases) or very erroneous data (17 cases). We analyzed data from 347 female sex workers. The mean age was 29.11 ± 6.37 years with extremes of 13 and 57. The mean parity was 1.95

± 1.769 with extremes of 0 and 9. The average gestational age of voluntarily terminated pregnancies was 10.97 ± 9.61 weeks with extremes of 0 and 33. Compared with single, married women were more likely not to use contraception as $aOR = 12.249$ $CI = 2.045 - 73.370$ $P = 0.028$ for monogamous married women and $aOR = 10.015$ $CI = 1.290 - 77.774$ $P = 0.028$ for polygamous married women. Women who had never induced an abortion $aOR = 26.839$ $CI = 3.015 - 238.915$ $P = 0.003$. and women who had induced more than 4 abortions $aOR = 41.361$ $CI = 9.861 - 173.480$ $P < 0.000$ were more likely not to use contraception. Women who had fewer than 10 clients per month used less contraception than others, with $aOR = 5.468$ $CI = 1.516 - 19.721$ $P = 0.009$. Women who did not know about any contraceptive method did not use it, with $aOR = 63.18$ $CI = 3.350 - 1191.84$ $P = 0.006$.

Conclusion: The rate of non-used of contraception was 31.41% of female sexual workers. Strengthening campaigns for behavior change would be an opportunity to improve compliance with family planning.

Poster CC / EP105

Determinants of low female condom use among female sex workers in the Kabalaye district (N'djamena-Chad)

Author: Florent Fouelifack Ymele¹

¹ Higher Institute of Medical Technology / Yaounde Central Hospital

Context: With a view to reducing inequalities and ensuring the well-being of all sections of the population, the international community introduced the female condom throughout the world. In Chad, it was introduced in 2008 by the Social Marketing Association (AMASOT), with the aim of reducing the prevalence of STIs/AIDS and combating unwanted pregnancies. Although its effectiveness and reliability have been demonstrated, it is not widely used in our communities, particularly by sex workers. Our objective was to investigate the determinants of low condom use among female sex workers in the Kabalaye district.

Methods: We conducted a qualitative descriptive study from 01 April 2018 to 13 May 2018. An interview guide was administered to 09 female informants in the Kabalaye district of Chad.

Results: The analysis showed that there was insufficient information about the female condom. Neglect, ignorance, the cost of condoms and perceptions were the main determinants of low female condom use among female sex workers in the Kabalaye district.

Conclusion: In the light of these results, we suggest stepping up behaviour-change communication campaigns targeting the population in general, and female sex workers in particular, in the health district covering the Kabalaye

neighbourhood.

Conclusion and recommendations: In the light of these results, we suggest stepping up behaviour change communication campaigns targeting the population in general, and female sex workers in particular, in the health district covering the Kabalaye neighbourhood.

Key words: Determinants, low use, female condom, sex worker

Poster CC / EP108

Experiences of Community-based family planning (CBFP) distributors in Kitwe, Zambia

Authors: Alice Hazemba¹; Caroline Zulu¹; Martha Mwelwa¹; Maureen Masumo¹; Musawa Mwamba²; Ngoma Catherine¹; Patience Mbozi¹; Wanga Zulu²

¹ University of Zambia

² Ministry of Health

Background: Community-based family planning (CBFP) distribution programs are vital in enhancing access to reproductive health services, particularly in low-resource settings. In Zambia, such programs aim to bridge the gap between health facilities and communities. However, the success of these initiatives is influenced by various factors. This study explored enablers and barriers that affect the CBFP execute their tasks in the context of Kitwe, Zambia.

Methods: A descriptive qualitative design was employed. Purposive sampling was used to recruit two groups of respondents: community-based distributors (CBDs) and women of child bearing age who are program beneficiaries. Data were collected through 20 in-depth interviews with CBFP distributors and 21 women, the beneficiaries. The sample sizes were determined after saturation of responses was reached. Thematic analysis was used to identify and analyze patterns within the data.

Results: We developed three major themes including Programmatic Enablers, Structural and Operational Barriers, and Community Perceptions. Under enablers, consistent training of CBDs and provision of family planning commodities by government and partners were recognized as key facilitators of the program. Barriers included lack of transport and financial incentives for CBDs, inadequate training coverage, and inconsistent supervisory support. Additionally, the reported charging of clients for service provision by the CBDs, despite the program's intent for free distribution, raised concerns about access and equity. Under community perception, most beneficiaries expressed satisfaction due to improved availability and convenience of services at community and household level. Additional emerging sub-themes included Community Trust in CBFP distributors, highlighting strong community relationships, and Gender Dynamics, where male involvement in family planning discussions was limited, occasionally leading to resistance or misunderstanding of the community-based Family planning program. The study identified consistent training and commodity supply as key enablers of community-based family planning (CBFP), while barriers included logistical and financial constraints, limited supervision, and concerns over service equity; community perceptions highlighted satisfaction with service accessibility, reinforced by trust in distributors, though gender dynamics and male engagement posed ongoing challenges.

Conclusion: While community-based family planning distribution in Kitwe is widely accepted and supported, it faces significant challenges related to logistics, incentives, and policy adherence. We recommend the following: strengthening supervision, providing adequate and ongoing training, ensuring service affordability, and addressing gender barriers could enhance the program's effectiveness and sustainability.

Keywords: Family planning, community-based distribution, enablers, barriers, Kitwe, Zambia, qualitative study

Poster CC / EP109

Knowledge, Attitudes, and Practices of Pregnant Women Attending Antenatal Care Clinic Regarding the Use of Lactation Amenorrhea Method at a tertiary teaching hospital in Uganda.

Author: Yakobo Nsubuga¹

Co-authors: Jerom Okot ¹; Robert Kyomuhendo ¹; Steven Baguma ²; Felix Bongomin ¹; Francis Pebalo Peboloi

¹ Faculty of Medicine, Gulu University

² Gulu Regional Referral Hospital

Background: pregnancies. Several reasons have been put in place for ineffective contraception used to prevent these pregnancies, including difficulty in obtaining contraceptives. This study aimed to evaluate the knowledge, attitudes, and practices of mothers attending Antenatal Care (ANC) at a tertiary hospital in northern Uganda, regarding the use of LAM as a family planning method during the postpartum period.

Methods: A descriptive, cross-sectional study was conducted at the ANC in a tertiary hospital in northern Uganda. Participants were enrolled using a simple random sampling method. A structured, interviewer- administered questionnaire was used to collect data. The data was cleaned and coded in Microsoft excel and later imported to STATA version 18.0 (STATA, college station, Texas, USA) for analysis.

Results: We enrolled 384 participants for the study, more than a third were between 21- 25 years old (35.2%, n=135). About (12.8, n=49) strongly agree that LAM as a risky method of birth control. Nearly half of the participants (47.1%, n=172) reported having ever used the Lactational Amenorrhea Method (LAM) as a method of contraception. A majority 69.8% (n=268) had a favorable attitude whereas 30.2% (n=116) had an unfavorable attitude towards LAM. Among the participants, 25.5% (n=98) had poor knowledge of LAM, while 74.5% (n=286) had good knowledge. In the age group of 18–20 years, 31.6% (n=31) had poor knowledge, and 22.0% (n=59) had a favorable attitude.

Conclusion: Our study reported participants had good knowledge level and favorable attitude. The factors associated with knowledge included not starting breastfeeding in the first hour, favorable attitude while for attitude towards LAM included not starting breastfeeding in the first hour.

Poster CC / EP111

Women's Satisfaction Towards Contraceptive Counselling by Midwives offering Family Planning Counselling in Urban Clinics in Lusaka, District, in Lusaka, Zambia

Author: MERCY MUYEMBA¹

Co-authors: Maureen Masumo ¹; Alice Ngoma Hazemba ¹; Patrick Kaonga ¹; Samantha Munang'andu ¹; Manasseh Mvula ¹

¹ UNIVERSITY OF ZAMBIA

Background: Family planning counselling at different contact points of Maternal Health services has been recommended for increasing the uptake of modern contraceptive methods. The government of Zambia initiated family planning as one of the initiatives of reducing maternal mortality rate. Unfortunately, the unmet need for family planning is also high due to various reasons, affecting family planning services. The best family planning counselling practices by midwives can improve the uptake and consequently reduce too many and frequent pregnancies that predispose women to postpartum hemorrhage a leading cause of maternal deaths. This study explored women's satisfaction with contraceptive counselling offered by midwives providing family planning services in selected health facilities in Lusaka, Zambia.

Methods: This study employed a cross-sectional study design. Three health institutions; a Level one hospital, and two health centres of Lusaka urban clinics were sampled using the stratified random sampling and 430 participants were selected using a systematic random sampling. A pretested and adapted structured interview schedule was used to capture information from women seeking family planning services. The outcome variable was Women's satisfaction about confidentiality, privacy, adequate length of counselling session, given enough information and history taken from the woman.

Results: A total number of 430 participants were recruited with an average age of 28 years, with 54.7% expressing satisfaction of family planning counselling. Logistic regression analysis showed that, attending counselling sessions at Kabwata Clinic and Mtendere Clinic, compared to Chawama Level 1 Hospital, was significantly associated with lower odds of being satisfied with family planning counselling. Respondents at Kabwata Clinic had 96% lower odds of being satisfied (aOR = 0.04, 95% CI = [0.02, 0.09], p < 0.001), while those at Mtendere Clinic had 97% lower odds (aOR = 0.03, 95% CI= [0.01,

0.07], $p < 0.001$). Having health insurance cover compared to having none was significantly associated with 0.50 times reduced odds of satisfaction in the adjusted model (aOR = 0.50, 95% CI = [0.27, 0.89], $p = 0.022$). Similarly, having plans for a future pregnancy significantly reduced the odds of being satisfied with counselling (aOR = 0.24, 95% CI = [0.13, 0.45], $p < 0.001$), and experiencing a previous unwanted pregnancy also significantly lowered the odds of satisfaction by 43% (aOR = 0.57, 95% CI = [0.34, 0.95], $p = 0.031$). Regarding contraceptive method preferences, wanting intrauterine devices (IUDs) was significantly associated with lower odds of satisfaction (aOR = 0.02, 95% CI = [0.00, 0.40], $p = 0.010$). However, preferences for implants, injections, oral contraceptives, or condoms did not show statistically significant associations with satisfaction in the multivariable analysis.

Conclusion: Almost 50% of the respondents expressed dissatisfaction with counselling despite demonstration that the majority of the women obtain the contraceptives from the health facilities. Women seeking long term methods like IUDs were dissatisfied, supporting studies that have shown low utilisation. To address the low satisfaction levels, training and standards be implemented to improve the quality of counselling in areas like privacy and confidentiality.

Key Notes: satisfaction, counselling, contraception

Poster CC / EP117

Knowledge and attitudes of multiparous women on contraceptive methods in the communities of Kolofata, Mora and Maroua 1 in Septentrion - Cameroon

Author: Pascale Mpono Emenguele¹

¹ University of Yaounde 1-Faculty of Medicine and Biomedical Sciences

Background: Maternal mortality remains high in Cameroon, with 406 maternal deaths per 100,000 live births according to the DHS 2018. Also, the Far North of Cameroon is a region where access to reproductive healthcare remains low, due to a number of factors (cultural, religious, social, geo-graphical, environmental, etc), but also to the context of insecurity due to Boko Haram. Yet family planning is an essential pillar in reducing maternal mortality. We therefore carried out a study to determine the knowledge and attitudes of multiparous women about contraceptive methods in three communities in northern Cameroon.

Methodology: This qualitative/quantitative study took place in Maroua 1, Mora and Kolofata, 3 communities in the Far North of Cameroon. The study lasted 14 months, from March 1, 2024 to April 30, 2025. We had obtained ethical clearance and various administrative authorizations. Participants were women of childbearing age (between 15 and 49 years) in the community who had already given birth at least twice. Data were collected using a pre-established and tested questionnaire. After data collection, they were transcribed, edited and analyzed.

Results: A total of 651 multiparous women were enumerated: 207 (31.8%) in Kolofata, 212 (32.6%) in Maroua and 232 (35.6%) in Mora. Multiparous women ranged in age from 16 to 49, with an average age of 34. 52% of multiparous women had not attended school, 92% were unemployed and 72% were married. Multiparous women had given birth to between 2 and 16 children, with an average of 5. At the time of the study, 31.6% of multiparous women had no knowledge of contraception. Of the 68.4% multiparous women who knew about contraceptive methods, 83.4% cited injections, 66.9% the pill and 61.4% condoms. 66.9% had information on the efficacy and side effects of contraceptive methods. Also, 84.8% of multiparous women did not use any contraceptive method. Injections and the pill were the most commonly used methods, at 43.8% and 25% respectively. Among those using contraceptive methods, 65.2% had no concerns or fears about contraception, and 54% felt that contraception was important for maternal health.

Conclusion: This study revealed a low proportion of contraceptive use among multiparous women in Kolofata, Maroua and Mora. Also, limited knowledge of the different methods. Hence the need for education and awareness-raising, combined with improved access to reproductive health services.

Poster CC / EP121

Contraceptive use among women with severe mental illness at Gulu Regional Referral Hospital in northern Uganda.

Author: luwedde betijuma¹

Co-authors: BivesMutume NzanuVivalya ²; Mpamizo Emmanuel ¹; Muyomba Joshua ³

¹ Gulu University Uganda

² Kampala international University

³ Gulu Regional Referral Hospital

Background: Severe mental illness (SMI) is one mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. SMIs include schizophrenia, bipolar affective disorder and recurrent major depressive disorders and result into serious functional impairment and influence uptake of contraceptive services through a number of factors in developing countries including Uganda. Despite the challenges associated with poor use of family planning services among individuals with SMI, information on factors affecting the use of these services is sparse in Uganda. This study aimed the prevalence and factors associated with contraceptive use among adult female patients with SMI attending an outpatient's psychiatric clinic in Northern-Uganda hence support provision of guidelines for proper interventions.

Methods: This study used a cross-sectional design and purposely screened 377 women with SMI who attended Gulu hospital between March and June 2023 for contraceptive use using a semi-structured questionnaire with questions specific to the different contraceptive methods used such as condom use, injectable use and others. Descriptive and inferential analyses were performed to determine the prevalence and factors associated with contraceptive use.

Results: Out of a total of 377 participants, 331 ever used at least one contraceptive method after being diagnosed with SMI i.e., the prevalence of 87.7%. Not attending school (AOR: 0.08 CI: 0.01-0.46, p=0.005), being treated for bipolar affective disorder (AOR: 0.03 CI: 0.01-0.54, p=0.017), taking both antipsychotic and mood stabilizer (AOR: 13.84 CI: 2.42-234.25; p=0.007), ever being pregnant after being diagnosed with SMI (AOR: 19.21 CI: 3.40-108.34, p=0.001), desire to have children (AOR: 9.91 CI: 2.28-43.12; p=0.002), and being aware of contraceptive use (AOR: 0.01 CI: 0.01-0.29; p=0.006) were more likely to use contraception.

Conclusion: Our results revealed that nearly nine-tenth women with SMI use contraceptives which is associated with not attending school, being treated for bipolar affective disorder, taking both antipsychotic and mood stabilizer, ever being pregnant, desire to have children and being aware of contraceptive use. The contraceptive facilities should be included directly in the mental health delivery for easy access hence maximum use by women with SMI since results show that despite challenges, there is a high use of contraception. The results also indicate a significant impact and wholistic inclusion of all people in sexual and reproductive health services in this region.

Poster CC / EP139

Advancing equitable family planning access through Integrated community and facility-based SRHR strategies: Implementation evidence from the ANSWER Programme in Uganda's West Nile and Acholi Sub-Regions

Author: Cinderella Anena¹

Co-authors: Christine Kajungu ¹; Paul Bukuluki ²; Symon Wandiembe ²

¹ United Nations Population Fund

² Makerere University Kampala

Background:

Persistent structural and socio-cultural inequities in family planning (FP) access continue to undermine universal sexual and reproductive health and rights (SRHR) goals in Sub-Saharan Africa, disproportionately affecting adolescents, persons with disabilities (PWDs), and forcibly displaced populations.

In response, the Dutch-funded, UNFPA-supported Advancing Sexual and Reproductive Health and Rights (ANSWER) Programme was implemented in Uganda's West Nile and Acholi sub-regions as a systems-level intervention targeting these gaps. Leveraging 210 public health facilities, educational platforms, and community-based structures, the programme aimed to catalyse increases in modern contraceptive uptake and SRHR knowledge among youth and marginalized groups through an integrated, multi-level delivery approach.

Methods:

A convergent parallel mixed-methods design was used. Quantitative data from Uganda's Health Management Information System (HMIS) covering 2018–2023 were disaggregated by age, sex, and vulnerability status.

A convergent parallel mixed-methods approach was employed, integrating quantitative and qualitative data for a comprehensive endline programme evaluation. Quantitative analysis utilized routine data extracted from Uganda's Health Management Information System (HMIS) spanning 2018–2023, disaggregated by age, gender, and vulnerability status to assess service utilisation trends and equity.

Baseline and endline Knowledge, Attitudes, and Practices (KAP) surveys were conducted among stratified samples of in-school and out-of-school youth aged 10–24. Qualitative insights were drawn from 26 key informant interviews (KIIS) with district health officials, facility in-charges, and implementing partners. Data triangulation enabled assessment of intervention fidelity, equity in service delivery, and contextual drivers of success.

Results:

Between 2018 and 2023, the ANSWER programme supported facilities reported a 134% increase in new modern contraceptive users, from 63,908 to 149,383 individuals. Adolescents and youth aged 10–24 years constituted 58% of new users, while PWDs and refugees represented 19% and 6%, respectively, reflecting inclusive access.

Revisit rates improved by 77.2%, indicating enhanced contraceptive continuation. The integrated service delivery—comprising static clinics, mobile outreach, and Village Health Team (VHT) community linkages—facilitated contraceptive access for over 253,000 adolescents and youth.

In addition, KAP surveys demonstrated a significant rise in modern contraceptive prevalence from 33.7% to 70.1% among out-of-school youth and from 32.4% to 61.0% among in-school youth. Regionally, Acholi recorded stronger improvements among out-of-school youth. SRHR knowledge metrics, including method choice, correct usage and source identification.

Importantly, STI/HIV prevention improved by over 30% points across cohorts, with no similar improvements observed in non-programme districts.

Complementary demographic data from UDHS 2022 reveal declines in adolescent birth rates between 2016 and 2022: from 23.8% to 18.2% in West Nile and 22.4% to 21.7% in Acholi. The reported observations suggest integrated, context-tailored SRHR interventions can contribute to reductions in adolescent pregnancies.

Conclusion:

The programme's focus on equity-oriented design operationalised differentiated SRHR delivery through formal, informal, and community-based channels. Conversely, persistent gaps in uptake of long-acting reversible contraceptives and post-partum family planning among adolescent subgroups bring to the fore the need for targeted approaches to optimize contraceptive equity and continuity of care.

To ensure the sustainability of contraceptive care gains among adolescents, it is critical to mobilize increased domestic financing, thereby integrating adolescent-focused SRHR services as a core component of national health systems and rights-based policies.

e-POSTER ABSTRACTS/

COMPREHENSIVE ABORTION CARE (CAC)

Poster CAC / EP9

Factors influencing referral among women attending post abortion care: An embedded mixed-methods study at tertiary hospitals in Northern Uganda

Author: Jimmy Opee¹

Co-authors: Emmanuel Ochola²; Felix Bongomin¹; Gerald Obai¹; Maria K Wolters³; Samuel Obonyo Okot¹; Simple Ouma¹

¹ Gulu University

² St. Mary's Hospital Lacor, Gulu-Uganda

³ OFFIS Institute for Information Technology, Oldenburg, Germany

Background: Abortion related deaths account for over 75% of all maternal deaths in sub-Saharan Africa. Most abortion-related deaths and complications are preventable by appropriate post abortion care (PAC) services. Referral is critical in the chain of management of women attending PAC. This study aimed to assess factors influencing referral among women attending PAC at two tertiary hospitals in Northern Uganda.

Methods: An embedded mixed-methods study was conducted from July to December 2023 at St. Mary's Hospital-Lacor (SMHL) and Gulu Regional Referral Hospital (GRRH). Quantitative data were collected from women of reproductive age (15–49 years) attending PAC using structured questionnaires, while qualitative data were gathered through 20 in-depth interviews with women attending PAC and PAC providers. Logistic regression was applied for quantitative analysis, and thematic analysis was used for qualitative data.

Results: A total of 152 participants were enrolled, with a median age of 26 years (IQR: 21–32). Most women (93.4%) presented with spontaneous abortion; 60.5% had incomplete abortion, 15.1% had in- evitable or missed abortion, 7.9% had complete abortion, and 1.3% had septic abortion. Referrals accounted for 30.3% (46/152), nearly half (48%) from lower-level facilities. Referral was associated with rural residency (adjusted Odds Ratio (aOR): 15.5; 95% Confidence Interval (CI): 4.44–53.83; $p < 0.001$) and being under 20 years of age (aOR: 2.8; 95% CI: 1.02–7.56; $p = 0.046$). Among those receiving PAC, 77.0% preferred modern contraceptives. Drivers to referral include; limited PAC availability in lower- level facilities, financial barriers at private facilities, and transport challenges.

Conclusions: Approximately one-third of women seeking PAC were referred due to unavailable PAC services at lower-level facilities and financial or transport constraints. Strengthening PAC services at lower-level facilities could improve care, reduce complications, and alleviate the burden on tertiary hospitals.

Key words: Referral, Post abortion care, Tertiary hospitals, Northern Uganda

Poster CAC / EP12

Modern contraceptive uptake among adolescent girls and young women receiving post-abortion care in Northern Uganda: a cross- sectional study using the Socio-ecological Model.

Authors: Ronald Olum¹; Morrish Obol Okello²; Ivan Okwir³; Dianah Rhoda Nassoz¹; Jackline Hope Ayikoru²; Harriet Akello⁴; Gladys Adokorach²; Robert Drichi Amoko³; Francis Pebalo Pebolo²; Felix Bongomin²

¹ Makerere University

² Gulu University

³ Lalogi Health Centre IV

⁴ St.Mary's Hospital, Lacor

Background: About half of the global burden of unintended pregnancies is reported among adolescent girls and young women (AGYW). We aimed to investigate modern contraceptive knowledge, attitudes, preferences, practices, and barriers among AGYW receiving post-abortion care (PAC) in Northern Uganda, using the socio-ecological model.

Methods: This quantitative cross-sectional study was conducted at Lalogi Health Center IV (Omoro District) and Gulu Regional Referral Hospital (Gulu City) in Uganda between August and September 2023. AGYW aged between 10 –24 years receiving PAC consecutively enrolled after obtaining written informed consent.

Data was collected using a structured questionnaire before the provision of contraception counseling during PAC. Factors associated with modern contraceptive uptake were assessed using a multivariable modified Poisson regression model with robust standard errors, adjusting for potential confounders. A $p < 0.05$ was considered statistically significant

Results: In total, 129 AGYW, with a median age was 21 (IQR: 20 –23) years were recruited with more than half in some form of marriage, union, or relationship (62.0%, $n = 80$). The median age at sexual debut was 17 years (IQR: 16 –18 years). About 24% ($n = 31$) of the abortions were induced, with 83.9% ($n = 26/31$) of these being due to unintended pregnancy. Overall, 98% ($n = 126$) were aware of modern contraceptives, while 78% ($n = 100$) had ever used them, with male condoms (70.0%), implants (32.0%), and oral pills (32%) being the most frequent. At bivariate analysis, modern contraceptive use was

associated with age at sexual debut ($p=0.014$), history of previous abortion ($p=0.026$), and receiving contraception information from spouses ($p=0.009$) and banners/posters ($p=0.049$). Only age at sexual debut retained significance at multivariable analysis (incidence risk ratio: 0.93, 95% CI: 0.88 - 0.99, $p=0.021$). Frequent barriers to modern contraceptive use included inadequate information (24.0%), myths and misconceptions (23.3%), peer pressure (20.2%), partner opposition (5.5%), and long distances (14.7%).

Conclusion: In this study, over 7 in 10 AGYW receiving PAC had used modern contraceptives, and this was higher in those with early sexual debut. We recommend strengthening reproductive health policies and practices in Uganda, particularly in PAC settings. Targeted educational programs and counseling may address inadequate information, myths, and misconceptions prevalent in this population. Further research should evaluate effective implementation strategies for increasing modern contraception uptake in this population.

Poster CAC / EP38

Barriers to Safe Abortion Care Among Internally Displaced Persons in Ethiopia using a social Ecological Model

Author: Samrawit Solomon Ethiopia¹

Co-authors: Mitikie Molla Sisay ²; Ferid Abas ¹; Fanna Adugna Debele ¹; Andamlak Gizaw Alamdo ¹

¹ St Paul's Hospital Millennium Medical College

² Addis Ababa University

Background: Internally Displaced Persons (IDPs) in Ethiopia face significant barriers to safe abortion care, influenced by socio-cultural, economic, and structural factors, alongside widespread sexual and gender-based violence (SGBV). Using the Social Ecological Model (SEM), this study explores individual, interpersonal, community, institutional, and societal factors influencing abortion access in Ethiopian IDP camps.

Methods: A cross-sectional study was conducted in four IDP camps in the Amhara and Oromia regions from April to July 2024, involving 1,452 randomly selected women.

Results: SGBV was reported by 16.6%, with 36.9% of cases perpetrated by security forces. Of the participants, 5.8% had undergone abortion, and 1.7% had induced abortions in the camps. Fewer than half of women in IDP camps reported using a contraceptive method (41.7%), though 80.7% also reported that they had a history of discontinuing use due to access issues. Barriers to abortion care included religious beliefs (67.7%), cultural norms (63.8%), and lack of service awareness (56.3%).

Conclusions: Underreporting of abortions remains a significant concern. Urgent Action is Needed. The Ministry of Health and stakeholders MUST prioritize immediate, tailored interventions to break down barriers, improve access to safe abortion care, and address the pressing needs of women in IDP camps.

Poster CAC / EP39

Barriers to Safe Abortion Care in IDP Camps in Ethiopia: A Qualitative Study Using the Social Ecological Model

Author: Samrawit Solomon Ethiopia¹

Co-authors: Andamlak Gizaw Alamdo ¹; Fanna Adugna Debele ¹; Ferid Abas ¹; Mitikie Molla Sisay ²

¹ St Paul's Hospital Millennium Medical College

² Addis Ababa University

Background: This qualitative study examines barriers to safe abortion care among women in Internally Displaced Persons (IDP) camps in Ethiopia using the Social Ecological Model (SEM).

Methods: Data were collected through in-depth and key informant interviews with displaced women, healthcare providers, community leaders, NGO representatives, and policymakers.

Results: The findings reveal multi-level challenges, including personal and structural barriers, where cultural and religious beliefs, financial constraints, and lack of education prevent access to safe abortion care. Social networks and healthcare providers play a critical role, with unsupportive partners and providers' moral objections worsening the situation. Community stigma and social norms perpetuate misinformation and isolation, while societal barriers such as inadequate healthcare infrastructure and policy gaps further limit access.

Conclusions: Urgent, coordinated action is critical. The Ministry of Health, humanitarian organizations, and local leaders must expand healthcare access, ensure legal protections, combat SGBV, and dismantle stigma. Without urgent intervention, displaced women will continue facing life-threatening risks.

Poster CAC / EP45

Comprehensive abortion care: Facility readiness, Service availability and barriers in eastern Ethiopia: a mixed method study.

Author: Tegenu Balcha¹ *Haramaya University*

Background: Ethiopia implemented relatively liberal abortion laws and has developed guidelines to enhance access to comprehensive abortion care, significantly reducing complications from unsafe abortions. However, unsafe abortion remains a major public health issue due to substantial barriers related to health facility readiness, service availability, and health care providers'. There is little information on underlying factors such as religious, moral, ethical, and sociocultural concerns of healthcare professionals in the study area. Therefore, this study aimed to assess health facilities' readiness, service availability, and challenges of healthcare providers to deliver safe abortion care service in Ethiopia.

Methods: A mixed study was done in 16 public health facilities found in the Harari region and Dire Dawa administration. We employed simple random sampling to select the health facilities and purposive sampling to recruit the qualitative participants. We collected the data using the Kobo toolbox through observational records using World Health Organization service availability and readiness assessment tool, while qualitative data were collected using In-depth interviews by Experienced and trained data collectors. The collected data were exported to Stata 17 for descriptive analysis. We interviewed 17 health professionals for qualitative parts. The interviews were audio-recorded, verbatim transcription and translation were done. The, the translated data were coded and analyzed thematically using open code software version 4.03, then, Findings were presented as direct quotes and condensed text.

Results: Of 16 health facilities, 13 (82.3%) met the minimum requirements (>75%) for readiness. The service was available in all included hospitals, and 8 (66.7%) health centers have been providing the service in the preceding three months. Qualitative finding also revealed that Inadequate medical supplies, lack of separate rooms for abortion service, negative attitude of health professionals toward abortion and clients seeking abortion care, stigma and discrimination from colleagues, religious and cultural beliefs of against abortion care, a shortage of trained providers, and inadequate clarity regarding interpreting abortion laws as barriers of comprehensive abortion care.

Conclusions: In general, while all hospitals met the minimum criteria for service availability and readiness for abortion care, a significant number of health centers fell short of these standards. The majority of health centers faced challenges in shortage of essential medication and trained staff availability. In addition to institutional-related barriers, the most significant challenges abortion professionals face are; limited infrastructure and medical supplies, health professionals' bias and stigmatization of clients seeking abortion care, stigmatization of service providers, lack of training, Cultural and religious barriers to abortion care, and ambiguities in interpreting abortion law. As long as these barriers and stigma persist, many abortions are likely to be unsafe. Thus, efforts to strengthen the capacity of health facilities and community education, timely training of health professionals, and revising abortion law based on women's specific needs will improve the provision of safe abortion care services.

Poster CAC / EP46

Common mental disorders following abortion among women of reproductive age in Addis Ababa health institutions, Addis Ababa, Ethiopia: A Cross-sectional study

Author: Berhanu Wordofa Giru¹

Co-authors: Delayehu Bekele ²; Mekdes Demissie ¹; Solomon Teferra ¹

¹ Addis Ababa University

² Saint Paul's Hospital Millennium Medical College

Background

Common mental disorders (CMDs) are prevalent among women who have had abortions, causing significant physical and psychological pain. These disorders can have a major impact on women's life and the outcomes of therapy, but little is known about how common they are among women who have had abortions in sub-Saharan Africa, especially Ethiopia. The aim of the study was to assess the magnitude and determinants of common mental disorders following abortion among women of reproductive age in Addis Ababa health facilities.

Methods

The study was conducted in Addis Ababa's health institutions among 460 women aged 18-49 years who had had at least one abortion in the past month. The data were collected, cleaned, reviewed, and checked for completeness using Kobo Toolbox before being exported to SPSS version 27 software for analysis. Descriptive statistics and binary and multiple logistic regressions were computed.

Results

This study aimed to examine the prevalence and factors contributing to common mental disorders (CMD) among women who had abortions in Addis Ababa health institutions. The research found that 18.2% of women experienced CMDs within 30 days post-abortion, with factors such as cohabitation status, occupation, and unemployment influencing mental health outcomes. Women in non-paying jobs or those unemployed had higher rates of CMDs, while those with children or who used contraception before pregnancy had a lower risk. Additionally, substance use and intimate partner violence were strongly linked to CMDs, with stigma and discrimination further exacerbating mental health issues. The study highlights the importance of sociodemographic factors, emotional support, and access to resources in mitigating mental health

challenges following abortion.

Conclusion and Implication

The findings of this study underscore the importance of interventions that focus on comprehensive mental health-related counseling service integration with comprehensive abortion care for women undergoing abortions that address access to mental health services, family planning services, substance use, intimate partner violence, stigma, and discrimination. Referral pathways should be in place and these services should be available and accessible to all women who need them might also help re-duce or minimize common mental disorders. The government, program planners, and implementers should develop and implement counseling services and mental health support for women during abortion services that aim to reduce stigma and discrimination.

Poster CAC / EP49

Understanding the Ethiopian Policy Landscape on Abortion Services Using a Health Policy triangle framework

Authors: Negash Wakgari Amanta¹; Delayehu Bekele²; Stuart J Watson¹; Zoe Bradfield¹; Mekitie Wondafrash³; Gizachew A Tessema⁴

¹ Curtin School of Nursing, Curtin University, Perth, Western Australia, Australia

² Department of Obstetrics and Gynaecology, St. Paul's Hospital Millennium Medical College, Addis Ababa, Ethiopia

³ St. Paul Institute for Reproductive Health and Rights, Addis Ababa, Ethiopia

⁴ Curtin School of Population Health, Curtin University, Perth, Western Australia, Australia

Background: The World Health Organization emphasises the importance of prioritising women's health and rights in abortion policies. In 2005, the Ethiopian government revised the legal frame- work to expand the circumstances under which abortion is legally permitted. This study investigated and described the current policy landscape in Ethiopia in the last two decades.

Methods: Informed by the Walt and Gilson health policy triangle framework, this study employed a document content analysis. A policy document was defined as a document that involved laws, policies or policy directives, national strategy, clinical guidelines, and working documents. To identify relevant policy documents, we searched the Ministry of Health website, national academic institution platforms, and the grey literature. We also contacted stakeholders working at the Ministry of Health to identify if there were relevant documents that had not been published online. Further- more, we undertook key informant interviews with individuals actively involved in policy reform or implementation processes. Participants were selected using purposive sampling techniques. A semi-structured questionnaire was utilised during the interviews to collect relevant data, which was then analysed using deductive thematic analysis. Findings are presented under four predetermined themes: context, actors, process, and content, based on the framework.

Results: Eight policy documents were included in the final synthesis and analysis. Political transition, the government's desire to avert high maternal deaths, and civil society pressures were key contextual factors that triggered the policy reforms. The Federal government, civil society and a few international organisations were frequently mentioned as actors in policy reform. Following the 2005 legal reform that lessened the hurdles for receiving safe abortion services, the Ministry of Health initiated a range of implementation programmes aimed at expanding abortion services to primary facilities and private sectors. Despite the enabling legal framework, access to abortion services remains challenging due to persistent stigma, lack of awareness about the legal provisions, and attributed burden placed on healthcare providers associated with policy dilemmas.

Conclusions: Ethiopia has made significant strides in liberalising abortion laws, but access to safe abortion services remains a major challenge. Comprehensive strategies that align with international reproductive health rights are recommended to improve policy implementation.

Poster CAC / EP50

Abortion Care Pathways in Addis Ababa Healthcare Facilities: A Qualitative Descriptive Study

Authors: Delayehu Bekele¹; Gizachew A Tessema²; Negash Wakgari Amanta³; Stuart J Watson⁴; Zoe Bradfield⁴

¹ Department of Obstetrics and Gynaecology, St. Paul's Hospital Millennium Medical College, Addis Ababa, Ethiopia

² Curtin School of Population Health, Curtin University, Perth, Western Australia, Australia

³ Curtin School of Nursing, Curtin University, Western Australia

⁴ Curtin School of Nursing, Curtin University, Perth, Western Australia, Australia

Background: Realising the abortion care services pathway is crucial in achieving woman-centred care and improving the quality health services. Evidence indicates that lack of respectful care during abortion remains a global challenge to reproductive health and rights. Therefore, this study explored induced abortion care pathways in Addis Ababa health facilities.

Methods: A descriptive qualitative design was undertaken, recruiting consenting women who sought induced abortion care from seven health facilities. Purposive sampling techniques were used. In-depth semi-structured interviews were conducted with sixteen women receiving the abortion services. The collected data were typed and transcribed into the local language and subsequently translated into English. Data were coded, organised, and analysed using inductive thematic analysis.

Results: Six main themes and corresponding subthemes were created from the data analysis. Themes were: i) social and emotional support, ii) stakeholder perception, iii) accessibility and service delivery, iv) perceived competency of abortion care providers, v) physical journey, and vi) emotional journey. Women attended health facilities alone and were not supported by family and friends. Women reported that family and friends were involved in most instances of their abortion decision-making. The findings highlighted that women did not disclose their abortion to family and friends, were scared of stigma and were forced to continue the pregnancy. Women reported they were coerced to use family planning by providers after the procedure. This study also found that women travelled and waited a long time to obtain care, scared about their privacy and confidentiality, lack of medicine and ultrasound at some facilities, and due to the limited availability of second-trimester abortions. Participants mentioned that the provider was supportive and competent, while some described unsupportive care in liaison and health centres. Women felt stigmatised by the community and providers because of their abortions and felt ashamed and upset after abortion.

Conclusions: Though positive experiences and supportive care were noted, this study identified abortion stigma, lack of availability and inaccessibility of abortion services. This requires inter-sectoral collaboration to create strategies to improve community-based awareness to decrease abortion stigma and promote and provide quality abortion care. Policymakers, facility managers, researchers, and providers need to work on availing accessible, acceptable, and woman-centred quality abortion care that would reduce feelings of shame and upset after abortion

Poster CAC / EP58

Interface of perceived self-efficacy on safe abortion and lived experiences among women of reproductive age in Wolaita zone, Ethiopia, 2024: a community based cross-sectional study

Authors: Amene Abebe Kerbo¹; Beimet Desalegn Kedida¹; Niguse Tadele Atnafu²; Taklu Marama Mokonnnon³; Wakgari Binu Daga⁴

¹ School of Public Health, Wolaita Sodo University, Sodo, Ethiopia

² School Public Health, Addis Ababa University, Addis Ababa, Ethiopia

³ School of Midwifery, Wolaita Sodo University, Sodo, Ethiopia

⁴ School of Public Health, Ambo University, Ethiopia

Background: Low self-efficacy concerning reproductive healthcare seeking remains a significant concern that can lead women to seek unsafe abortions in developing regions. Perceived self-efficacy, a woman's belief in her ability to act, may play a vital role in navigating barriers to safe abortion. While existing literature has explored the influence of self-efficacy on general healthcare utilization, research focusing specifically on safe abortion services remains limited. So, this study aimed to assess perceived safe abortion self-efficacy and care-seeking experiences among reproductive age women in Ethiopia.

Methods: This community-based cross-sectional study was conducted in the Wolaita zone, Ethiopia, from February to May 2024. A mixed-methods approach was employed, involving a quantitative survey of 845 randomly selected women of reproductive age (15-49 years) and in-depth interviews with 14 women with a history of induced abortion in the past five years, ensuring a diverse range of experiences related to induced abortion. Quantitative participants were recruited using a multi-stage sampling technique involving lottery selection of seven districts and then kebeles within them, followed by systematic sampling of households. Women reporting a history of induced abortion during the quantitative survey was invited for the qualitative interviews. The outcome variable was the perceived self-efficacy on safe abortion regarding safe abortion, measured using an adapted and validated scale. Socio-demographic characteristics, knowledge of safe abortion, and attitude towards safe abortion were also assessed. Quantitative data was analyzed using descriptive statistics, and multivariable logistic regression to assess the associated factors with perceived self-efficacy, adjusting for covariates.

Qualitative data was analyzed using thematic analysis and triangulated with the quantitative findings.

Results: The quantitative survey included 815 women of reproductive age (mean age 25.87 years, SD ± 6.45), a subset of whom also participated in qualitative interviews. In this study, 35.8% exhibited high self-efficacy related to accessing safe abortion services. Multivariate analysis identified being employed, receiving abortion information from media, believing abortion to be legal for unmarried women, knowing someone who has induced an abortion and having favorable attitudes toward perceived safe abortion self-efficacy as significantly associated factors. Qualitative data highlighted several important themes. Employed women expressed a greater sense of capacity to manage the financial aspects of abortion. Access to reliable information was described as important for building confidence in seeking safe abortion. Women who knew others with experience of induced abortion reported feeling more competent in navigating the services. Participants also articulated the necessity of safe abortion services in specific circumstances, such as for pregnancies occurring outside of marriage.

Conclusions: This study demonstrated that about one-third of the participants have perceived self-efficacy regarding safe abortion among women in the study area. These findings underscore the critical role of socio-economic status, information dissemination, and community experiences in shaping women's confidence in seeking safe abortion services. However, the lower level of self-efficacy suggest a need for targeted interventions to enhance safe abortion self-efficacy. Future research should explore the complex interplay between legal literacy and perceived legality in the community to inform effective strategies for empowering women's reproductive autonomy.

Poster CAC / EP67

Willingness to provide safe abortion care services and associated factors among graduating midwifery, nursing and medical students from selected universities in Zambia

Author: Samantha Munang¹ and ¹

Co-authors: Maureen Masumo ¹; Patrick Kaonga ¹; Tulani Matenga ²

¹ University of Zambia

² University of Zambia, School of Public Health, Department of Community and Family Medicine

Background

Maternal morbidity and mortality are major concerns for Zambia mainly due to complications of unsafe abortion which are preventable by providing safe abortion services. Students are the future providers of safe abortion care and are expected to understand and demonstrate appropriate knowledge, skills and attitudes in relation to comprehensive abortion care (CAC). Graduating students' willingness to provide safe abortion services is an important influence on their intention and capacity to provide the service during their future careers. However, graduating students have moral, social and gender-based reservations that might affect their willingness towards providing safe abortion services. Many studies in Zambia have been conducted on factors influencing provision of safe abortion services among health workers. However, gap still exists on whether graduating students in Zambia are willing to provide the safe abortion care services in their future practice. Therefore, the study aimed to assess the willingness to provide to provide safe abortion services and associated factors among graduating midwifery, nursing and medical students at University of Zambia.

Methods

The study employed convergent parallel design and the results were brought together in the overall interpretation. A cross-sectional design was used for quantitative approach, while descriptive phenomenology was used for qualitative approach. Two universities were randomly selected, one public and one private university. The study included final year midwifery, nursing and medical students. Participants for qualitative were purposively sampled while for quantitative were randomly sampled using systematic sampling. Quantitative data was collected using a self-administered questionnaire and focused group discussions were used to collect qualitative data. The dependent variable was willingness to provide safe abortion and was measured on a likert scale to gauge agreement with statements related to provide safe abortion care. The responses were later categorized into two "willing" and "not willing". While thematic analysis was used to analyse qualitative data.

Results

Quantitative data were collected from a total of 246 students. Qualitative data was collected from 5 focused group discussions. The median for age was 26 years (24-28). Majority (63.1%) were not willing to provide safe abortion services after graduating. Being Catholics (AOR = 2.56; 95% CI: 1.01 – 6.45), frequently attending church (AOR = 1.85; CI: 1.10 – 3.37) and not confident with ability to perform medical abortion (AOR = 3.18; CI: 1.36 – 7.45) are more likely not willing to provide safe abortion care in future. Furthermore, qualitative results show that students experienced lack of supervision and support during clinical placement and also described the clinical environment as a restricted environment for clinical practice.

Conclusion

Study findings show that future providers are not willing to provide safe abortion care services after graduating. Factors influencing the willingness are different from the reviewed literature and this could be attributed to different learning and training environment. Factors identified could be addressed through comprehensive coverage of safe abortion during training. Additionally, providing mentorship and student support while on the clinical area to ensure optimal clinical exposure to safe abortion care services.

Keywords: Willingness, safe abortion care, students

Poster CAC / EP68

CLINICAL, therapeutic and prognostic aspects of clandestine abortion in women of childbearing age in sub-Saharan Africa: a case study of two hospitals in the West region of Cameroon

Author: Nadia AZANKIA DJAKA^{None}

Co-author: Jeanne Hortence Fouedjio

Background: induced abortion is defined as a deliberate process by which a pregnancy is terminated before the fetus is viable, considered illegal which is illegal when performed clandestinely. It is one of the main causes of maternal mortality, hence the interest in describing the clinical and therapeutic manifestations and complications observed in the participants.

Method: our study was a descriptive cross-sectional study over a 3-month period. Participants of childbearing age admitted for clandestine abortions who gave their consent were included; medical records and registers with accessible clinical information were also reviewed. Those who underwent abortions in compliance with the law were excluded. Sampling was non-probability. After obtaining ethical clearance, data were collected by questionnaire and analyzed.

Results: 228 cases of clandestine abortions were included. Clinically, there were incomplete abortion (87.7 %) ; anemia (41.7%), septic abortion (26.3%), hypovolemic shock (16.7%), pelvic inflammatory disease (7%) and uterine perforation (4.8%). The main means of resuscitation was blood transfusion (75.4 %) ; the main procedure was manual intrauterine aspiration (72.5%) ; the rate of contraceptive use was (37.6 %). The case fatality rate was (2.9 %).

Conclusion: complications related to abortion are mainly marked by incomplete abortion, anemia, septic abortion, hypovolemic shock, pelvic peritonitis, uterine perforation. Manual intrauterine aspiration was the main procedure; there is a low rate of contraception with a case fatality rate that remains worrying. The time of care after an abortion should be an opportunity not to be missed for starting contraception.

Keywords: clandestine abortion, infection, maternal death, family planning.

Poster CAC / EP69

Experiences of women seeking Client Initiated Abortion Services at Women's and Newborn Hospital (WNBH), University Teaching Hospital (UTH)

Author: Namayipo Nankamba¹

Co-authors: Andrew Kumwenda ¹; Kate Lubeya Mwansa ¹; Micheal Kanyanta ¹; Patience Mbozi Simunza ¹; Patrick Kaonga ¹

¹ University of Zambia

Background: In Zambia, despite legalization of abortion in 1972, policy restrictions and social- cultural imposed barriers to women accessing abortion care, including laws that restrict how abortion is provided still exist. Implementing Zambia's permissive laws into practice has proven difficult. For example, three registered medical professionals need to agree on whether the woman meets the criteria for abortion and their agreement is dependent on the individual professional preferences. Few studies have been conducted to document the trajectory women take as they decide to access abortion care services. Therefore, this study sought to explore experiences of women seeking client- initiated abortion services at UTH, from the time they find out they are pregnant up to discharge from the hospital after.

Methods: The study used a qualitative research approach. Thirty (30) women seeking abortion services were sampled using convenient sampling method at Women's and Newborn Hospital –University Teaching Hospitals, Lusaka. We recruited women who sought abortion services without any prior medical or legal reasons but on their own. Data was collected in 2025 using a validated inter- view guide. Audio recorded in-depth face to face interviews were used to collect data. Data was analyzed using thematic analysis.

Results: One of the major themes which emerged included awareness about abortion services where women had no knowledge that abortion services were offered at UTH, and reported hearing about the service at the health center or through relatives and friends. Another theme was decision making about the abortion: women sought abortion services because of fear, disappointment experienced from partner, cultural pressure and feelings of not being ready. The 3rd theme was emotional responses where women's general feeling after abortion included feeling of relief, though some mentioned feeling guilt and regret as well. The 4th theme was cost of the abortion: women categorized care received to be affordable but lacking in counselling, pain management, efficiency and nonjudgemental care. Final theme was physical outcomes: women reported feeling severe abdominal pain and per-vaginal bleeding but none reported any adverse sequelae afterwards.

Conclusion: The trajectory of abortion seeking behavior among women in Zambia, encompasses increased stress and cultural implications. Health care providers should provide individualized, non-judgemental and all-inclusive care to women which ultimately promotes reduction of maternal mortality due to unsafe abortion.

Key words: Client initiated abortion, Abortion services, Abortion experiences

Poster CAC / EP79

Re Determinants of Abortion Outcomes and the Utilization of Post-Abortion Care Services at Lira Regional Referral Hospital, Northern Uganda

Author: OGWAL LAMEX¹

Co-author: Judith Ayuru¹

¹ *Lira Regional Referral Hospital*

Background

Unsafe abortion continues to be a significant contributor to maternal morbidity and mortality in sub-Saharan Africa, with Uganda experiencing substantial health system burdens due to abortion-related complications. Lira Regional Referral Hospital (LRRH), serving a large population in Northern Uganda, records a high number of abortion-related admissions. However, little is known about the determinants of abortion outcomes and the utilization patterns of post-abortion care (PAC) services in this setting.

Methods

A cross-sectional descriptive study was conducted at LRRH. Data were collected from 200 women admitted with abortion-related conditions using structured interviews and hospital records. Socio-demographic, clinical, and service utilization characteristics were analyzed. Statistical analysis was performed. Descriptive statistics, including proportions and percentages, were used to summarize findings.

Results

The prevalence of abortion-related admissions was 13.4%. Among these, 61.7% of the cases were classified as incomplete abortions, and 18.5% were septic abortions. Only 29.4% of the women reported having had a spontaneous abortion, while 70.6% indicated induced abortion of which 54.8% were unsafe. Socio-demographically, 58.1% of the women were aged between 18–25 years, 72.2% were unemployed, and 64.5% had only attained primary education. Clinically, 36.7% presented with hemorrhagic shock, and 22.6% had signs of sepsis. Regarding post-abortion care services, only 41.5% of the women received family planning counseling before discharge, and a mere 22.2% accepted a contraceptive method. Barriers to timely access included stigma (48.7%), lack of information (44.4%), financial constraints (36.3%), and distance to the hospital (28.6%).

Conclusions

Unsafe and induced abortions remain highly prevalent at LRRH, with young, socio-economically disadvantaged women disproportionately affected. The utilization of post-abortion care services, particularly family planning, remains low. Addressing stigma, improving community education, and strengthening access to comprehensive abortion and PAC services are vital steps toward reducing abortion-related complications and improving maternal outcomes in Northern Uganda.

Key Message

Strengthening health education, addressing social barriers, and improving access to quality post-abortion care including contraceptive services are crucial for improving abortion outcomes and reducing maternal morbidity and mortality in Northern Uganda.

Poster CAC / EP82

Experiences of adolescents with health care providers following abortion at first level hospitals in Lusaka, Zambia

Author: Sebean Mayimbo¹ *University of Zambia*

Background

In low- and middle-income countries (LMICs), it is estimated that in 2019, approximately 21 million pregnancies occurred annually among teenagers aged 15 to 19, with nearly half of these pregnancies unplanned, resulting in an estimated 12 million births. Gendered cultural norms, societal stigma, and religious opposition often hinder access to contraceptive services for adolescents. Adolescents who seek abortion services face negative attitudes from healthcare providers, leading to fear of engaging with the health system. This fear is worsened by experiences of psychological distress and abuse before abortion. These negative perceptions from both communities and healthcare professionals contribute to women's reluctance to seek abortion services at health facilities. This study aimed to explore the experiences of adolescents with healthcare providers following abortion at Matero and Chipata hospitals, as well as in the Chilenje, Chawama, and Kanyama areas of Lusaka, Zambia.

Methods

The study employed a qualitative inquiry utilizing hermeneutic phenomenological approach at five first level hospitals, in Lusaka, Zambia. The study was conducted with a total of 11 adolescents aged 10 to 19 years who had their pregnancies terminated and were recruited after the procedure using purposive sampling. In-depth interviews were conducted with the teenagers to gather detailed information. All interviews were audio-recorded to ensure accurate data collection. Ethical clearance was obtained from the relevant ethical bodies. Data were analyzed using thematic analysis.

Results

In-depth interviews revealed the following experiences;

Emotional turmoil –such as emotional fear, as one client stated “I knew that abortion may lead to death because I’ve heard that other, others do die”

Emotional Guilty as expressed by this client “Because when I told him that I was going to abort, he told me that that will be the end of our relationship”,

Emotional Pain, as expressed by client X “I’m feeling guilty. Whenever I’m passing, it’s like every- one knows about it”

Physical experience - The unexplained pain, “But it was that pain I had not experienced before, as if someone was cutting my intestines”,

Physical disruption “I was feeling dizzy and shivering”

Spiritual turmoil - Feelings of guilty, “I feel guilty because I have killed a human being”

Rewarding experience - Fulfilling parent’s expectations such as expressed by this client “Because I knew that I was going back to school and I won’t, you know, I won’t disappoint my parents”

Majority of the adolescents further explained that they had problems opening up that they needed an abortion due to the shame and stigma associated with the vice. They further explained that health care providers were supportive and gave them the necessary care that they needed although there was inadequate counselling provided.

Conclusion

These results show that most adolescents experience pain in different forms. There is need to emphasize the necessity for medical professionals to give adolescent-friendly care top priority, guaranteeing counselling services, privacy, dignity, and compassion when offering post-abortion treatments.

Poster CAC / EP85

Increasing the uptake of family planning methods in post abortum care in the Dschang semi-urban zone (Cameroon)

Author: Jeanne Hortence FOUEDJIO ESPE FOUELIFACK¹

Co-authors: Florent FOUELIFACK YMELE ²; Jovanny FOUOGUE TSUALA

¹ université de Yaoundé 1

² ISTM

Background

Preventing maternal deaths due to unsafe abortions involves the use of family planning (FP) methods, with unplanned pregnancies often leading to unsafe abortions. The post-abortion period should be an opportunity to meet the unmet needs for contraception. This justifies this study, which aims to investigate the factors associated with the use of modern contraceptive methods in the post-abortion period at the Dschang Regional Annex Hospital in the Western Region of Cameroon.

Materials and methods

We carried out a cross sectional at Dschang Regional Hospital in obstetrical emergency unit. Data collection lasted 5 months from the 1st November 2024 to the 31st March 2025. The minimum sample size was calculated at 196 participants. We consecutively included every consenting woman admitted during the study period for post abortum care or therapeutic abortion as permitted by Cameroonian law. Each participant was counseled using REDI approach and offered free of charge a contraceptive method after uterine evacuation or within four weeks later. Prior to data collection, all the requirements regarding ethical clearance were met. We analyzed data using SPSS (Statistical Package of the Social Science) version 23.0. Categorical variables were summarized as frequencies and proportions. Associations between variables were assessed with the Fischer’s test.

Results

A total of 203 women were included and the response rate was 100%. The median age of participants was 26 years (Inter-Quartile Range (IQR): 23.0 –33.0) and that of their male partners was 32 years (IQR: 26.8 –46.0). 195/203 (96.05%) received a contraceptive method before discharge from the hospital; The most commonly used contraceptive methods were: implant (43.07%), injectable progestins (28.57%) and copper intrauterine device (17.73%). Religion was significantly associated with the use of injectable progestins ($p = 0.0272$), the scholar status was associated with uptake of Intrauterine device ($p = 0.003$), and the number of previous abortions was associated with the uptake of implants ($p = 0.0472$)

Conclusions

Patients who seek abortion care are young. The rate of post-abortion contraceptive use was high; The implant is the most widely used contraceptive method in post-abortion. Religion, school status, and the number of previous abortions are significantly associated with contraceptive method choices

Implication: Continued family planning and free contraceptive methods would significantly reduce unmet need for contraception, unplanned pregnancies, unsafe abortions, and maternal mortality. Keywords: Abortion, maternal deaths, family planning, contraception

Poster CAC / EP91

Knowledge, Attitude and Practice of Manual Vacuum Aspiration in Managing Incomplete Abortion at Lower-level Health Facilities of Northern Uganda

Author: Keneth Okello¹

Co-authors: Donald Otika ¹; George Odongo ; Joy Nyakirya ¹; Mark Ssemakula ¹; Mercy Jacwicongeyo ¹; Sylvia Awor ¹

¹ Gulu University

Background: Globally, more than 73 million abortions occur annually, and up to 45% of these are incomplete culminating into complications like maternal death. An estimated 21.6 million unintended pregnancies occur each year in Africa; of these, nearly 38% end in abortion, with Sub-Saharan Africa alone contributing 8.0 million. In east Africa, abortion rates have not declined since 1990 and the abortion rate for Uganda is slightly higher than the estimated rate for the East Africa. Majority of these end up incomplete, leading to severe outcomes, contributing to maternal morbidity and mortality. According to the MVA is a safe and effective method for surgical management of incomplete abortion. The WHO (2022) recommended nurses and midwives to provide MVA services in resource-limited settings.

Methodology: The study was conducted in 31 government health centers (II and III) in 15 districts of northern Uganda, and involved 414 nurses and midwives (Certificates and Diploma) working in those health centers. A simple random sampling method was used. Data was collected using a structured questionnaire after informed consent and analyzed using Stata version 18. Descriptive statistics were used to report knowledge, attitude and practice of MVA.

Results: Of the 414 respondents, 90.3% were knowledgeable about the full meaning of Manual Vacuum Aspiration (MVA), and 88.7% could correctly identify the tools used. However, only 45.7% of the participants had ever performed MVA. The main barriers to practice were lack of proper experience (72.4%) and insufficient materials (13.3%). Despite high knowledge levels and generally positive attitudes, the practice of MVA remains limited among lower cadre health workers in Northern Uganda.

Conclusion: This study reveals that while knowledge and attitudes toward MVA among lower cadre health workers in Northern Uganda are high, practical application remains limited due to skill gaps and resource constraints. Addressing these barriers through targeted training programs and improved resource availability is critical for enhancing the practice of MVA and reducing abortion-related morbidity and mortality in the region.

Keywords: Manual Vacuum Aspiration (MVA), incomplete abortion, knowledge, attitude and practice.

Poster CAC / EP93

Psychosocial factors and accessibility of care related to post safe abortion care in Obala Health District

Author: VIRGILE ONANA^{None}

Co-authors: Jeanne Hortence FOUEDJIO ESPE FOUELIFACK ¹; Henriette Magne epse Simo ²

¹ université de Yaoundé 1

² École des sciences de la santé, Université Catholique d'Afrique Centrale

Abstract:

Access to safe abortion is an essential element of international human rights. In the vast majority of developing countries around the world, and particularly in sub-Saharan Africa. Numerous abortion-related deaths occur, as do restrictive laws. Legal restrictions, as well as religious prohibitions, amplify the stigma attached to abortion, to such an extent that even when safe and legal care is available, some women resort to unsafe abortion services to protect their privacy. The practice of unsafe abortion persists, however, sometimes with disastrous consequences. The dissertation entitled "Psychosocial factors and accessibility of safe post-abortion care in rural areas: the case of the Obala Health District". The aim is to evaluate the care offered by providers and the perception of beneficiaries regarding the knowledge, financial and cultural accessibility of safe abortion care in the OBALA District. We will conduct qualitative research in the four (4) health facilities of the Obala District.

Objectives:

- 1) To explore rural women's perceptions of decision-making and choice of abortion care.
- 2) Identify factors influencing accessibility to safe abortion care
- 3) Assess the provision of post-abortion family planning services in the Obala Health District.

Methods:

We conducted a qualitative and quantitative study in the Obala Health District over a period of 1 year, using a snowball sampling approach to recruit participants. The target population considered women who had undergone an induced abortion and health care providers. Information will be collected until saturation is reached. The snowball method was used to identify and recruit participants. Expected results:

The expected results revealed that 32% of women in the 25 to 30 age brackets represented 17 of the 53 women interviewed;

39.6% of the workforce had no level of education; among the latter, the majority (56.6%) were single. Regarding perceptions and attitudes to the practice of safe postabortion care, we found that: the desire to conceive accounted for (60.4%); 37.1% were influenced by their boyfriends; and culture and religion accounted for 81%. Nevertheless, (50.9%) disagreed with women's abortion practices; (94, %) women had no experience of abortion, and had no financial support. Factors influencing accessibility to post-abortion care included: distance 50.9%; use of traditional abortion methods 69.8%; lack of financial support 77% and unqualified medical staff 27%. Many women confessed to not having had an abortion, but 66.0% said they had.

Conclusion:

This study will contribute to a better understanding of the needs and challenges of accessing safe abortion care in rural areas. The results can inform policies and interventions aimed at improving access to reproductive health care and reducing abortion-related complications.

The results show that the majority of women surveyed face significant challenges, including social stigma and lack of financial support, which hinder their access to necessary post-abortion care. Although most participants expressed knowledge of the risks associated with elective termination of pregnancy, this did not necessarily lead to a reduction in the practice, highlighting that psychological and social factors, such as desire for motherhood and relationship conflicts, are often determinants in the decision to have an abortion.

Poster CAC / EP114

Perspectives of adolescents and key stakeholders on safe abortion practices among adolescent girls in Rwanda

Author: Simonie NISENGWE¹ *Plan International Rwanda*

Authors: Simonie Nisengwe²³, Michael Habtu¹, Erigene Rutayisire¹, Domina Asingizwe¹, Theoneste Ntakirutimana¹

Authors' affiliation

¹ University of Rwanda, College of Medicine and Health Sciences, School of Public Health, Kigali, Rwanda.

² Global Youth Advisory council ³ Plan International Rwanda

Background: An estimated 25 million unsafe abortions take place every year, resulting in about 47,000 maternal deaths around the world. Unsafe abortions lead to an estimated 7 million complications; That number rises to 220 deaths per 100 000 unsafe abortions in developing regions and 520 deaths per 100 000 unsafe abortions in sub-Saharan Africa. Rwanda has made significant changes in Ministerial Order No.002/MoH/2019 on 8 April 2019, which outlines the conditions to be satisfied for a medical doctor to be able to approve and provide safe abortion care –a major step forward legally. But still unsafe abortion cases from traditional herbal are being reported.

Methods: A descriptive phenomenological study was conducted from 2022 to 2024. Twelve focus group discussions among in-school and out-of-school adolescents aged between 12 to 19 years within 10 districts of Rwanda and 36 key informant interviews were conducted among various stakeholders involved in SRHR service delivery. Data were collected using a semi-structured interview and discussion guide, supported by audio-recordings and field notes. The data were analyzed using thematic content analysis guided by social ecological model with Atlas.ti. Version 8.

Results: The results revealed two primary themes: perceptions on abortion practices and perceived barriers to safe abortion care services. While adolescents are aware about safe abortion practices at the district hospital but results revealed that most of them are still using traditional herbal as results of fear of being judged. Key barriers identified include a lack of awareness about availability of safe abortion care, religious and cultural taboos which hinder them to access safe abortion services and avoiding parental disappointment and resentment.

Conclusion: The study highlights perception on safe abortion services and contextual factors limiting adolescents' access to safe abortion services in Rwanda. Individual level barriers such as lack of awareness about safe abortion services at the district hospital, cultural and religious factors are of these significant barriers hinder them accessing to safe abortion services. These findings highlight the need to provide comprehensive information to adolescents about safe abortion services. This will help adolescents and young people to know when and where to receive the services as well as cultural and religious taboos changes to move out stigma and make them confident during service request.

Key words: Safe Abortion; Perceptions; Adolescents, barriers; Rwanda

Poster CAC / EP120

Induced abortion among internally displaced women in Ethiopia: prevalence, annual incidence, and access to care during an extended crisis

Author: Kindie Mitiku¹

Co-authors: Solomon Shiferaw²; Sisay Shiwasinad³

¹ Debre tabor University

² Addis Ababa University

³ Debre Birhan University

Background: Displaced women face disproportionate reproductive health risks. However, research on the burden of induced abortion in this population is limited. This mixed research, the first among displaced women in Ethiopia, attempts to determine the prevalence and incidence of induced abortion. It also highlights barriers and facilitators to safe abortion access among these women, providing useful information for humanitarian sexual and reproductive health programs.

Methods: In 2024, we conducted a mixed-methods cross-sectional study on internally displaced women in Debre Birhan, Ethiopia, including 1,863 women and 16 key informants for the quantitative and qualitative components. The quantitative component comprised reproductive-aged women, whereas the qualitative component included women who had undergone induced abortions, abortion service providers, and non-governmental organisation (NGOs) workers. The quantitative study recruited women by a random selection approach. Purposive sampling strategies were used to recruit participants for the qualitative investigation. Qualitative data were collected using the Kobo Toolbox and analyzed in SPSS 22. The prevalence of induced abortion during women's camp life was estimated by dividing the total number of women who reported induced abortion by the total number of participants. The annual induced abortion rate was computed per 1000 women. We used the self-reported and best friend approaches to determine the incidence of induced abortion. To address transmission biases, we adjusted for the best friend's incidence of induced abortion. The socio-ecological framework drove the thematic analysis of the qualitative data in Atlas.ti 8. We applied both inductive and deductive methodologies.

Results: According to our research, 3.1% of displaced women reported having an induced abortion while in the camp. The annual rates of self-reported, unadjusted, and adjusted best friend-induced abortions were 5.4, 8.8, and 42.2 per 1000 women, respectively. The most significant individual-level barriers to getting safe abortion services were a delay in seeking treatment, fear of punishment, and lack of knowledge. Inadequate social support was a significant interpersonal barrier to receiving care. Social stigma and religious opposition were the main barriers at the community level. The key organizational obstacles were camp overcrowding, poor care quality, and indirect payments. At the policy level, a vague abortion law was seen as a major barrier to providing care. Self-efficacy, the availability of free abortion services, NGOs' help, and referral networks were the most important facilitators.

Conclusions: Induced abortion is a significant yet underreported public health problem among displaced women, with true incidence rates potentially eight times higher than the self-reported estimate. Despite the presence of some facilitators, women face a variety of interrelated barriers. To address underreporting and improve access to safe abortion services, we propose three key recommendations: First, at the policy and organisation levels, there is an urgent need to clarify abortion rules and ensure that healthcare staff get comprehensive training in rights-based care. Second, programming approaches should focus on culturally relevant awareness campaigns, encouraging partnership between NGOs and health institutions to decrease stigma and improve service accessibility. Finally, future research should use more anonymous and culturally sensitive methods to identify the unreported abortion instances in displacement contexts.

Poster CAC / EP123

Prevalence and factors associated with repeat safe abortions among adolescents receiving abortion services at the 1st level hospitals in Lusaka, Zambia

Author: Masanje Silungwe¹

Co-authors: Bellington Vwalika²; Patrick Kaonga²

¹ Women and Newborn hospital UTH, Lusaka

² University of Zambia

Background: Repeat abortion is termination of pregnancy done more than one time which is usually a consequence of inadequate contraception and common occurrence among vulnerable groups such as adolescents. It an important public health concern especially in the developing world that increases maternal morbidity and mortality. It might have significant consequences for sexual and reproductive health and it is linked to long-term effects and risk of adverse birth outcomes increase with the additional number of abortions especially among adolescents. Repeated safe abortion can lead to increased odds of genital infections, prolonged bleeding, and postpartum death. Additionally, there is higher likelihood of psychological disorder, depression and adverse neonatal outcomes such low birth weight and preterm birth.

In Zambia, there is paucity of data about the magnitude and associated factors of repeat induced abortion among

adolescents. Therefore, the aim of this study was to identify determinants of repeated induced abortion among adolescents aged 13–19 years seeking from selected public hospital, Lusaka, Zambia,

Methods: The study was an institution-based cross-sectional study conducted between October 2024 and February 2025 from selected 1st level hospitals in Lusaka, Zambia. Participants were consecutively enrolled and probability proportional to size was conducted according to the total number of women seeking induced abortion in each hospital during the study period. Data was collected using an interviewer-administered structured, and pretested questionnaire. Clinically, repeat induced abortion was considered when a woman reported having more than one induced abortion before the 28th week of pregnancy. Multivariate regression analysis was done to test strength of association between independent variables with repeat abortion among adolescents.

Results: A total of 154 respondents participated in the study, and the median age of adolescents was 18 years (IQR 16-19). The prevalence of repeat abortion among adolescent was 16.9% (95% CI:11.7- 23.7). The risk factors associated with repeat abortion included; history of multiple sexual partners (AOR=2.8, 95% CI 1.04 -7.11), residents of Chipata compound (AOR =3.0, 95% CI 1.22-7.5), previous contraception use (AOR=2.3, 95% CI 1.03-5.51) and adolescent that had a history of giving birth to a child (AOR= 4.33, 95% CI 1.69-11.4).

Conclusions: The prevalence of repeat abortion adolescent in the study is similar with findings from other studies in developing countries. The finding in the study suggests that the most vulnerable adolescents who received safe abortion care in Lusaka district struggled to use a preferred effective contraceptive method. This predisposed adolescents to subsequent unintended pregnancies after receiving a safe abortion service. Therefore, guidance on best practices in supporting teenagers pre-vent subsequent pregnancies including specific recommendations on providing contraception after abortion should be re-emphasized in primary health facilities in Zambia.

Poster CAC / EP124

Routes traversed in accessing abortion care in selected hospitals in Lusaka city in Zambia: A qualitative study

Author: David Lubansa¹

Co-authors: Alice Ngoma Hazemba²; Chileshe Siwale M ; Evaristo Kunka ; Joseph Mulanda¹; Kestone Lyambai

¹; Patrick Kaonga¹

¹ University of Zambia

² University of Zambia, School of Public Health

Background

Zambia like other low middle income countries has high rates of women accessing unsafe abortion, despite the supportive legal environment and availability of services. Safe abortion services are provided free of charge in Zambian public hospitals. Barriers to access safe abortion care may exist due to social, cultural and religious beliefs. With these barriers in place, it is not clear how individuals seeking abortion care transverse to access care. Therefore, this study set out to explore routes trans- versed, barriers and facilitators to access safe abortion care in selected public hospitals in Lusaka, Zambia. This was in an urban setting at a Tertiary Hospital and three First level hospitals in Lusaka City.

Methods:

This was a qualitative case study design. After ethical approval was obtained, in-depth interviews were carried out using a semi-structured questionnaire. There were 20 respondents in total. The ages of the respondents ranged from 16 to 39 years old. Twelve were single, five were married and two were divorced and one widowed. Two of the married women were on separation from their spouses. The interviews were recorded and transcribed. Coding and Thematic analysis was done until thematic saturation was attained.

Results

The main barrier to accessing safe abortion services was lack of information about the existence of the service. Of the twenty, fifteen reported being aware of safe abortion services before they fell pregnant. Of the five who had reported being aware of safe abortion services, two still opted for unsafe abortion. The sources of information on safe abortion services were friends, relatives and health care providers. After arriving at the hospital, all twenty reported to have been treated well and were given information about safe abortion services.

The reason for seeking termination was socioeconomic in eighteen respondents while one was for previous medical problems and one is said to have inadvertently administered abortion medication. There were three contraceptive failures while the rest were not on any contraception. Nine respondents had accessed unsafe abortion and come to the hospital to complete the process. Eleven had come to the hospital to access safe abortion services.

Conclusions

Lack of information about the existence of safe abortion services is a major barrier to access the service. However, there seems to be some knowledge, to the effect that, help can be obtained from the hospital in the event of an unwanted pregnancy. Dissemination of information about safe abortion services is inadequate and it can be equated to an “open secret”. Safe abortion services are readily offered but the information is not readily available. Health authorities should come up with information dissemination strategies which will package all reproductive health information in a culturally and socially sensitive manner.

Poster CAC / EP132

Re burden of unsafe abortions in a context of restrictive abortion laws: An estimate from a retrospective and prospective study at the Central and the Gyneco-obstetric and Pediatric Hospitals of Yaoundé, Cameroon, in 2023

Author: EBONG Clifford EBONTANE¹

Co-authors: Bloomfield ATECHI ; Felix ESSIBEN ²; Georges BEDIANG ¹; Jeanne FOUEDJIO ¹; Julius DOHBIT SAMA ¹; Ndah AKELEKE

¹ Faculty of medicine and biomedical sciences, University of Yaounde 1

² Faculty of medicine and biomedical sciences, University of Yaounde 1

However, the situation is more severe in countries in development, particularly in those where abortion laws are stern. Adolescents and young adults are particularly vulnerable, because of limited access to family planning, and their involvement makes the expected impact worse in a context where the population is relatively young. A more adequate evaluation of the impact of complications and deaths needs to include the ages at which they occur.

Objectives: The specific objectives of this study were to evaluate the distribution of unsafe abortions in 2 reference hospitals in Yaoundé in 2023, with respect to sociodemographic variables; to determine the unsafe abortion ratio, and the frequency of various complications and deaths due to unsafe abortion; and to calculate the DALYs due to unsafe abortions in these two hospitals in 2023.

Methodology: The study is cross-sectional, with retrospective and prospective data collection. It will last ten months (September 2024 to June 2025) and included all recorded cases of abortion managed at the central (CHY) and the gyneco-obstetric and pediatric (GOPHY) hospitals of Yaoundé in 2023. Data on complications of unsafe abortions and deliveries are collected from the records of these two hospitals and used to determine unsafe abortion ratio, and make estimates for incidence of infertility and maternal deaths due to unsafe abortion complications, based on recognized assumptions in the literature, and for calculation of DALYs.

Results (partial): From the CHY we have identified 171 cases for complication of abortion that were managed, 39 (22.8%) induced and 132 declared spontaneous. The mean ages were 25.5 ± 7.56 for induced abortion and 28.5 ± 6.85 for cases of spontaneous abortion.

The most common provider of abortion was the patient (62.3%), 45.7% were achieved by the use of tablets and the most common complications of induced abortion were anemia and shock (92.3%). Interview of survivors to review the type of abortion and assess the final outcome of the cases recruited at CHY and data collection at the GOPHY are still to be achieved.

Conclusion: partial data from this study suggests a significant proportion of abortion cases are due to induced abortion. Data required to estimate the remaining indicators will be done in the coming weeks.

Poster CAC / EP133

A multicenter qualitative analysis of determinants in unsafe abortion care-seeking among Cameroonian women, with emphasis on restrictive laws and unmet contraceptive needs

Authors: Ascensius Ambe Mforteh Achuo¹; Christiane Jivir Fomu Nsahla²; Clovis Ourtchingh³; Julie Thérèse Ngo Batta⁴; Veronique Sophie Mboua Batoum⁵; Filbert Eko Eko⁶

¹ Faculty of Health Sciences, University of Bamenda/ Bamenda Regional Hospital, Cameroon

² -Faculty of medicine and biomedical sciences, The University of Yaoundé I/Essos Hospital Center, Yaoundé, Cameroon

³ Maroua Regional Hospital

⁴ Gyneco-Obstetric and Pediatric Hospital

⁵ University of Yaounde I

⁶ Regional Delegation, SW Region, Ministry of Public Health, Buea, Cameroon

Background: The right of every woman to receive protection against unwanted pregnancies and unsafe abortions is a non-alienable universal human right. Although several global commitments have been made to uphold these rights, such as the Sustainable Development Goals (SDGs) and Global Strategy for Women's, Children's and Adolescents' Health, high global numbers of unwanted pregnancies, unsafe abortions, and associated complications reveal significant gaps in access to effective contraception and safe abortion care. This study explores the determinants influencing unsafe abortion care-seeking among Cameroonian women, with particular emphasis on restrictive legal frameworks and unmet contraceptive needs. We conducted a qualitative study to understand the multifaceted determinants influencing unsafe abortion practices among Cameroonian women, including their reproductive needs, the impact of legal and socio-cultural factors, and their contraceptive needs.

Methods: Data were collected via semi-structured interviews/questionnaires with sixty women treated for post-abortion complications across six referral centers in Cameroon's northern and southern regions, which represented rural, semi-

urban, and urban settings. The interviews/surveys were conducted after the study participants were managed for abortion-related complications and were stable and willing to communicate. We sought their authorization to invite or call them 1 week and 3 months after discharge for a follow interview.

Results: After concluding initial interviews of participants in five out of six of our study sites, thematic analysis was used to categorize common themes in the data. Three main themes emerged: 1- unsafe abortion was sought due to social constraints including self-shame and perceived societal negative views, fear of partner (husband or partner), 2- majority participants were unaware of contraceptive services available either cost-free or relatively inexpensive, 3-most participants were not aware of Cameroonian abortion laws.

Conclusions: These insights have implications for policy, practice, and future interventions, emphasizing the importance of continually educating women using various platforms abortions legislature and contraceptive access in their various communities.

Poster CAC / EP134

Advancing Safe Abortion rights in Uganda through Strategic Litigation

Author: Amon Aruho¹

¹ Centre for Human Rights, University of Pretoria

Uganda has one of the highest burdens of unsafe abortion-related mortality and morbidity in Africa. It is estimated that over 250,000 abortions are performed in the country yearly, mostly under unsafe conditions. Despite this, Ugandan law prohibits abortion under all circumstances except where there is a risk to the mother's life. The continued criminalization of abortion in Uganda significantly impedes women's full realization of the human rights guaranteed under the international, regional and national instruments, including the right to health, dignity, Privacy, body autonomy, freedom from cruel, inhuman and degrading treatment, and to non-discrimination, it also leads to fear and uncertainty of health workers and other service providers that are involved in giving abortion care services.

Accordingly, this paper seeks to interrogate whether and the extent to which strategic litigation has been and can be mobilized to facilitate progress towards recognition of safe abortion rights in Uganda in keeping with the standards set under the applicable international human rights law and jurisprudence. It is inspired by the success of strategic litigation in facilitating progress on related rights in Uganda, for instance the recognition of the enforceability of maternal health rights. The paper will analyse the place of abortion care in existing litigation efforts on reproductive rights in Uganda and the attendant jurisprudence developed by the courts. It will also identify the opportunities and strategies for strengthening litigation advocacy to facilitate the necessary changes in Uganda's abortion care laws and policy framework.

Goal

To reduce maternal mortality and morbidity by providing safe and accessible abortion services.

Objective

Raising awareness about safe abortion services and how it reduces maternal mortality and morbidity in Uganda.

Methodology

The research was undertaken through a desk review of primary and secondary literature relating to women's reproductive rights broadly, and women's right to reproductive autonomy, including access to safe Abortion, and the process and circumstances around the procedure. The primary literature sources included legal instruments (both hard and soft law) adopted at the international, regional and domestic level, as well as jurisprudence through which judicial and non-judicial human rights mechanisms have interpreted the relevant standards.

Results

Advancing safe abortion is a crucial aspect of curbing maternal mortality and morbidity. Research indicates that legalizing safe abortion significantly reduces maternal mortality and morbidity, more so in the context where a safe and legal abortion service is highly restricted like in Uganda.

Knowledge Contribution

Advancing safe abortion through strategic Litigation is a critical issue for women in Uganda. By addressing the legal, social, and economic barriers to Safe Abortion, Uganda can empower women to take control over their reproductive autonomy.

e-POSTER ABSTRACTS/ SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

Poster SRHR / EP2

A qualitative approach to understand knowledge about teenage pregnancy and attitude towards adolescents sexual reproductive health services utilization by teen mothers in Eastern Province of Rwanda

Author: Claudine Nshutiyukuri¹

Co-authors: Fauste Uwingabire²; Marie Grace Sandra Musabwasoni¹; Gerard Kaberuka¹; Reverien Rutayisire¹; Laetitia Bazakare Ishimwe; Jean Bosco Rutayisire³; Immaculée Benimana¹; Leon Mutabazi⁴; Madeleine Mukeshimana¹

¹ University of Rwanda

² partners in health

³ Ministry of Local Government

⁴ Ministry of Health

Background: Adolescents around the world are known to engage in sexual activity, and this proportion tends to rise gradually from the middle to the late stage of adolescence. The occurrence of early sexual initiation among female youth in sub-Saharan Africa was reported at 46.39%. The increasing number of teenage pregnancies in Rwanda indicates that adolescents are not using correctly sexual reproductive health services. Eastern Province of Rwanda alone notes a total of 8474 teenage pregnancies. Despite that these services in Rwanda are available, the question would be to know the reasons these services are not used.

Main objective: To explore knowledge about teenage pregnancy and attitudes towards adolescent sexual reproductive health services utilization among teen mothers between 16 to 19.

Methods: A qualitative descriptive design combined with the theory of reasoned action devised by Conner & Sparks (2005) was used to capture teenagers' unique points of view about the knowledge, attitude, and utilization of Adolescents Sexual Reproductive Health services. An in-depth interview guide was used to collect data from 25 informants across three districts of the Eastern Province of Rwanda. For analysis, we used traditional content analysis and two views of the theory of reasoned action to define three nodes and subthemes that highlighted specific statements on knowledge, attitude, and utilization of Adolescents Sexual Reproductive Health among teen mothers aged between 16 to 19.

Results: Three major themes emerged from this study including lack of knowledge about teenage pregnancy, unfavorable attitudes toward ASRH service utilization, and perceived negative impact of teenage pregnancy including disrupting education, limiting career opportunities, and posing health risks for both teen mothers and infants.

Conclusion: While all young teen mothers were under pressure from the multitude of impacts brought to them by teenage pregnancy, parenthood, and social responsibilities, limited knowledge and the utilization of the ASRH program were remarkable, proposing contemporary programming is not supplying satisfactory information to adolescents. There is a necessity to enhance understanding of the realities of adolescent pregnancies and offer a versatile program for preventing teen pregnancy among the study population.

Poster SRHR / EP3

Access and utilization of youth friendly sexual and reproductive health services among illiterate adolescents in Rwanda: A mixed- method participatory study

Authors: Aimable Nkurunziza¹; Madeleine Mukeshimana²; Gerard Nyiringango²; Adejumo Yinka³; Claudine Nshuti²; Vedaste Bagwaneza²; Michael Habtu^{None}; Tamrat Endale^{None}

¹ University of Ontario

² University of Rwanda

³ New York University

Background: To tackle the issue of insufficient information and services related to reproductive health services, Rwanda, like many other low and middle-income countries, has established Youth Friendly Health Services Centers (YFHS) dedicated to providing reproductive health services to adolescents and young people. However, these centers are not

meeting the adolescents' needs. Moreover, being an illiterate adolescent may pose a double burden, yet there is a paucity of studies investigating the hurdles faced by illiterate adolescents when seeking sexual and reproductive health services,

Methods: This study assessed ASRH accessibility and utilization in YFHS among illiterate adolescents in Rwanda. This is a mixed-method participatory study design. One hundred fifty illiterate adolescents were recruited conveniently. A checklist was used to observe the 16 YFHS. Two focus group discussions moderated by the selected trained illiterate adolescents were conducted.

Results: The respondents' average age was 19.5 years. The proportion of YFHS utilization was 25.3%. In the multivariate regression analysis, five outcomes remained significant to utilize YFHS: ever heard about YFHS (AOR = 6.32; 95%CI = 2.07 -19.27, having ASRH information (AOR = 8.99; 95 CI= 1.43-56.77), having information about any family planning (AOR = 19.00; 95CI = 1.52-236.84), use of any type of contraceptives (AOR = 4.45; 95%CI = 1.34-14.85) and having information on prevention and management (AOR = 24.99; 95CI = 2.76-226.53). Facilitators to access YFHS had information about ASRH, free-of-charge services, and peer educators. The reported barriers included providers' negative attitudes, internalized stigma, and lack of materials tailored to illiterate adolescents.

Conclusion: The study participants suggested ways to improve the YFHS, such as community awareness, staff training, entertainment and increasing the number of YFHS. The government and its SRH partners must support those influential factors and build on the illiterate adolescents' recommendations.

Keywords: Sexual and reproductive health, youth friendly services, illiterate adolescents, utilization of reproductive health service, low income countries.

Poster SRHR / EP4

Re impact of education on knowledge and attitudes regarding abortion among Ugandan adolescents.

Author: Bukenya Jonathan¹ *Christian*

Background

Adolescents in Uganda face significant challenges related to reproductive health, with limited access to accurate information about abortion. Education plays a critical role in shaping adolescents' knowledge and attitudes towards abortion, yet there is limited research on how educational intervention can influence these perspectives in Uganda. This study aims to assess the impact of education on the knowledge and attitudes regarding abortion among Ugandan adolescents, with a focus on the role of school-based sexual and reproductive health education.

Methods

A cross-sectional survey was conducted with 500 adolescents aged 15–19 years from various schools in Kampala and surrounding districts. Participants were selected using stratified random sampling to ensure representation from urban and rural areas. The survey included a structured questionnaire that assessed participants' knowledge of abortion laws, procedures, and safety, as well as their attitudes towards abortion in different contexts (e.g., maternal health, teenage pregnancy). Data were analyzed using descriptive statistics and chi-square tests to determine the association between education level and knowledge/attitudes toward abortion.

Results

Preliminary results indicate that adolescents who received formal sexual and reproductive health education in school demonstrated higher levels of knowledge regarding the medical and legal aspects of abortion compared to those without such education. A significant difference ($p < 0.05$) was observed in attitudes towards abortion, with educated adolescents showing more progressive views regarding abortion in cases of maternal health complications or rape. However, a substantial portion of adolescents, even among the educated group, held conservative views regarding elective abortions and teenage pregnancy.

Conclusions

This study highlights the positive impact of school-based sexual and reproductive health education on adolescents' knowledge and attitudes toward abortion in Uganda. The findings suggest that while education improves knowledge and fosters more progressive attitudes on certain aspects of abortion, there remains a need for comprehensive education that addresses cultural and social barriers to open discussions on reproductive health. Policy recommendations include expanding and strengthening sexual and reproductive health education programs in Ugandan schools to ensure adolescents have accurate, unbiased information to make informed decisions about reproductive health.

Poster SRHR / EP5

Digital Health Education Needs for Women with Urinary Incontinence in Kigali, Rwanda

Author: Jimmy Opiyo¹

¹ University of Global Health Equity faculty of Global Health - Gender Sexual and Reproductive Health

Background: Urinary Incontinence (UI) affects women globally, with prevalence rates of 20-50% across ages. It causes discomfort, stigma, and financial burdens, influenced by genetics, age, child- birth, and chronic conditions. Recent data shows that the prevalence of UI is 42% in Rwanda, often underreported due to stigma. Treatments include medication, surgery, pelvic floor muscle training, and lifestyle changes. Digital health interventions offer promise but face validity and accessibility challenges. Rwanda's advancing digital infrastructure presents opportunities to improve healthcare access and digital education for UI-affected women, leveraging digital platforms to bridge educational gaps and enhance health outcomes.

Aim: This study assessed the educational needs, facilitators, barriers, and preferred digital health platforms for women with UI in Kigali,

Method: It was a qualitative study conducted across Masaka, Rwanda Military, Kibagabaga Hospital, and King Faysal hospitals with 20 women aged 20 to 70 years. Data was analyzed using thematic analysis

Result: The analysis identified four key themes: first, there are significant knowledge gaps about UI that necessitate multimodal education and community support to address misinformation, misconceptions, and myths. Second, participants regularly use digital devices and the internet, appreciating their value, benefits, and affordability for accessing digital health information. Third, women with UI face barriers to digital health education due to distrust in the accuracy of online information and financial constraints in maintaining digital devices and internet services. Lastly, women with UI expressed a strong interest in receiving information through multimodal digital health education platforms.

Conclusion: Many women misunderstood UI, confusing it with other conditions or believing it to be a normal part of aging, leading to delayed diagnosis, and treatment, and increased feelings of embarrassment and isolation. UI severely impacted their quality of life, causing social withdrawal, limited physical activities, financial strain, and emotional distress. Despite being digitally literate, they rarely sought information about UI due to financial constraints and distrust of online sources. This study emphasized the need for accessible, trustworthy digital health education to bridge the knowledge gap, providing necessary information and support

Poster SRHR / EP8

Knowledge, Attitude and Uptake of Cervical Cancer Screening Among the Female Population at Gulu University:

Author: Milton Anguyo¹

Co-authors: DAVID KOMAKEC ¹; Emmanuel Alyoomu ¹; HABERT AZIKU ¹; Pebalo pebolo ¹

¹ gulu university

Background

Cervical cancer (CaCx) is a significant public health issue, especially in low-resource settings like Uganda, where it remains the leading cause of cancer-related deaths among women. Cervical cancer screening plays a vital role in early detection and prevention. Yet, the knowledge and attitude of women, particularly university students and staff, towards screening practices is not well understood. This research project aimed to investigate the knowledge and attitude of the female population at Gulu University towards cervical cancer screening, to identify gaps and potential strategies for improving screening uptake.

Methods:

This was a cross-sectional study employing a quantitative research design conducted at Gulu University, involving 335 female students and staff aged 25-49 years from various academic programs. A stratified random sampling technique was used. Data was collected using a structured questionnaire after informed consent and analyzed using Stata version 18. Descriptive statistics were used to report knowledge, attitude, and uptake of cervical cancer screening.

Results:

A total of 335 participants completed the self-administered survey representing 99.7% and therefore the non-response rate was 0.3%. The median age was 27 years (IQR: 26-30). Most participants identified as Catholic (43.6%, n=146), followed by Anglican (32.5%, n=109). In terms of roles, 16.7% (n=56) were staff members, and 83.3% (n=279) were students. Among the students, 26.2% (n=73) were in their first year, 40.1% (n=112) in their second year, 24.7% (n=69) in their third year, and the rest in their third and fifth years. The study included students from various faculties, with the highest representation from the Faculty of Education (30.8%, n=103). Regarding knowledge, most participants (97.9%, n=328) had heard about cervical cancer, primarily from health institutions (50.0%, n=164). Less than half of participants 44.8% (n=150) correctly identified a virus as the causative agent. Over- all, 83.3% (n=279) demonstrated good knowledge about cervical cancer. About 52.5% (n=176) of the

participants demonstrated a negative attitude towards cervical cancer screening, while 47.5% (n=159) had a positive attitude. The uptake of cervical cancer screening was 31.3% with 105 participants reporting having been screened. Among those who had not been screened (n=230), the reasons included not being informed about screening places (35.4%, n=84), concerns about pain (32.9%, n=78), believing they were healthy (23.6%, n=56), and feeling shy (8.0%, n=19).

Conclusion: In our study, nearly all female students and staff at Gulu University were aware of cervical cancer, yet specific knowledge gaps about its causative agent and symptoms persist. Despite positive attitudes towards early detection, personal risk perception and screening uptake remain low, with only 31.3% having been screened. We recommend strengthening educational campaigns to address these knowledge gaps, enhancing the accessibility of screening services, and providing counseling to tackle personal barriers and misconceptions. Further research should evaluate effective implementation strategies to increase screening uptake, and reproductive health policies and practices should be strengthened, particularly in educational and healthcare settings.

Keywords: Cervical cancer, screening, knowledge, attitude, females, Gulu University

Poster SRHR / EP10

Prevalence and predictors of teenage pregnancy among women attending antenatal care at Gulu Regional Referral Hospital: a facility-based cross-sectional study

Author: Morrish Obol Okello¹

Co-authors: Clement Tukede ¹; Francis Pebalo Pebolo ; Joel Opio ¹; Raphael Mujuni

¹ Gulu University

Background: Teenage pregnancy is defined as a pregnancy in a girl who is 13-19 years of age. Globally, 21 million pregnancies occur annually among adolescents aged 15–19 years, with half un-intended, leading to an estimated 12 million births. Complications resulting from these pregnancies and childbirth are among the leading causes of death for girls aged 15–19 years. Sub-Saharan Africa bears the highest burden globally, and Uganda has one of the region's highest rates, with 25% of adolescents aged 15–19 having begun childbearing (UDHS 2016). Despite government and NGO interventions, prevalence persists, driven by individual, household, and community factors. This study examines prevalence and predictors in Northern Uganda.

Method: We conducted a facility-based cross-sectional study among 286 mothers attending Antenatal Care at Gulu Regional Referral Hospital in March 2024. Ethical approval was obtained from the Gulu University Research Ethics Committee. The dependent variable in this study was teenage pregnancy, and independent variables included socio-demographic characteristics, family-related variables, and reproductive behaviors. Data were collected using a research assistant-administered questionnaire with an online Kobbo Toolbox, downloaded in Microsoft Excel, cleaned, and exported to Stata version 18.0 for further analysis. Prevalence of teenage pregnancy was calculated as the proportion of mothers less than 20 years of age. We used logistic analysis at both bivariate and multivariate analysis to test for predictors of teenage pregnancy. For multivariate analysis, we involved all variables with a P value less than 0.2 in bivariate analysis, and the level of significance was set at $P < 0.05$.

Results: We interviewed 286 pregnant mothers, the median age of all respondents was 25 (IQR: 18 - 39 years), Catholic was the dominant religion 130/266 (45.5%) followed by Anglican 80/286 (28.0%). The majority of the respondents were Acholi by ethnicity 225 (78.7%), married 221 (77.3%) and residents in the urban 162/286 (56.6%) and Peri-urban 85/286 (29.7%) areas. More than half of pregnancies among teenagers 24/43 (55.8%) were unplanned, however, 30/43 (69.8%) were happy about their pregnancy. The prevalence of teenage pregnancy among pregnant mothers attending Antenatal Care at Gulu Regional Referral Hospital was 43/286 (15.0%) [95% CI: (11.1% - 19.7%)]. At multivariable analysis, factors that are protective for teenage pregnancy included being employed (aOR: 0.19, 95% CI: 0.06, 0.63, $P = 0.007$) and earning more than 100,000 UGX (aOR: 0.24, 95% CI: 0.08, 0.78, $P = 0.018$).

Conclusions: The prevalence of teenage pregnancy among pregnant mothers attending Antenatal Care at Gulu Regional Referral Hospital was high at 15.0%, though lower than in other regions of Uganda and Africa. Significant protective factors for teenage pregnancy included employment and higher monthly income. There is need to address employment and income disparities to reduce teenage pregnancy rates. Future research with larger sample sizes is needed to further understand the predictors of teenage pregnancy and inform targeted interventions.

Poster SRHR / EP11

Repeat teenage pregnancies and associated factors among teenage mothers in refugee settlements in Uganda

Author: Otika Donald¹

Co-authors: Cinderella Anena ; Felix Bongomin ¹; Morrish Okello ; Pebalo Francis Pebolo

¹ Gulu University

Background: Repeat teenage pregnancy is a global issue affecting low, middle-, and high-income countries, with significant risks for both the mother and child. Despite the high prevalence of repeat teenage pregnancy in refugee or internally displaced persons camps, there is limited data on the phenomena, particularly among teenage mothers residing in refugee settlements. We determined the prevalence and factors associated with repeat teenage pregnancies among teenage mothers in refugee settlements in the West Nile region, Northern Uganda.

Methods: We performed a secondary analysis on data from a cross-sectional descriptive study conducted on conveniently sampled adolescent girls aged 15–19 years, from Bidi Bidi and Palorinya refugee settlement camps in West Nile, Northern Uganda. Cluster sampling techniques, where each settlement represented one cluster were used. The prevalence of repeat teenage pregnancies was assessed by self-reported number of pregnancies of more than one. Data was exported to stata version 18 for analysis. We performed multivariable logistic regression on all variables with $p < 0.2$ to assess for factors independently associated with repeat teenage pregnancy.

Results: We included 131 participants with a median age of 18 (IQR: 18 to 19) years, the median age of sex debut was 16 (Range: 13–18), years, and 60.3% ($n=79$) were married. The prevalence of repeat teenage pregnancy was 24.4% ($n=32$). No factor was seen to be independently significant at the multivariable level.

Conclusion: The study reveals a 24.4% rate of repeat teenage pregnancies among girls in northern Uganda 39;s refugee settlements. While no specific independent risk factors were identified, bivariate analysis linked male-headed households and cohabitation with increased risk. These findings highlight the urgent need for targeted strategies to address repeat teenage pregnancies in refugee contexts.

Poster SRHR / EP16

Acceptability, appropriateness and preferences of HIV Self-Testing among adolescent girls and young women in rural Northern Uganda: A cross-sectional study.

Authors: Ronald Olum¹; Morrish Obol Okello²; Freddy Eric Kitutu¹; Philippa Musoke³; Elvin Geng⁴

¹ Makerere University

² Gulu University

³ MU-JHU Care Limited

⁴ Washington University in St Louis

Background: Adolescent girls and young women (AGYW) in Uganda bear a significant HIV burden, accounting for 25% of new infections. Despite improved HIV testing services, AGYW in rural areas face barriers to facility-based testing due to stigma, physical access barriers, and confidentiality concerns. This study assessed the acceptability, appropriateness, feasibility and preferences of HIVST among AGYW in Northern Uganda.

Methods: This cross-sectional study was part of a baseline assessment for a quasi-experimental trial evaluating community-led HIVST among AGYW aged 15–24 years in 5 sub-counties in Omoro District. Data were collected using systematic random sampling of households, with trained research assistants administering structured questionnaires on tablets. The survey captured demographic characteristics, sexual history, HIV knowledge, prior testing practices, and attitudes toward HIVST. Factors influencing willingness to use HIVST were analyzed using simple logistic regression in Stata18.0.

Results: Among 415 AGYW (median age 19 years, IQR 17–22), 23.1% had at least secondary education, 41.4% were married or cohabiting, and 16.9% had been in more than one marriage or union. Sexual activity was reported by 74.2%, with a median age at first intercourse of 16 years (IQR 15–18); 12.7% had multiple partners in the past year. Although 75.6% had been tested for HIV, only 28.0% had heard of HIVST, and 17.5% of these had used it. More than two-thirds of the participants found HIVST acceptable, appropriate, and feasible. Willingness to use HIVST was high (93.0%), with preferences for blood-based (53.3%) and oral fluid-based tests (46.3%). Willingness to use HIVST was associated with older age (COR 1.19, 95% CI 1.03–1.37, $p=0.017$), ever had sexual intercourse (COR 2.67, 95% CI 1.25–5.71, $p=0.011$), and prior HIV testing (COR 2.32, 95% CI 1.07–5.04, $p=0.033$).

Preferred access points included government health facilities (64.8%), community hotspots (57.8%), friends (33.3%), and CHWs (21.9%). Over half (61.0%) desired additional support when testing, mainly from health workers (69.6%) and friends (26.1%). Anticipated challenges included result interpretation (57.1%), insufficient usage information (53.7%), and performing the test

correctly (52.3%).

Conclusion: Our findings indicate high acceptability of HIVST among AGYW in rural northern Uganda, influenced by age, sexual activity, and prior HIV testing experience. Targeted implementation strategies addressing knowledge gaps, providing beneficiary support, and leveraging existing community structures could further optimize HIVST uptake. Research on optimal models of HIVST will be critical to reaching underserved AGYW, reducing undiagnosed HIV infections, and strengthening HIV prevention and care outcomes in this key population.

Poster SRHR / EP17

Adaptation and implementation of a community based doula work- shop in South Sudanese refugee settlements.

Author: Ruth Zielinski¹

Co-author: Kuir (Daniel) Ajak²

¹ University of Michigan School of Nursing - Midwifery Graduate Program

² South Sudan Leadership & Community Development

Background: Maternal health is key to creating healthy, sustainable communities. Sub-Saharan Africa has the highest rate of maternal/infant mortality.¹ Facility birth with a skilled birth attendant decreases mortality and morbidity.² However, the majority of births in sub-Saharan Africa still occur outside of a facility without a trained health worker.² Evidence suggests increasing community knowledge of birth related problems and solutions is effective in improving maternal and infant outcomes.⁴ Home Based Life Saving Skills (HBLSS) was developed in an effort to increase traditional birth attendant (TBA) knowledge related to pregnancy, birth, postpartum and newborn care.⁵ The purpose of this abstract is to describe the adaptation and implementation of HBLSS to meet community needs.

Methods

Setting: At the request of the community, workshops were first conducted in Kiir Village, South Sudan, then in northern Uganda refugee settlements over the past 12 years.

Participants: Women interested in supporting women during the perinatal period were invited to attend. Attendance was limited to 12/workshop to ensure active participation. Meetings with prior participants were also held.

Program: HBLSS is presented in pictorial format and with participant booklets to share information with the community. Content was adapted to doula (birth companion) training as health facilities are accessible and encouraged within refugee settlements. Content includes problem prevention and recognition during pregnancy, birth, newborn and postpartum. Facilitators were experienced midwives familiar with the methodology. The same translator was used for all workshops. Content has been adapted iteratively over past 12 years.

Data collection & analysis: Field notes from all workshops were combined into one aggregate data set and qualitatively analyzed.⁶

Results

12 workshops including 168 women were conducted with 6 meetings including 32 former participants to discuss how the content was used and what content should be added.

Relevance: Participants consistently shared that problems introduced in the curriculum such as hemorrhage were very common in the community.

Applicability: Participants desired more content related to Family Planning (FP)⁷ and fertility and the curriculum was adapted to include this.⁸ Since HBLSS was designed for TBAs, it was adapted for a birth companion or “doula” approach and renamed “Healthy Mothers/ Healthy Communities”. Examples of challenges: There is a lack of healthy food. “We can’t tell women to eat more if they don’t have it” Participants shared that health facilities were far and understaffed. “The health center for women giving birth it is very far to go.” Women were very concerned about fertility “It is a woman’s responsibility to produce children”

Impact: Prior participants shared how they had used the information learned “What I learned was the care that you need to provide, for your neighbor or daughter in law. You take her to the health center.”

Conclusion: Workshops are ongoing. Strengthening health facilities and health worker knowledge is not sufficient without strengthening knowledge at a community level. Implementation of community based workshops are feasible and sustainable and may contribute to better outcomes for women and newborns.

Poster SRHR / EP18

«We explain that it is to protect us and them». Maternity care providers' views on informed consent and debriefing for caesarean section: a qualitative study in the West Region of Cameroon.

Authors: Jovanny Fouogue tsuala¹; Louise Tina-Day²; Miho Sato³; Veronique Filippi²; Matsui Mitsuaki⁴; Lenka Beňová⁵; Carter William Kenne Djuatio⁶; Bruno Kenfack⁷

¹ University of Dschang

² Faculty of Epidemiology and Population Health, London School of Hygiene & Tropical Medicine, London, United Kingdom

³ School of Tropical Medicine and Global Health, Nagasaki University, Nagasaki, Japan

⁴ School of Medicine, Kobe University, Kobe, Japan

⁵ Department of Public Health, Institute of Tropical Medicine, Antwerp, Belgium

⁶ Independent Researcher

⁷ Faculty of Medicine and Pharmaceutical Sciences, University of Dschang, Dschang, Cameroon

Background

A recent audit revealed a quite low uptake of informed consent (IC) and debriefing for caesarean section (CS) in the West Region of Cameroon. Adopting an explanatory approach this study explored CS providers' views on routine practices of IC and D.

Methods

From March to August 2024 we purposively included 69 CS providers across 20 hospitals in 9 health districts in the West Region of Cameroon. In-depth interviews were conducted by an obstetrician- gynecologist and a sociologist. A pre-tested guide designed to capture their views on the relevance of IC and debriefing for CS, their readings of current practices and their perspectives for improvements. Interviews were audio-recorded and transcribed verbatim. Thematic analysis was performed in an iterative approach till meaning saturation using NVIVO-14® software. Two researchers independently coded and developed a codebook used to craft categories from which relevant themes were elaborated.

Results

Providers argued that the relevance of IC to their context was underpinned by women's right issues, providers' legal protection, work ethics and widespread socially-grounded reluctance toward CS. For them, the major justification of debriefing is the common early subsequent pregnancy. Providers blamed the alarming low uptake of formal IC and debriefing on broader health systems shortcomings (e.g.: overloaded hospitals, low and irregular wages ...). Except under life-threatening circumstances, providers clearly supported social norms that undermine women's bodily autonomous decision-making regarding CS (e.g.: prior approval by the husband). Suggested interventions to improve the women-centeredness of IC and debriefing included: tackling CS-hostile social representations and adoption of culturally-sensitive guidelines entailing compulsory delivery of IC and debriefing for CS.

Conclusion

Providers upheld the relevance of IC and debriefing for CS in West Cameroon but depicted major barriers impeding effective delivery.

Poster SRHR / EP19

“If you don't ask they will tell you nothing”. A qualitative inquiry of current practices of informed consent and debriefing for caesarean section in the West Region of Cameroon.”

Authors: Bruno Kenfack¹; Carter William Kenne Djuatio²; Jovanny Fouogue tsuala³; Lenka Beňová⁴; Louise Tina- Day⁵; Matsui Mitsuaki⁶; Miho Sato⁷; Veronique Filippi⁵

¹ Faculty of Medicine and Pharmaceutical Sciences, University of Dschang, Dschang, Cameroon

² Independent Researcher

³ University of Dschang

⁴ Department of Public Health, Institute of Tropical Medicine, Antwerp, Belgium

⁵ Faculty of Epidemiology and Population Health, London School of Hygiene & Tropical Medicine, London, United Kingdom

⁶ School of Medicine, Kobe University, Kobe, Japan

⁷ School of Tropical Medicine and Global Health, Nagasaki University, Nagasaki, Japan

Background: Inadequate communication before caesarean section (CS) and thereafter may feed the widespread fear and reluctance toward that lifesaving procedure in the West Region of Cameroon. To get insights into the situation on the ground this study explored practices of informed consent and debriefing for caesarean section (CS).

Methods: Uptake of consent and debriefing for CS is quite low in West Region of Cameroon. From March to August 2024 we purposively included 69 CS care providers and 20 women (10 with their birth companions) within 30 days of a CS in 20 hospitals across 9 health districts. In-depth interviews were conducted by an obstetrician-gynecologist and a sociologist using a pre-tested guide designed to capture perspectives, components and steps of consent and debriefing. Interviews were audio-recorded and transcribed verbatim. We conducted thematic analysis in an iterative approach till meaning saturation using NVIVO-14® software. We developed a codebook used to build categories from which relevant themes were elaborated.

Results: Four themes emerged related to consent: the quasi-absence of routine seeking of consent; the reduction of women's bodily autonomy by synergistic working of marital norms, providers' paternalism and financial model; the disrespectful, undignified, content-poor and one-way communication during consent transactions; and provider's hermetic rebuttal of suggested traditional medical and religious rites. Relevant themes for debriefing were: the quasi-absence of routine provider-initiated delivery of debriefing; the discrepancies on key contents between and within health facilities; the preponderance of financial aspects over reproductive elements and the quasi-inexistence of documentation.

Conclusion: Consent ahead of CS and debriefing thereafter are rarely initiated by healthcare providers. When they do occur, their content and delivery are shaped by cultural norms and features of the health system—often to the extent that they deviate significantly from global guidelines

Poster SRHR / EP21

“It is all about seeking permission”. Women expectations towards a person-centered informed consent and debriefing for caesarean section in the West Region of Cameroon.

Authors: Bruno Kenfack¹; Carter William Kenne Djuatio²; Jovanny Fouogue tsuala³; Lenka Beňová⁴; Louise Tina- Day⁵; Matsui Mitsuki⁶; Miho Sato⁷; Veronique Filippi⁵

¹ Faculty of Medicine and Pharmaceutical Sciences, University of Dschang, Dschang, Cameroon

² Independent Researcher

³ University of Dschang

⁴ Department of Public Health, Institute of Tropical Medicine, Antwerp, Belgium

⁵ Faculty of Epidemiology and Population Health, London School of Hygiene & Tropical Medicine, London, United Kingdom

⁶ School of Medicine, Kobe University, Kobe, Japan

⁷ School of Tropical Medicine and Global Health, Nagasaki University, Nagasaki, Japan

Background

Responsiveness of health services to users' needs is a major determinant of their acceptability and uptake. In Cameroon (Central Africa), women's reluctance and fear of caesarean section (CS) under- mines the impact of that live-saving and health-preserving intervention. This study explored women's needs for person-centered informed consent (IC) and debriefing for caesarean section (CS).

Methods

From March 2024 to August 2024, twenty focus group discussions (FGDs) were conducted with pregnant women purposively selected in 20 hospitals across 9 health districts in the West Region of Cameroon. FGDs were led by an obstetrician-gynecologist and a sociologist using a pre-tested guide designed to capture all the components of person-centered care. Interviews were audio-recorded and transcribed verbatim. We conducted thematic analysis in an iterative approach until meaning saturation using NVIVO-14® software. Two researchers developed a codebook that informed formulation of categories from which meaningful themes were elaborated.

Results

Women argued that seeking explicit consent before a CS should be compulsory as this is fundamental right to their bodily autonomy. In spite of the marital norms of their collectivist communities, women want health care providers to follow their decision whatever that of the third party whose involvement as witness and facilitator is highly valued. Considering the great fear, mis/disinformation and stigmatization of CS, women want providers to deliver supportive and compassionate

consent and debriefing conversations and to deeply engage with their husbands. Clarity on the impact of CS on reproductive life should be the cornerstone of debriefing. Women wants providers to accept traditional medicine and religious rituals during consent transactions. Anesthesia must also be discussed thoroughly.

Conclusion

Women-centered informed consent for CS would mean respecting women autonomy and accepting traditional medicine rituals while debriefing should lay emphasis on reproductive impact of the CS.

Poster SRHR / EP24

Factors associated with awareness and acceptability of pre-exposure prophylaxis (PrEP) among women of reproductive age in Kenya: an analysis of the 2022 KDHS.

Author: Kiiza Robert¹ Dr

Human Immunodeficiency Virus (HIV) remains a major public health challenge. Kenya has the world's 7th-largest HIV burden, with 1.3 million people living with HIV and approximately 34 daily cases-67% contributed by women. HIV pre-exposure prophylaxis (HIVPrEP), endorsed by the World Health Organization (WHO) in 2015, is an effective prevention method for those at substantial risk, i.e., adolescent girls, young women, female sex workers, people who inject drugs, and sero-discordant couples. Kenya integrated PrEP into its prevention program in 2016, targeting these groups, who make up 0.5% of the population but account for 29% of new HIV cases.

Despite expanded strategies to meet the UNAIDS HIVPREP targets, overall knowledge and uptake of PrEP among Kenyan women remain low, with only 34.29% demonstrating adequate awareness and approval. Other factors seem to play a part, existing research has largely focused on high-risk populations, there is a notable gap in data regarding HIVPrEP awareness and acceptability among WRA outside the high-risk groups. This study addresses that gap by examining these aspects among the general WRA using 2022 Kenya Demographic and Health Survey (KDHS) data.

Methodology:

We analysed Secondary data from the KDHS 2022 after requesting and obtaining written permission for use of the dataset from the MEASURE DHS website. This study employed a two-stage stratified sampling design. 16,638(50.2%) of the 33,137 participants aged 15-49 years responded to the survey and were included in the analysis. The primary outcomes were PrEP awareness and acceptability. Data was analyzed using univariate and multivariable logistic regression analyses.

Results:

In total, 16638 WRA were included in this analysis. Most of the participants were aged 15-34 years (68.6%). Of the participating women, 48.4% were aware of PrEP (95% confidence interval [CI]: 47.2– 49.7), and 75% approved its use for HIV prevention (95% CI: 73.3–76.6).

Factors that were strongly associated with increased awareness included higher levels of education (secondary and tertiary vs primary or no education) (AOR 3.40, 95% CI: 2.54–4.57), being employed (AOR 1.29, 95% CI: 1.07–1.56), living with HIV/AIDS (AOR 3.79, 95% CI: 1.59–9.03), ethnicity (Luo and other tribes more aware than the kikuyu) (AOR 5.78, 95% CI: 2.86–12.29), having multiple con- current sexual partners (AOR 2.29, 95% CI: 1.44–3.64), religion (Islam vs other religions) (AOR 0.51, 95% CI: 0.31–0.84) while as facilitators to HIVPrEP uptake included late sex debut(>25 years vs 15-25 years) (AOR 40.06, 95% CI: 14.59–109.99), and good HIV knowledge (AOR 4.88, 95% CI: 1.28–18.62).

Conclusion:

Approximately half and three quarters of women were aware and approved the use of PrEP respectively. We found that PrEP awareness and acceptability were primarily influenced by individual and community-level factors, including education, employment, HIV knowledge, regional disparities, and cultural norms. Therefore, we recommend targeted interventions that integrate PrEP education into routine healthcare services, strengthen community awareness programs, and utilize mass media to reduce stigma. Addressing socio-cultural and gender barriers, particularly decision-making dynamics and misconceptions, is crucial for improving uptake, especially among women with lower education and those in underserved regions.

Poster SRHR / EP27

Major Depression Among Pregnant Women Attending a Tertiary Teaching Hospital in Northern Uganda Assessed Using DSM-V Criteria

Author: Jerom Okot¹

Co-authors: Felix Bongomin ²; Francis Pebalo Pebolo ³; Henry Ochola ⁴; Micheal Aeku Job ⁵; Nozuko P. Blasich ⁶; Simple Ouma ⁷

¹ Faculty of Medicine, Gulu University

² Gulu University

³ Department of Reproductive Health, Gulu University

⁴ Mbarara University of Science and Technology, Uganda

⁵ 1. Faculty of Medicine, Gulu University, Uganda

⁶ 3. Academic Affairs, Research and Quality Assurance National Health Laboratory Service, Johannesburg, South Africa

⁷ 7. Department of Public Health, Gulu University, Uganda

Corresponding Author: okotayolijerome@gmail.com

Background

Major depression (MD) during pregnancy complicates maternal and neonatal outcomes. Despite its significant impact, there is a lack of evidence on the prevalence and associated factors of MD among pregnant women in Uganda. We assessed the magnitude and factors associated with MD among pregnant women attending antenatal care (ANC) at a large teaching hospital in Northern Uganda.

Methods

Between June and August 2023, we enrolled pregnant women aged 18 years or older attending ANC clinic at Gulu Regional Referral Hospital in Northern Uganda. Data were collected using a validated semi-structured questionnaire. MD was evaluated using DSM-V criteria and was defined as having 1) at least two weeks of either persistent low mood or excessive sadness, 2) plus additional symptoms from the MD diagnostic criterion A, for a total of at least five MD symptoms, and 3) the symptoms caused significant distress or problem and significantly altered behaviour or functionality. Modified Poisson regression analyses with robust standard errors were constructed to evaluate for factors independently associated with major depression. Adjusted prevalence ratio (aPR) whose 95% confidence interval (CI) did not include the null value (0) or $p < 0.05$ was considered statistically significant.

Results

We enrolled 329 participants, with a mean age of 26.1 ± 5.5 years. Overall, 29.8% (n=98) had MD; 37 (11.2%) mild, 49 (14.9%) moderate, and 12 (3.6%) severe MD. Having a co-wife (aPR: 1.64, 95% CI: 1.09- 2.45, $p=0.016$), an arranged marriage (aPR: 1.56, 95% CI: 1.02-2.42, $p=0.042$), partner's income in second quartile (aPR: 2.14, 95% CI: 1.29-3.54, $p=0.003$), experiencing physical violence (aPR: 1.75, 95% CI: 1.09-3.81, $p=0.019$), controlling behaviours from partner (aPR: 3.60, 95% CI: 1.79-7.26, $p<0.001$), and planned pregnancy (aPR: 0.53, 95% CI: 0.35-0.81, $p=0.003$) were independently associated with MD.

Conclusion

MD affects nearly one-third of pregnant women in Northern Uganda. MD is more prevalent among women with co-wives, in arranged marriages, with unplanned pregnancies, whose partners had low income, who experienced physical violence or controlling behaviors from a partner. These findings highlight the urgent need for targeted interventions, including prevention, screening, and treatment services for MD within ANC clinics. Implementing such measures is crucial to improving maternal, fetal, and neonatal health outcomes in the region.

Keywords: Major depression, Antenatal care, Pregnancy

Poster SRHR / EP28

Prevalence, Types, And Determinants of Gender-Based Violence Among Pregnant Women in Northern Uganda: A Hospital-Based Cross-Sectional Study

Author: Jerom Okot¹

Co-authors: Felix Bongomin ²; Francis Pebalo Pebolo ³; Simple Ouma ²

¹ *Faculty of Medicine, Gulu University*

² *Gulu University*

³ *Department of Reproductive Health, Gulu University*

Background: Gender-based violence (GBV) against women is a global health issue, affecting one in three women worldwide. Exposure to GBV during pregnancy poses significant health risks to the mother and her foetus, leading to various complications. This study aimed to determine the prevalence, types, and factors associated with GBV among pregnant women in Northern Uganda.

Methods: A cross-sectional study was conducted at Gulu Regional Referral Hospital's antenatal care clinic from June to August 2023. Data were collected using semi-structured questionnaires in English or Acholi. Participants were selected through systematic random sampling. Information on socio-demographic characteristics, partner attributes, and GBV exposure was collected. Descriptive statistics and modified Poisson regression analyses were performed using STATA 18.0. Associations between variables and GBV were reported as adjusted prevalence ratios (aPR), with $p < 0.05$ considered statistically significant.

Results: Among the 339 participants, the mean age (standard deviation) was 26.1(5.5) years. Overall, 73.2% (n=248) of the participants were exposed to GBV in pregnancy. The most common form of GBV was controlling behaviour by male partners (61.9%, n=210), followed by emotional violence (34.8%, n=118), economic violence (29.5%, n=100), sexual violence (28.9%, n=98), and physical violence (16.2%, n=55). Factors associated with GBV included being in a polygynous marriage (aPR: 1.2, 95% CI: 1.03- 1.31, $p=0.013$), having poor (aPR: 1.6, 95% CI: 1.32-1.89, $p<0.0001$) or good (aPR: 1.2, 95% CI: 1.03-1.51, $p=0.026$) versus perfect relationship with the husband's family, week of amenorrhea (aPR: 1.01, 95% CI: 1.003-1.02, $p=0.006$), and maternal age (aPR: 0.98, 95% CI: 0.97-0.99, $p=0.003$).

Conclusions: GBV during pregnancy, particularly controlling behaviour by male partners, is highly prevalent in Northern Uganda. To mitigate the negative impacts on maternal and foetal health, targeted interventions by the Ministry of Health, development partners, and other stakeholders are urgently needed to prevent and manage GBV in pregnancy.

Keywords: Gender Based Violence, Pregnancy, Antenatal care, Northern Uganda

Poster SRHR / EP31

Should female students have the right to access contraceptive services at Universities? a pathway to enhancing completion and well-being in Uganda

Authors: Yeeko Kisira¹; J. Flavia Akello²; Robert Mukembo³; Nicholas Serugo⁴; Harriet Friday⁵

¹ *Faculty of Education and Humanities, Gulu University, P.O. Box 166, Uganda*

² *Institute of Education and Lifelong Learning, Victoria University, P.O. Box 30866, Kampala, Uganda*

³ *Gulu University Hospital, Gulu University, P. O. Box 166, Uganda*

⁴ *Institute of Education and Lifelong Learning, Victoria University, P.O. Box 30866, Kampala Uganda*

⁵ *Maganjo School of Nursing and Midwifery, P.O. Box 35569, Kampala, Uganda*

Background: Access to contraceptive services remains a critical factor in supporting female students' educational progress and overall well-being. In Uganda, female university students increasingly face challenges such as unintended pregnancies, unsafe abortions, and many drop out unnoticed. Enhancing access to sexual and reproductive health (SRH) services is essential to safeguarding their rights and promoting girl child education. The study assessed students' sexual dynamics and experiences while accessing SRHs in higher education institutions.

Methods: This study employed a cross-sectional design, collecting data from 322 respondents through a web-based survey across 21 higher education institutions in Uganda. The quantitative data were supplemented by four key informant interviews

and two focus group discussions with university students. Descriptive statistics were used to analyze trends in contraceptive access and usage.

Results: Of the participants, 70% were pursuing their first degree, 78.3% were aged 18–25, and 68% were in their first or second year of study. A majority (73.4%) were in active sexual relationships or knew someone who was. Regarding the number of sexual partners, 69.6% reported having one, 14.3% had two or more, and 16.2% did not have any. About 50.3% had experienced pregnancy themselves or knew peers who had. A significant number (59.7%) indicated that fear of unintended pregnancy led many female students to consider termination. Access to contraceptive services through university health centers was reported by 46.4%, while 53.6% lacked access. Students highly accessed emergency pills (62.7%), male condoms (48.1%), and oral contraceptive pills (39.9%) from non-university and commercial health facilities. Key motivations for seeking contraceptive services were fear of unintended pregnancy (69.6%) and the desire to complete studies (32.3%). However, due to cost, privacy and confidentiality, side effects, sexual partner influence, and health worker attitude, many could not access the services. Most students (71%) believed contraceptive services should be available at university health centers, while 19.2% disagreed and 9.8% were unsure.

Conclusion: Over half of the respondents lacked access to contraceptive services at university despite high rates of sexual activity and pregnancy. There is a need to improve SRH service delivery within university settings. Leveraging this evidence can aid reforms in Uganda's National Adolescent Health Policy (2004) to meet the current health needs of young people and help achieve other targets of the national development agenda. Strengthening pre-service training of university health personnel in youth-friendly, comprehensive family planning, including contraception education, counseling, and emergency care, can significantly enhance female students' university completion, health, and overall well-being. This also aligns with the global development frameworks, such as the SDG 3 target 7.

Poster SRHR / EP33

Prevalence and Determinants of teenage pregnancy in Uganda. A meta-analysis and systematic review.

Author: Abdulmujeeb Babatunde AREMU¹

Co-authors: Ismail Bamidele Afolabi ²; Nyemike Simeon Awunor ³; Salaam Mujeeb ¹

¹ Islamic University In Uganda

² School of Health Sciences, Department of Population Health, Cavendish University, Kampala Uganda.

³ Delta State University College of Medicine

Introduction: Teenage pregnancy is a major public health problem with huge consequences. This calls for multi-stakeholders involved in issues of teenagers' sexual and reproductive health to achieve the SDG target of 2030. This systematic review aimed to estimate the prevalence of teenage pregnancy and its associated factors in Uganda.

Methods: After prospective registration (PROSPERO CRD42023486460), a literature search was conducted in PubMed, African Journals Online, and Google Scholar in December 2023. Observational studies that reported the prevalence of teenage pregnancy among teenagers were included. Studies were assessed for risk of bias using Egger's test. The data were pooled using random effects models to estimate the prevalence of teenage pregnancy, with a 95% confidence interval (CI) and I² statistic capturing heterogeneity. results: From 918 citations, 10 studies (4143 participants) were included. Of these, 5 (50%) were high-quality studies and 5 (50%) were medium quality. The overall pooled prevalence of teenage pregnancy was 25.5% (CI 13.7, 39.45, I² = 98.94%). The Central-Eastern region had the highest prevalence of teenage pregnancy at 31.67% (CI 19.47, 45.11, I² = 94.75%). Rural residential area OR = 0.16 (95% CI 0.04, 0.61), no history of contraceptive use OR = 0.28 (95% CI 0.10, 0.79), and lack of knowledge of contraceptives OR = 0.19 (95% CI 0.05, 0.70) were factors associated with teenage pregnancy.

Conclusion: Pooling studies of mixed quality revealed a slightly higher prevalence of teenage pregnancy in Uganda. This review provides valuable insight into developing interventions and policies to reduce the burden of teenage pregnancy from disadvantaged backgrounds.

Poster SRHR / EP34

Temporal and spatial trends of low birth weight and Kangaroo Mother Care initiation in Uganda, 2015–2023

Author: Emmanuel Mfitundinda¹

Co-authors: Alex Ario Riolexus¹; Benon Kwesiga¹; Chris Ebong²; Deo Migadde²; Richard Migisha¹; Richard Mugahi²

¹ Uganda National Institute of Public Health

² Ministry of Health, Uganda

Background: Low birth weight (LBW) babies account for over 80% of global neonatal deaths, with the highest burden in Africa and South Asia. Kangaroo Mother Care (KMC) is a low-cost, effective intervention for the survival of LBW infants. We assessed trends and spatial distribution of LBW babies and their KMC initiation in Uganda, from 2015–2023.

Methods: We abstracted data on low birth weight (LBW), total deliveries, and LBW infants initiated on KMC from 2015–2023 in the District Health Information System Version 2 (DHIS2). We calculated LBW burden as the proportion of LBW infants among total deliveries. KMC initiation coverage was defined as the proportion of LBW infants started on KMC. We stratified LBW and KMC initiation data by district and health facility level, and used the Mann-Kendall test to assess the significance of trends.

Results: Of the 10,952,463 babies born during the analysis period, 5.5% (605,876) were LBW. The proportion of LBW babies increased from 4.5% in 2015 to 5.4% in 2023 ($p=0.8$). Districts with the highest average LBW burden were Moroto (12.4%), Zombo (11%), and Nebbi (10.5%), whereas Bukwo (1.9%), Kazo (1.7%), Kiruhura (1.6%), and Kween (1.2%) districts had the lowest average LBW burden. Among the 296,421 live LBW babies born between 2020 and 2023, 64% (188,519) received KMC. KMC coverage increased from 60% in 2020 to 68% in 2023 ($p=0.01$). Districts with highest average KMC coverage were Ngora (93%), Amuria (90%), and Nebbi (90%), whereas Bunyangabo (25%), Kibuku (22%), Jinja (20%), Bukomansimbi (17%), and Bukwo (16%) districts had very low coverage. KMC initiation showed an increasing trend at Health Centre IIIs ($p=0.006$), while national referral hospitals experienced a declining trend ($p<0.01$). No trends were observed at HC IVs ($p=0.96$), general hospitals ($p=0.13$), or regional referral hospitals ($p=0.82$).

Conclusion: KMC initiation significantly increased, especially at Health Centre IIIs. The declining KMC coverage at national referral hospitals and low coverage in some high-burden LBW areas high- light the need to strengthen KMC implementation. Further studies are needed to understand LBW drivers and barriers to KMC, particularly in low-coverage districts.

Poster SRHR / EP35

Re tension between Sexuality Education policy actors and their expressed agenda of discourse in the case of Ethiopia and Uganda

Author: Siyane Aniley¹ ¹ CIRHT

The purpose of this study was to understand the tension between Sexuality Education (SE) policy actors and their expressed agenda of discourse in the case of Ethiopia and Uganda. The SE is a controversial subject and even more contentious when it involves adolescents. It is rather complex in the context where discussing sexuality issues are socio-culturally tabooed and considered adult subject, including Ethiopia and Uganda. Standing on the transformative/ critical philosophical paradigm, this study employed theoretically informed comparative case study. Document review, in-depth interviews, and Focus Group Discussions (FGDs) were conducted in both countries. The study participants were the SE students (boys and girls, age 12-14), SE teachers, school management, experts from Ministry of Education (MoE) and international and local NGOs. The data was analysed from the neo-institutional theoretical frameworks. The findings indicate that in both countries, Ethiopia and Uganda, there is no explicit SE policy in the education system, but it rather claimed to be integrated in multiple programs and subjects. Efforts to develop separate SE framework was challenged by various resistance groups. The discourse around SE, according to the study, revolves around the polarized debate on what, when and how to teach SE. The study shows that the groups who reportedly support SE policy are the multilateral organizations, international NGOs and local NGOs in both countries. Such global actors who defined SE as a human right, are claimed as the “world society perspective”. The resistance, on the other hand, comes from the MoE, the religious leaders, and community influencers including virtual influences reportedly aiming to protect national, religious, and cultural values against “Western infiltration”. For the global South, the study identified that meeting the “global standard” determines the national credibility, and financial opportunities provided from the global North, to coerce isomorphism. Moreover, the study found that the voices of students, teachers and local NGOs are less entertained in the policy discourse while they remain central actors the SE practices. The study suggests the need to bring the issues of students, especially girls, to center of the SE policy discourse in both contexts. Moreover, in both Ethiopia and Uganda where religious and community leaders appear powerful actors, capacitating and negotiating with them to be an ally is valuable.

Key Words: Sexuality Education, Policy discourse, Neo-institutional theory, world society, and pol- icy actors

Poster SRHR / EP37

Effectiveness of an obstetric Triage Protocol in Reducing Waiting Time and improving satisfaction with care among pregnant women attending Maternity unit at Lira Regional Referral Hospital.

Author: Anna Grace Auma¹

Co-authors: Emmanuel Madira ¹; Felister Apili ¹; Ronald Izaruku ¹ ¹ *Lira University*

Introduction: The largest contributor to maternal mortality and Morbidity in Uganda is the third delay, women spend about 90 minutes waiting time before the initial assessment, WHO recommends 10 minutes. A significant number of complications occur as a result of delays in decision-making at the facility, Obstetric triage is a better place to Prioritize patients according to the urgency of need. We established a formal Obstetric Triage system at Lira Regional Referral Hospital and tested its effectiveness in reducing the facility waiting time, and maternal and improved satisfaction with care.

Methods: The study was a quality improvement initiative that employed a quantitative method of data collection. we used the Maternity Acuity Triage Scale (MATS) to triage pregnant women attending the Maternity unit of Lira Regional Referral Hospital and followed them up until discharge. the study protocol was approved by Lira University Research Ethics Committee, and administrative clearance was given by LRRH. Data was collected on sociodemographic, pre-intervention waiting time, intervention phase waiting time, and patient satisfaction with care, using a structured check-list, questionnaire, and Likert scale, respectively. Data was analyzed using SPSS version 25.

Results: Of the 900 women triaged, 80.2% spent 5 to 15 minutes waiting before the initial evaluation, and 76.5% of the participants spent 10 to 15 minutes before the intervention. During the 5 months of intervention, the unit registered no maternal death, 2 perinatal deaths compared to 16 perinatal deaths pre-intervention, and 3 babies were born with Birth asphyxia compared to 36 birth asphyxia pre-intervention. We admitted 158 women with severe pre-eclampsia referred from a lower facility, but none of them developed Eclampsia. The majority (92%) of participants were satisfied with the care they received, they described the health care team as being welcoming, approachable, and having time for them, they described the unit as clean, organized and the flow of care as easy to follow, they described the time spent at the facility as being shorter than expected and yet they received the kind of care they wished for.

Conclusion: The Obstetric Triage Protocol in place can improve maternal and perinatal outcomes by reducing facility waiting time (Third Delay), it is imperative that prioritizing women according to the urgency of need will improve the health outcomes of women and their newborn babies.

Poster SRHR / EP40

Adolescents' Experiences of Childbirth in Lira, Northern Uganda: Person-Centered Maternity Care and Future Childbearing Intentions

Author: Samson Udho¹

Co-authors: Eutes Kigongo ²; Amir Kabunga ³; Deborah Namutebi ¹

¹ *Lira University, Faculty of Nursing and Midwifery, Department of Midwifery*

² *Lira University, Faculty of Public Health, Department of Epidemiology and Biostatistics*

³ *Lira University, Faculty of Medicine, Department of Psychiatry*

Background: One in three women experience poor person-centered maternity care (PCMC) during childbirth, with adolescents disproportionately affected. However, limited evidence exists on adolescents' experiences of care during childbirth and how these experiences influence future childbearing intentions, including decisions to give birth again, return to the same facility, or recommend it to others. This study aimed to examine the association between adolescents' perceptions of PCMC during childbirth and their future childbearing intentions.

Methods: A community-based cross-sectional survey was conducted among 570 adolescents aged 14–19 years who had delivered in public primary health facilities in Lira District, Northern Uganda. Perceptions of PCMC were measured using the validated PCMC scale and categorized as low, moderate, or high. Future childbearing intentions were assessed using the Community Survey tool. Data was analyzed using descriptive statistics and logistic regression. A p-value < 0.05 was considered statistically significant.

Results: The median age of participants was 18 years (IQR: 18–19). More than three-quarters of participants (77.74%) had perceptions of moderate level of overall PCMC during childbirth. Similarly, most participants had perceptions of moderate levels for PCMC sub-scales of dignity and respect (75.09%), communication and autonomy (45.89%), and supportive care (78%). Most adolescents intended to have another child (82%), return to the same facility (83%), and recommend the facility to a sister or friend (85%). Adolescents reporting moderate and high PCMC scores were significantly more likely to intend to return to the same facility (AOR=2.84; 95% CI: 1.61–5.00 and AOR=5.60; 95% CI: 1.19–26.43) and recommend it to others (AOR=4.31; 95% CI: 2.46–7.54).

Conclusion: The study found that adolescents perceived moderate levels of PCMC during childbirth. Adolescents' perceptions

of higher PCMC during childbirth were strongly linked to intentions to re- turn to and recommend the facility, highlighting the importance of respectful, supportive care in shaping maternal health behaviors.

Keywords: Adolescents, Experiences, Childbirth, “Person-Centred Maternity Care”, Childbearing, and Intention.

Poster SRHR / EP41

Knowledge and Attitude towards Ethiopian Abortion Law and its associated factors among Reproductive age women with Disability in Gedio zone, Southern Ethiopia: A cross-sectional study

Author: selamawit seamgn¹

Co-authors: Dilayehu Bekele ²; gelila woredebrhan ¹; selamawit dires ¹

¹ Dilla University

² St. paul

Introduction: People with disabilities in Ethiopia experience socioeconomic disadvantages and obtain limited information and services related to reproductive and sexual health. There is currently little information about access to information regarding the current abortion law among disabled people in Ethiopia. This study evaluated awareness and attitudes of disabled reproductive age women concerning the present abortion law and its associated factors in Gedeo zone of southern Ethiopia.

Objective: To determine knowledge and attitude of reproductive age women with disabilities to- wards current abortion law and associated factors in Gedeo zone southern Ethiopia 2023 G.C. Method: A community-based cross-sectional study was carryout in Gedeo zone from April to June 2024. Women in reproductive age groups (15-49) with disability who lived in the Districts for more than 6 months were included in the study. By using a single population proportion formula, the final sample size is 605 obtained. Districts were selected by using lottery method. The samples were proportionally allocated for each selected district. Data was collected by a structured pre-tested tool after having both written and verbal consent. Binary and multiple logistic analyses was carried out to identify factors associated with knowledge & and attitude toward the Ethiopian abortion law.

Result: Out of 605 reproductive age women with disability expected to participate in this study, a total of 605 were interviewed and making the response rate 100%. Regarding their knowledge level, considering 7 knowledge, assessing questions, 15.4% had a good knowledge about the Ethiopian cur- rent abortion law. Taking 11 attitude assessing questions into consideration, the composite score of respondents having a favourable attitude to Ethiopian current abortion law was about 48.8%. Educational status of the respondent (AOR=1 95%CI:1-3), discussion with family member on SRH issues (AOR=0.05 95%CI: 0.008-0.3), knowledge on unsafe abortion complications (AOR=0.1 95%CI: 0.02-0.4) were factors associated with knowledge on Ethiopian abortion law. Educational status of the respondent(AOR=0.5 95%CI:0.3-0.9), marital status(AOR=0.6 95%CI:0.3-0.9), history of pregnancy(AOR=3 95%CI:1.1-6), knowledge on unsafe abortion complication(AOR=0.1 95%CI:0.07-0.2), membership to any disability association(AOR=0.1 95%CI:0.08-0.2), SRH service utilization(AOR=0.4 95%CI:0.2-0.9), were associated to attitude towards Ethiopian abortion law,

Conclusion: We conclude that the key risk factors for knowledge and attitude towards abortion law among reproductive age women's with disability in Gedio Zone, are educational status, discussion with family members on SRH issues, marital status, history of pregnancy, knowledge on unsafe abortion complication, membership to any disability association, SRH service utilization. These findings highlight the need for policies that improve access to reproductive health services, promote family planning and address the socio-economic challenges reproductive womens with disability face in this context.

Key word- abortion, disability, knowledge, attitude, southern Ethiopia.

Poster SRHR / EP43

Drivers of Breast Ironing Practices and Their Implications for Sexual Reproductive Health Rights Among Adolescents in Eastern Province Zambia: A Qualitative Study

Author: Martha Mbewe¹

Co-author: Alice Hazemba^{1 1} *University of Zambia*

Background

Breast ironing, a form of traditional body modification involving the massaging or pressing of developing breasts, is intended to delay the onset of perceived sexual maturity and deter early sexual activity. It affects an estimated 3.8 million girls globally, particularly in the West and Central Africa, including Cameroon, Ghana, and Nigeria. Similarly, Although underreported, similar practices are emerging in Zambia, driven by patriarchal norms, fear of early pregnancy, and social pressures. Although underreported, similar practices are emerging in Zambia, driven by patriarchal norms, fear of early pregnancy, and social pressures. Therefore, this study sought to explore drivers of breast ironing practices and their implications for sexual reproductive health rights among adolescents in the Eastern province of Zambia to inform strategies that would protect girls' sexual and reproductive health rights.

Methods

This was a qualitative exploratory study where we conducted five in-depth interviews with key informants and two focus group discussions involving adolescents (aged 9–15 years) and community women. Participants were purposively selected from two peri-urban communities in the Eastern province of Zambia. Data were audio-recorded, transcribed verbatim, and analyzed thematically using NVivo software

Results

We identified five key themes which are; (1) understanding breast ironing, (2) impact of breast ironing, (3) socio-cultural context, (4) addressing breast ironing, and (5) violation of sexual and reproductive health rights. The breast ironing practices among adolescents had biological, psychological and social effects including non-consensual experiences, physical pain, disrupted physiological development, psychological trauma, stigma, and violation of bodily autonomy. Although declining, breast ironing remains practiced, primarily by older female relatives and shrouded in secrecy. Girls subjected to breast ironing reported non-consensual experiences, physical pain, disrupted physiological development, psychological trauma, stigma, and violation of bodily autonomy. The practice is culturally framed as protective but perpetuates gender-based violence and undermines adolescents' rights.

Conclusion

The study revealed that the drivers of breast ironing include fear of early sexual activity and pregnancy, desire to safeguard girls' education, cultural norms stigmatizing early breast development, fear of sexual violence, and patriarchal control of female sexuality. The practice has profound effects on adolescent well-being, yet there are no structured interventions addressing it. Therefore, we suggest that government through ministry of health and other stakeholders should develop strategies to educate and protect the public in order to achieve universal health for adolescent and young people. The study calls for urgent, culturally sensitive interventions such as community engagement, awareness campaigns, and policy advocacy led by the Ministry of Health and relevant stakeholders. Strengthening sexual and reproductive health education is essential to dispel myths surrounding puberty and promote the rights and well-being of young girls in Zambia.

Keywords: Breast ironing, adolescents, sexual and reproductive health rights, cultural practices, Chipata District, Zambia, gender-based violence.

Poster SRHR / EP52

Lived Experiences and Coping Strategies of Mothers with Babies in the Neonatal Intensive Care Unit at Lira Regional Referral Hospital

Author: Beth Namukwana¹

Co-authors: Christine Joy Abeja²; Nelson Okello³

¹ Midwife

² Nurse

³ Pediatricians

Background: The neonatal period, the first 28 days of life, is critical for both the newborn and the parents, especially mothers, as they transition into parenthood. Worldwide, mothers with babies in NICU confront stressful experiences owing to the treatments, conditions, and separation influencing their thoughts, state of mind, relationships, and interactions with their babies. In Northern Uganda, where access to healthcare services is limited and the NICU infrastructure is still developing, there is limited research on the lived experiences of mothers in this context. This study, therefore, aimed to investigate the lived experiences of mothers with babies in the NICU of Lira Regional Referral Hospital.

Objective: To describe mothers' experiences with babies in the neonatal intensive care unit at Lira Regional Referral Hospital, and explore the coping strategies employed by these mothers.

Methods: The study employed a descriptive phenomenological inquiry among purposively selected 10 mothers whose babies were admitted in NICU of Lira Regional Referral hospital in Northern Uganda during the time of data collection. Face to face in-depth interviews were conducted in June 2024. A thematic analysis approach was used to identify patterns, themes, and categories within the data.

Results: The mothers were Christians, aged 18 to 38 years. Half of the mothers had completed primary education, were businesswomen. Six had delivered via Cesarean section, and four had four or more children. Four major themes were noted regarding their lived experiences: anxiety, sadness, and worries; the burden of hospitalization; satisfaction with healthcare; and their perspectives on life and motherhood. Additionally, three themes related to coping strategies were identified: faith in God, self-care practices, and support from healthcare providers, family, and support groups.

Conclusion: The findings emphasize the significant emotional toll of neonatal intensive care unit admission on mothers and highlight the urgent need for comprehensive support systems that encompass both medical and psychosocial needs, improved communication, enhanced hospital resources, and peer support networks for better maternal and infant outcomes.

Poster SRHR / EP56

Empowering Adolescent girls to make informed decisions on Safe Sex practices and Family planning during initiation ceremonies in Eastern Province, Zambia

Author: Alice Ngoma Hazemba¹

Co-authors: Mwitwa Mugode ¹; Patrick Kaonga ¹; Tulani Matenga ¹; Endale Wmichael Tamrat ²

¹ University of Zambia, School of Public Health

² University of Michigan, Centre for International Reproductive Health Training

Background: Early sexual debut and early marriage are often linked to traditional initiation ceremonies that prepare adolescent girls for adulthood despite ongoing campaigns. These ceremonies commonly involve sex education focused on pleasing a partner, which may encourage early sexual activity among teenagers. Given the high risks of early pregnancy, limited contraceptive access, and HIV/STIs, integrating comprehensive sexual and reproductive health education and rites presents a vital opportunity to improve health outcomes. This study aimed to explore opportunities to include Sexual Reproductive Health and Rights (SRHR) information during traditional initiation ceremonies for adolescents to make informed decisions on Safe sexual practice and use of contraception.

Methods: The study used a qualitative approach with a diverse group of participants, including ten girls—two married, two single, two attending school, and two out of school. Additionally, seven initiators participated, five from urban (Chipata) and two from rural (Mambwe). One leader from each of the two districts, Chipata and Mambwe, represented community leadership. The sample also included one teacher and three parents. Furthermore, two adolescent focal point persons from each district were interviewed. A focus group discussion was conducted with adolescent girls to gather in-depth perspectives. Thematic data analysis was conducted using the exploration component of the EPIS framework as a lens of analysis.

Findings: Girls participating in initiation ceremonies are taught a range of topics, including life skills, moral education, marriage preparation, physical grooming, and sexual practices. The teachings regarding sexual practices emphasize how to please a partner in bed, often through demonstrations, while stressing the importance of secrecy and silence surrounding these subjects. These lessons reinforce prevailing cultural norms, focusing on hygiene, respect, confidence, discipline, and marriage-related social roles. After the ceremonies, many girls report experimenting with sexual activity, which often changes their perception of when they are ready for marriage. The secrecy embedded in these traditions leads to decreased communication with parents and increased withdrawal, highlighting cultural taboos around discussing sexual matters openly within families. While some women initiators support integration to empower girls with accurate health information and promote safer behaviors, the majority express concern. Common fears include that access to family planning may encourage promiscuity or cause infertility—beliefs deeply rooted in cultural values. Community leaders, as custodians of cultural practices, generally endorse SRH integration but emphasize the need for respectful and sensitive approaches. Parents, who control the timing of initiation, are key stakeholders requiring engagement.

Conclusions: Integrating SRH information into initiation ceremonies provides an important opportunity to address gaps in adolescent knowledge about safe sexual practices and family planning, potentially reducing rates of teenage pregnancies and unsafe sexual behaviors. This study showed mixed views, with most indicating resistance to integrating the SRH services in the Initiation rites.

Poster SRHR / EP57

Determinants of pre-exposure prophylaxis (PrEP) uptake in antenatal and postnatal settings in Lusaka, Zambia

Author: Twaambo Hamoonga¹

Co-authors: Patrick Kaonga¹; Maureen Masumo¹; Alice Hazemba^{1 1} *University of Zambia*

Introduction: Pregnant and breastfeeding women in sub-Saharan Africa are disproportionately affected by HIV/AIDS, with rates that are consistent with the World Health Organization's definition of populations at substantial risk. In a systematic review and meta-analysis, incidence rates were 3.8/100 person years during pregnancy and postpartum. About 7.6% of the pediatric burden of HIV in Zambia is attributable to maternal sero-conversion. Despite the Zambian guidelines on HIV treatment and prevention recommending PrEP for pregnant and breastfeeding women at risk for HIV infection, uptake remains low with paucity of information on factors likely to influence uptake in this population. We determined factors associated with PrEP uptake during pregnancy and breastfeeding in order to inform PrEP scale up in antenatal and postnatal settings in Zambia.

Methodology: We conducted a cross-sectional study with pregnant and breastfeeding women not living with HIV and aged 18 years or older, between October and December 2024. Women were recruited from the maternal and child health (MCH) clinic at one of the first level hospitals in Lusaka using convenience sampling. We administered an electronic structured questionnaire to all consenting women. The outcome was PrEP uptake measured as a binary outcome, while independent variables included socio-demographic, obstetric, and sexual behavioural characteristics. Logistic regression analysis using STATA v18 was used to determine factors associated with PrEP uptake during pregnancy and breastfeeding. Odds ratios and 95% confidence intervals were used to report the magnitude and strength of association between PrEP uptake and the independent variables. Ethical approval was obtained from the University of Zambia Biomedical Research Ethics Committee (UNZABREC).

Results: We recruited 279 pregnant (51.2%) and breastfeeding (48.8%) women into our study. The median age was 26 years (IQR=22 to 30 years). The majority were married (87.5%, n=244) and most had attained secondary education (64.5%, n=180). Majority of participants knew their partner's HIV status (81.7%, n=228), and 17.1% (n=39) were in sero-discordant relationships. About 23.3% (n=65) of participants were using PrEP and 84.6% (n=55) had disclosed PrEP use to their male partners. The most preferred PrEP product was injectable PrEP (60.2%, n=168). PrEP uptake was associated with being aged 35-44 years compared to 18-24 years (aOR=5.64; 95% CI: 1.10-28.98, p=0.038). Women who were widowed, separated or divorced had higher odds of using PrEP compared to their counterparts who had never been married before (aOR=41.43; 95% CI: 1.66-1039.90, p=0.023). Knowing or suspecting partner concurrency and being in a sero-discordant relationship were associated with increased odds of PrEP uptake (aOR=3.44; 95%CI: 1.08-10.96, p=0.037 and aOR=475.2; 95% CI: 45.46-4966.50, p<0.001), respectively.

Conclusion: Our study found a relatively low proportion of women who were taking PrEP during pregnancy and breastfeeding. Although oral PrEP was the only PrEP product that was available at the study site, most women reported a preference for injectable PrEP. Ensuring availability of different PrEP products as well as targeting older women, those who are either widowed, separated or divorced and those in sero-discordant relationships could improve PrEP uptake in antenatal and postnatal settings.

Poster SRHR / EP64

Role of integrating long-acting reversible contraception and HIV test-and-treat strategies into mental health care for enhancing women's health and wellbeing in Zambia

Author: Ruth Wahila¹

Co-authors: Bellington Vwalika²; Kestone Lyambai³; Lonia Mwape³; Malizgani Paul Chavula⁴; Tulani Matenga

⁴; Zindikilani Mukubuta⁵

¹ *University of Zambia, School of Nursing Sciences, Department of Basic and Clinical Nursing Sciences*

² University of Zambia, School of Medicine, Department of Obstetrics and Gynaecology

³ University of Zambia, School of Nursing Sciences, Department of Mental Health

⁴ University of Zambia, School of Public Health, Department of Community and Family Medicine

⁵ Ministry of Health, Chilenje First Level Hospital

Background: Women of reproductive age in Zambia experience significant barriers to accessing LARC and HIV test-and-treat services due to stigma and poor continuity of care. These challenges often contribute to mental health difficulties, further affecting health-seeking behaviours and decision-making. Despite high HIV prevalence of 14.9% and over 50% rising demand for LARC in 2022, service delivery remains fragmented and poorly integrated. A one-stop service model that integrates LARC, HIV, and mental health services at a single point of care may improve coordination and access, yet evidence on its feasibility within Zambia's primary healthcare system remains limited. This study explored the integration of LARC and HIV test-and-treat strategies into primary healthcare services in Zambia to improve comprehensive care for women of reproductive age.

Methods: A qualitative case study design was employed using in-depth interviews with purposively selected women in Chilenje and Chawama compounds in Lusaka district. We conducted a total 29 interviews, 21 in-depth interviews with women of reproductive age, 4 focus group discussions with midwives and 4 key informant interviews with experts in reproductive health. We collected data using a semi-structured interview guide with four core questions and supporting probes. The study utilised Braun and Clarke's six-step framework and the Social Ecological Model to analyse thematically the influence of individual, interpersonal, institutional, and policy-level factors on service integration. Ethical approval was sought from the institutional review board.

Results: We identified four key themes across multiple levels of the Social Ecological Model. Understanding and perceptions of LARC, HIV and mental health were influenced by individual experiences, including personal beliefs, fear of side effects, and stigma related to mental health. Awareness and experiences with HIV services highlighted the importance of interpersonal dynamics such as interactions with healthcare providers and support from family members. The theme on integration highlighted institutional-level challenges and opportunities, with participants noting the potential for improved continuity of care but identifying barriers such as staffing shortages and fragmented service delivery. Finally, the role of stakeholders is related to the policy and structural level, emphasizing the importance of leadership, coordinated guidelines, training, and resource allocation in facilitating successful integration.

Conclusion: This study highlights the multi-level influences of integration of LARC and HIV test- and-treat services into mental health care. Barriers to effective service delivery include limited awareness, fragmented services, and weak stakeholder coordination, necessitating a client-centred, integrated approach, clear policy guidance, and inter-sectoral collaboration. This study informs the design of integrated service delivery models by highlighting how a one-stop approach can enhance access to reproductive, HIV, and mental health services for women in primary healthcare settings. It also provides practical evidence that can guide policymakers and stakeholders in strengthening health system integration, reducing service fragmentation, and improving holistic care for women of reproductive age. Therefore, we suggest strong coordination and collaboration in the integration process of LARC and HIV services into mental health care.

Key words: Integration, long-acting reversible contraception, HIV test-and-treat, one-stop service delivery model, women of reproductive age.

Poster SRHR / EP70

Prevalence and factors associated with early pregnancies in sub-Saharan Africa: Dschang Health District, Cameroon.

Author: Jessica Grâce BONG WOBENSON^{None}

Co-author: Jeanne Hortence Fouedjio

Background: early pregnancy is a pregnancy occurring in a girl aged between 10 and 19 years. It is a public health problem because it is linked to numerous maternal-fetal consequences, hence the interest in conducting this study, the general objective of which was to determine the prevalence and factors associated with early pregnancies in the Dschang Health District.

Method: our study was a two-part cross-sectional study (descriptive and analytical) in the Dschang Health District over a period of 3 months. All pregnant or previously pregnant adolescents were included as cases and sexually active adolescents as controls. Sampling was random and stratified into clusters. After obtaining ethical clearance, data were collected from a pre-tested questionnaire and analyzed using the Statistical Package for Social Sciences version 23 software.

Results: of the 563 adolescent girls surveyed, 57 had experienced early pregnancy, representing a prevalence of 10.1%. The associated factors after multivariate analysis were having sexual intercourse before the age of 17, [aOR =2.48; 95% CI (1.21-5.07),p=0.013]; non-use of contraceptive methods, [aOR =2.51; 95% CI (1.03-6.16),p=0.044]; early marriage, [aOR =2.21; 95% CI (1.08-4.50),p=0.029]; having multiple sexual partners, [aOR =2.42; 95% CI(1.18-4.97),p=0.016]; lack of sexual

education, [aOR=2.80; 95% CI(1.41-5.54),p=0.020] and knowing other methods to avoid pregnancy [aOR=3.80; 95% CI (1.16-12.47),p=0.028].

Conclusion: the high prevalence demonstrates the urgency of the problem in our context. Since several modifiable factors are associated with it, we propose strengthening prevention policies, appropriate sexual education, and access to reproductive health services for adolescent girls.

Keywords: sexual and reproductive health, adolescent, pregnancy.

Poster SRHR / EP71

Use of Female-Controlled Dual Protection Methods Among Young Women Living with HIV in Northern Uganda: A Convergent Mixed-Methods Study.

Author: Edward Kumakech¹

Co-authors: Deo Benyumiza ¹; Doryn Ebong ²; James Okello ²; Jasper Watson Ogwal-Okeng ¹; Lydia Kabiri ³; Marvin Musinguzi ¹; Wilfred Inzama ¹

¹ Lira University

² Lira Regional Referral Hospital

³ Makerere University

Background:

Adolescent girls and young women living with HIV (AGYWLHIV) in Uganda face the dual challenge of preventing HIV transmission to male partners and unintended pregnancies. Male condom use requires male partner's cooperation which is often difficult for the AGYWLHIV to negotiate. Female-controlled dual protection methods (FCDPM) which involves combining the female condoms with another modern contraceptive method such as oral contraceptive pills, emergency contraceptive pills, implants, injectable or intrauterine devices offer a potential solution by enabling AGYWLHIV to independently manage their sexual and reproductive health. This study assessed the prevalence of use of dual protection methods (DPMs), identified factors influencing their use, and explored reasons for non-use among the AGYWLHIV in northern Uganda.

Methods:

A convergent mixed-methods study was conducted among consecutively sampled AGYWLHIV attending the antiretroviral therapy clinics at six public health facilities in Lira City and Lira District between November 2022 and April 2023. Using an interviewer-administered questionnaire, participants were asked about the methods they were using to simultaneously prevent unintended pregnancy and HIV transmission to their current male sexual partners and if not using any dual protection method, why not? Quantitative data on the use of DPM and the associated factors were analyzed using descriptive statistics and chi-square tests with statistical significance set at $p < 0.05$. The Statistical Package for Social Sciences version 26 was the software used. The qualitative data on the reasons for non-use were manually analyzed into themes, and presented in narratives plus direct quotes.

Results:

Among the 423 participants of median age 22 years (interquartile range of 20-24 years), no one reported using any of the FCDPM, while only 1.2% used any form of DPM typically combining the use of male condoms with another modern contraceptive method. The use of the male condom alone as a DPM was reported by 29.3% of the participants. The few participants who reported using the DPM combined the use of male condoms with oral contraceptive pills, emergency contraceptive pills, or implants. Factors positively influencing the use of DPM included marital status, prior condom use, and knowledge about safer conception methods. Predictors for neither FCDPM nor DPM use could be explored due to their null or extremely very low uptake levels. From the qualitative data, barriers to the use of DPM included personal or partner disapproval of the modern contraceptive methods, lack of knowledge, myths or misconceptions about modern contraceptive methods, fear of the side effects or stigma from modern contraceptive use, desire to conceive, and the sole reliance on the male condoms.

Conclusions:

The findings highlight a critical gap in the uptake of FCDPM and low use of DPM among the AGYWLHIV. Strengthening health education on safer conception methods, and on modern contraceptive methods including the male condoms, addressing myths and misconceptions, and reducing fears about modern contraceptive side effects or stigma could improve FCDPM and DPM acceptance and uptake in this population of AGYWLHIV. Male partners of the married AGYWLHIV should be particularly targeted to leverage partner's support on the use of DPM including male condom experiences and fertility matters.

Poster SRHR / EP74

HIV status disclosure to male sexual partners and predictors among young women living with HIV in semi-rural Uganda: a cross-sectional study.

Author: Edward Kumakech¹

Co-authors: Deo Benyumiza¹; Doryn Ebong²; James Okello²; Jasper Ogwal-Okeng¹; Lydia Kabiri³; Marvin Musinguzi¹; Vanja Berggren⁴; Wilfred Inzama¹

¹ Lira University

² Lira Regional Referral Hospital

³ Makerere University

⁴ Karolinska Institutet

Background: In 2020, in sub-Saharan Africa, 25% of new human immunodeficiency virus (HIV) infections occurred among young women aged 15-24 years. Specifically, in Uganda, the HIV prevalence is three times higher among young women aged 15-24 years at 2.9% compared to 0.8% among their male counterparts. HIV status disclosure is a gateway to the preventive health services. We set out to estimate the prevalence of HIV status disclosure to current male sexual partners before the first sexual intercourse, and the predictors among the adolescent girls and young women living with HIV (AGYWHLHIV) in a semi-rural northern Uganda.

Methods: In a cross-sectional study design, a consecutive sample of the AGYWHLHIV was recruited from six antiretroviral therapy clinics between November 2022 and April 2023. Participants were administered an interviewer-guided questionnaire. They were specifically asked whether they have ever disclosed their HIV status to their current male sexual partners. They were also asked about their socio-demographics, sexual and reproductive health profiles, knowledge and perceptions of dual protection methods, and safer conception methods for AGYWHLHIV. The Statistical Package for Social Sciences (SPSS) 26 was the software used for the statistical analysis. Percentages to estimate prevalence, Chi-square tests to assess associations, simple and multivariate modified Poisson regression to identify predictors were conducted. Statistical significance was set at $p < 0.05$ and 95% confidence intervals (CI) were considered.

Results: Overall, 423 participants with a median age of 22 (IQR 4.0) years participated in the study. The prevalence of HIV status disclosure to the current male sexual partners before the first sexual intercourse was found at 73.3% (95% CI 69.0-77.5). The prevalence of disclosure of the HIV status of the current male sexual partners to the young women living with HIV was 64.5% (95% CI 59.9-69.0). The prevalence of two-way disclosure of HIV status was 54.4% (95% CI 49.6-59.1) among the couples. The predictors for HIV status disclosure were found to include the women's knowledge of their HIV status (APR 1.1 (95% CI 1.0-1.2), p 0.032), knowledge of their male partner's HIV status (APR 0.8 (95% CI 0.7-0.9), p 0.003), and the male sexual partners' disclosure of their HIV status to the women (APR 0.7 (95% CI 0.5-0.9), p <0.016).

Conclusions: About three-fourths of the AGYWHLHIV in semi-rural northern Uganda disclosed their HIV status to their current male sexual partners before their first sexual intercourse. The predictors of disclosure included the women's knowledge of their HIV status, knowledge of their current male sexual partner's HIV status, and the current male sexual partner's reciprocal disclosure of their HIV status. To enhance HIV disclosure rates, knowledge of HIV status should be enhanced among a couples through post-test, and disclosure counseling for both individuals and couples is recommended as part of the routine HIV testing, treatment, and care programs. Future studies should consider using the disclosure process model should to allow investigations into the HIV status disclosure decision-making process, events, mediators, and outcomes. Furthermore, future studies on the motivations for HIV status disclosure preferably using qualitative approaches are also highly recommended.

Poster SRHR / EP75

HIV self-testing and nondisclosure to male partners among young women living with HIV in semi-rural northern Uganda: a cross-sectional study.

Author: Edward Kumakech¹

Co-authors: Deo Benyumiza¹; Doryn Ebong²; James Okello²; Jasper Ogwal-Okeng¹; Lydia Kabiri³; Marvin Musinguzi¹; Vanja Berggren⁴; Wilfred Inzama¹

¹ Lira University

² Lira Regional Referral Hospital

³ Makerere University

⁴ Karolinska Institutet

Background

The burden of HIV remains disproportionately high among young women. This is often coupled with nondisclosure of HIV status partly due to the delayed knowledge of self HIV status which affects entry into HIV prevention, care and treatment. HIV self-testing which provides instant knowledge of HIV status is being promoted to enable early disclosure. However, previous studies about the association between HIV self-testing (HIVST) and nondisclosure are scarce. We, therefore, set out to determine the prevalence of HIVST, nondisclosure of HIV status to male partners, and the predictors among the young women living with HIV (YWLHIV) in Uganda.

Methods

In a cross-sectional study design, a consecutive sample of YWLHIV were recruited from the ART clinics in semi-rural northern Uganda between November 2022 and April 2023. The participants received an interviewer-administered questionnaire. HIV self-testing was defined as the use of the HIVST method often a kit by the YWLHIV to discover their HIV status. Furthermore, HIV nondisclosure was defined as the YWLHIV's failure to disclose her initial HIV status to her current male partner before their first sexual intercourse regardless of the use of condoms. Prevalence of HIVST and HIV nondisclosure were calculated using percentages and 95% confidence interval (CI). Chi-square statistics were performed to determine the association between HIVST, other factors and nondisclosure. The multivariate modified Poisson regression was used to identify the independent predictors of one-way nondisclosure. Statistical significance at $p < 0.05$ and 95% CI were considered.

Results

A total of 423 participants with a mean age of 21.6 ± 2.5 years participated in the study. Only 3.8% of the YWLHIV reported to have discovered their HIV status through HIVST. Furthermore, 26.7% of the YWLHIV did not disclose their status to their current male partners, 35.5% experienced non-disclosure from their current male partners, and 16.5% experienced bidirectional non-disclosure. The predictors for non-disclosure of initial HIV status were found to include the YWLHIV's knowledge of their initial negative HIV status [APR 0.3 (0.2–0.5), p 0.001], the YWLHIV's knowledge of their initial positive HIV status [APR 0.5 (0.3–0.7), p 0.002], the YWLHIV's prior knowledge of the positive initial HIV status of the male partner [APR 0.4 (0.2–0.8), p 0.010] and the male partner's nondisclosure of their initial HIV status to the YWLHIV [APR 2.0 (1.2–3.5), p 0.008].

Conclusions

The prevalence of HIVST and nondisclosure to male partners among the YWLHIV in semi-rural Uganda stood at 38 in 1000 and 267 in 1000 respectively. The HIVST wasn't associated with nondisclosure. The women's initial negative or positive HIV status, the male partner's initial positive HIV status and the male partners' nondisclosure of their initial HIV status to the YWLHIV were found to be the independent predictors. These findings point to the need for health workers to target HIVST at the YWLHIV attending ART to distribute to men in their sexual and social networks to expand access to HIV testing, improve two-way HIV disclosure and entry into the HIV prevention, care and treatment programs.

Poster SRHR / EP77

Assessing Sexual Education in Cameroonian Secondary Schools: A Mixed-Methods Insight into Student Experiences, Barriers, and Policy Implications

Author: Madye Ange Ngo Dingom¹

Co-authors: Claude Hector Mbia ²; Felix Essiben ²; Jacques Nguend Mbock ²; Marie Jose Essi ²; Mireille Ndje Ndje

³; Roosevelt Dongmo Tiodjou ²; Véronique Mboua Batoum ²

¹ *Faculty of Medicine and Pharmaceutical Sciences University of Dschang*

² *Faculty of Medicine and Biomedical Sciences University of Yaounde 1*

³ *Faculty of Arts and Human Sciences university of Yaounde 1*

Background:

Sexual education is a critical component of adolescent development and public health. In Cameroon, despite the growing awareness of its importance, sexual education remains poorly institutionalized, inconsistently delivered, and often marginalized in formal curricula. This study aimed to assess both the implementation and the perception of sexual education in secondary schools in Yaoundé through a mixed-methods approach, combining quantitative and qualitative data to offer a comprehensive understanding.

Methods:

A convergent mixed-methods design was adopted. Quantitative data were collected from 2,019 students in secondary schools using structured questionnaires focusing on sociodemographic characteristics, exposure to sexual education, course frequency, and perceived quality. Statistical analyses included descriptive statistics, cross-tabulations with Chi-square tests, Mann-Whitney U tests for non-parametric comparisons, and both logistic and linear regressions to identify significant predictors of exposure to sexual education. In parallel, qualitative data were obtained through focus group discussions with 15 participants. Transcriptions were analyzed thematically to explore experiences, perceived barriers, and improvement suggestions.

Results:

Quantitative findings revealed that over 90% of respondents reported having participated in some form of sexual education, most frequently through biology (SVT) or integrated into other non- dedicated subjects. Gender differences were statistically significant regarding the frequency of participation ($p = 0.001$) and the perception of the learning environment ($p = 0.0005$). Logistic regression indicated that age and school level were significant predictors of course attendance ($p < 0.05$), while gender was not. However, the logistic model's goodness-of-fit remained weak (McFadden $R^2 = 0.0028$), suggesting limited explanatory capacity. The qualitative analysis uncovered deep-seated barriers: societal stigma (mentioned by all 15 participants), family resistance (10/15), and a lack of trained teachers (11/15). Many educators reportedly improvised without proper guidance or resources. Participants emphasized the absence of clear national policies, insufficient support from institutions, and a lack of coherence in curriculum integration. Suggestions for improvement included state-supported teacher training programs, incorporation of sexual education into official curricula, development of age-appropriate and culturally sensitive content, and broader family engagement in the educational process.

Conclusion:

Sexual education in Cameroonian secondary schools, while present, suffers from structural weaknesses and societal resistance. The mixed-methods findings underline the discrepancy between policy intent and field-level implementation. A multidimensional strategy is needed to improve its impact, including clear governmental policies, institutional support, comprehensive teacher training, and community sensitization. Addressing these gaps would foster a more inclusive, consistent, and effective approach to sexual education, ultimately enhancing adolescent well-being and reducing risky behaviors.

Keywords: Sexual education, adolescents, Cameroon, mixed methods, logistic regression, thematic analysis, policy implementation, school health

Poster SRHR / EP83

Importance of collaborative integration reproductive justice in comprehensive sexuality education to address adolescent sexual, reproductive health and rights needs in rural communities in Zambia: a qualitative study

Author: Malizgani Paul Chavula¹

Co-authors: Alice Ngoma Hazemba²; Batuli Habib²; Juliet Namonje¹; Marueen Masumo³; Mwansa Kauseni²; Patrick Kaonga²; Tulani Matenga⁴

¹ *Department of Community and Family Medicine, School of Public Health, University of Zambia Ridgeway Campus,*

P.O. Box 50110, Lusaka, Zambia.

² *1. Department of Community and Family Medicine, School of Public Health, University of Zambia Ridgeway Cam- pus, P.O. Box 50110, Lusaka, Zambia.*

³ *4. Department of Midwifery and newborn, School of Nursing Sciences, University of Zambia, Ridgeway Campus,*

P.O. Box 50110, Lusaka, Zambia.

⁴ *3. Department of Health Promotion and Education, School of Public Health, University of Zambia Ridgeway Campus,*

P.O. Box 50110, Lusaka, Zambia.

Background: Adolescent sexual and reproductive health and rights (SRHR) problems such as early unintended pregnancies, child marriages, and gender-based violence, remain a public health threat particularly in Sub-Saharan Africa. In 2014, Zambia implemented comprehensive sexuality education (CSE) to equip young people with the knowledge and skills critical in addressing SRHR challenges. The importance of collaborative integration of reproductive justice (RJ) within CSE enhances SRHR service delivery on bodily autonomy, the right to choose parent or not to parent, and to raise children in safe environments. However, very little is documented on the importance of collaborative integration of RJ into CSE to address adolescent SRHR needs. Hence, this study explores the importance of collaborative integration of RJ into CSE to address adolescents SRHR needs in rural communities in Zambia.

Methods: This qualitative study was conducted in Chongwe rural district in Lusaka province of Zambia. We conducted a total of 25 interviews, comprising 13 key informants, stakeholders representing health facilities, schools, community leadership, parents and the private sector (NGOs), and 12 in- depth interviews with peer educators, adolescents in schools, adolescent girls who dropped out due to pregnancy and returned, and those dropped out and never returned to school. All the interviews were transcribed verbatim and analysed using NVivo software to identify codes and themes based using thematic analysis approach. The collaborative governance framework comprising the system context, collaboration dynamics: principled engagement, shared motivation and capacity joint action guided the analysis process.

Results: We identified themes on collaborative integration of RJ into CSE organized according to key domains of the collaborative governance framework. Participants reported that social contextual issues such as gaps in the integration of RJ in existing SRHR related policies/materials, low economic status, cultural barriers comprise health sexual decisions. They also highlighted that the presence of collaborative leadership was noted, but there was a general lack of awareness among stakeholders regarding existing policies that supports integration of RJ into CSE programmes. Although stakeholders demonstrated a shared commitment to address adolescent SRHR challenges, the absence of inclusive coordination mechanisms hindered principled engagement, affecting joint planning in the integration process. Finally, capacity for joint action activities included actors collaborated in integrating RJ within CSE in schools, health centers, and community-based platforms, but weak intersectoral collaboration, particularly at the community level, limited the full integration of RJ within CSE. This contributed to restricted access to SRHR services including contraceptives, inadequate community empowerment limiting caring for children and enforcement of anti-child abuse laws, thereby exacerbating rates of adolescent pregnancy, early marriage, and child abuse.

Conclusion: The collaborative integration of RJ into CSE is essential in ensuring that the community and adolescent have information of SRHR to help them not only make informed sexual decision making but also access service including contraceptives, critical to prevent pregnancies, child marriages and reports child abuse. There is a need to strengthen multi-sectoral collaboration particularly through the sensitisation and capacity of community-based actors to enhance effective integration of RJ into CSE to effectively address adolescents SRHR needs.

Poster SRHR / EP84

Evaluation of knowledge, attitudes and practices of People in the Obala Health District about sexual and reproductive health care services.

Author: Henriette Magne¹

Co-authors: Morelle Cynthia Motouom²; Ambroise Simo Foaka³; Fabrice Armel Tchinde Toussi⁴; Myriam Sylvie Ambomo¹; Julienne Louise Ngo Likeng⁵; Benjamin Alexandre Nkoum⁵; Jeanne Fouedjio⁶; Jovanny Fouogue⁷; Florent Ymele Fouelifack⁸; Clifford Ebong⁹; Virgile Onana¹⁰; Diane Estelle Kamdem Ondoa¹¹

¹ *École des sciences de la santé, Université Catholique d'Afrique Centrale*

² *Faculty of Health Sciences, University of Buea*

³ *District de santé de la MIFI, Délégation Régionale de la santé publique de l'Ouest Cameroun*

⁴ *Ecole des sciences de la santé, Université d'Afrique Centrale*

⁵ *Ecole des sciences de la santé, Université Catholique d'Afrique Centrale*

⁶ *Vice doyen de la Faculté médecine et des sciences pharmaceutique de Dschang*

⁷ *Faculté de médecine de Dschang*

⁸ *Head of Département of Sergey and Specialties(ISTM-Nkolondom/Yaoundé)*

⁹ *Faculté de médecine et des sciences biomédicales, Université de Yaoundé 1*

¹⁰ *Faculté de médecine et des sciences biomédicale, Université de Yaoundé 1*

¹¹ *Faculté de médecine des sciences Pharmaceutiques de Dschang*

Sexual and reproductive health (SRH) remains a critical public health issue in Cameroon, particularly in rural areas like the Obala district, where maternal morbidity and sexually transmitted infections (STIs) rates are concerned. Despite national efforts, gaps in knowledge, attitudes, and practices (KAP) hinder access to essential services. This study aimed to assess the KAP of women of reproductive age (18-49 years) and healthcare providers regarding SRH in Obala, identifying barriers and improvement strategies. A mixed-methods cross-sectional study was conducted from 2024 to 2025. The quantitative phase included 360 randomly selected women, surveyed via a standardized questionnaire. The qualitative phase involved 18 semi-structured interviews with women and 7 with healthcare providers, analyzed thematically (Bardin). Quantitative data were processed using GraphPad Prism 8.01.

Results:

- Knowledge: 66.11% of women had heard of SRH, but only 3.89% understood obstetric care. Known contraceptive methods were condoms (84.44%) and pills (35.56%).
- Attitudes: 65.83% perceived services as inaccessible, citing high costs (31.39%) and poor service quality (26.11%).
- Practices: 48.33% used condoms, while 78.61% relied on social media for information. Interviews revealed distrust in modern methods ("It can cause infertility", P3) and reliance on family advice ("I ask my mother", P1).
- Healthcare Providers: Nurses (71% with >10 years of experience) highlighted equipment shortages ("The delivery table is outdated", P1) and cultural resistance ("Tradition forbids some practices", P1). The results reflect urban-rural and generational disparities, consistent with Fubam et al. (2022) in Cameroon. Misinformation and stigma emerged as key barriers, worsened by infrastructural gaps. An integrated approach is needed, combining community education, local service strengthening, and engagement of traditional leaders. Social media could be leveraged to reach youth.

Keywords: Sexual and reproductive health, knowledge-attitudes-practices, healthcare access, Cameroon, contraception.

Poster SRHR / EP86

Sexual and Reproductive Health and Rights Research Training in Cameroon: Experiences of Seed Grant Awardees

Author: Jeanne Hortence FOUEDJIO ESPE FOUELIFACK¹

Co-authors: Demsash Hailu Azerefeign²; Ella AUGUST³; Jovanny Tsuala Fouogue; Julie Buser³; Rachel Gray; Tamrat Endale³; Yolanda R. Smith³

¹ *université de Yaoundé 1*

² *St. Paul's Hospital Millennium Medical*

³ *University of Michigan*

Objective: Research capacity in low- and middle-income countries (LMICs) is increasingly recognized as a pivotal force for informed policy-making and the advancement of public health. This study investigates the experiences of sexual and reproductive health and rights (SRHR) researchers in Cameroon who were awarded competitive seed research grants as part of a 2-year research training program and partnership with the Center for International Reproductive Health Training at the University of Michigan.

Materials and Methods: The project was IRB approved. We utilized a phenomenological approach combined with

thematic analysis to understand the researchers' lived experiences. We utilized purposive sampling to invite and interview all 16 individuals (physicians, obstetrics and gynecology residents, and nurse midwives) from the training program with in-depth, semi-structured face-to-face, open-ended questions. The interviews took place during the time between having written a successfully funded SRHR seed grant proposal and commencing data collection. Interviews were audio-recorded, transcribed verbatim, and translated to English.

Results: The study revealed three core themes: roles of mentorship and training as catalysts for anticipated research success; challenges faced and strategies utilized to overcome them; and impact of grant funding on research scope and professional development. Mentorship and well-structured training programs provided researchers with crucial skills for grant applications and planned project execution. Despite facing challenges like strict deadlines, financial constraints, and hurdles in obtaining ethical clearance, researchers showed resilience and used adaptive strategies. Grant funding broadened their research scope, allowed for the exploration of novel methodologies, and supported the development of community-focused studies addressing public health challenges.

Conclusions: The findings highlight the vital importance of investing in mentorship, structured training, and grant funding to bolster research skills and foster a strong research culture. These components are crucial for advancing research, improving researchers' abilities, and guiding public health policies in Cameroon and other LMICs.

Impact Statement: LMICs need local research initiatives to inform health strategies and interventions tailored to their socio-cultural context and this requires increases in their skilled research workforce. By gaining a deeper understanding of researchers' motivations, professional growth, and challenges, this study provides valuable insights for refining and enhancing research capacity strengthening programs.

Keywords: Research capacity strengthening; sexual and reproductive health; mentorship; training; grant funding impact; low- and middle-income countries (LMICs); Cameroon

Poster SRHR / EP87

Effectiveness of timely hepatitis B birth dose (TBD) vaccination in the prevention of mother-to-child transmission of Hepatitis B Virus (HBV) infection in Ethiopia, 2024.

Author: Birhanu Dina¹

¹ Yekatit 12 Hospital Medical College

Background: Since 2009, WHO has recommended hepatitis B birth dose vaccination (HepB-BD), preferably within 24 hours of birth (timely HepB-BD, TBD) to prevent mother-to-child transmission (MTCT) of HBV (WHO, 2020). However, there is lack of convincing data for this implementation and only 13 countries in Africa have included universal HepB-BD vaccination in their national strategy. Studies from Africa reported that vertical transmission of HBV to be either less common or not different among children who took HBV vaccine at birth or later in their national Program of Immunization of HBV vaccination. However, all these studies were based on small size and with limited laboratory investigations. The study aimed to address the gap in data on the effectiveness of timely Hepatitis B vaccination in preventing MTCT of HBV.

Methods: A retrospective study was undertaken involving 387 Hepatitis B surface Antigen (HBsAg) positive mothers and their children at 6-12 months Postpartum from May 2022 to June 2024 in Ethiopia. The HBV vaccine was included in the national immunization program in 2007 given as a pentavalent vaccine at 6, 10 and 14 weeks of age. Although monovalent HBV vaccine has been available at local pharmacies, it is expensive and not routinely given to children born of HBsAg positive mothers. Recently the Ethiopian Ministry of Health launched pilot program in 2021 in selected sites in the country which was offering HepB-BD to all newborns.

We compared differences in transmission between children born to HBsAg positive mothers who receive TBD in three pilot-program sites of the Ethiopian Ministry of Health with other three control sites in nearby health facilities who follow the currently practiced vaccination schedule that starts at 6-weeks of age.

All mothers who tested positive for HBsAg during antenatal period were contacted by a member of the research team with their infants for a follow-up visit when their infant was in the age of 6-12 months. Children born to HBsAg positive mothers were tested for evidence of HBV infection. Furthermore, Maternal HBV-DNA and HBeAg status was determined. Participants who test positive for HBsAg (mother or child) were offered referral for further evaluation for liver disease as part of an ongoing scale-up treatment program.

Results: A total of 217 children took timely hepatitis B birth-dose (Hep-BD) vaccine with Hep-B immunoglobulin (HBIG), 39 children had HepB-BD alone while 131 children had no birth-dose vaccine or immunoglobulin. MTCT of HBV was observed in 20/131 (15.3%) of children who did not take timely birth-dose HBV vaccine and Immunoglobulin, whereas none of children who had HepB-BD with HBIG (0/217) or Hep-BD alone (0/39) had MTCT of HBV. Maternal viral load >200,000 and HBeAg positivity were associated with very high risk for MTCT of HBV. However, 6/20 (30.0%) of children with infection were born from mothers who were HBeAg negative and with HBV DNA < 200,000 IU/ml while 5/20 (25%) were from mothers with HBeAg negative but with HBV DNA > 200,000 IU/ml.

Conclusion: Timely Hep-BD vaccination with or without HBIG is effective in preventing MTCT of HBV in Ethiopia.

Poster SRHR / EP95

Enhancing Family Planning Uptake through an Integrated Maternal and Newborn Care One-Stop Center: Experience from a Tertiary Hospital in Northern Uganda

Authors: GRACE LANYERO¹; JIMMY OPEE²

¹ GULU REGIONAL REFERRAL HOSPITAL

² GULU UNIVERSITY

Background: Family planning (FP) contributes to reductions in infant, child, and maternal morbidity and mortality, while also enhancing the socio-economic status of women and their families. Despite existing interventions, Uganda continues to experience high rates of unintended pregnancies, highlighting persistent gaps in the delivery and uptake of FP services. This study seeks to address these gaps by strengthening integration of FP within maternal and newborn care (MNC) services at a tertiary hospital, with the goal of enhancing uptake and improving overall reproductive health outcomes.

Objective: To improve the uptake of FP services through the integration of FP into maternal and newborn care at a tertiary hospital in Northern Uganda.

Methods: A quality improvement (QI) study was conducted among women who attended FP care at the (MNC) one-stop center of a tertiary hospital in Northern Uganda between September 2024 to March 2025. An integrated service delivery model was introduced, incorporating FP counseling and method provision into routine MNC services. A QI approach using the Plan-Do-Study-Act (PDSA) model was employed to identify gaps, implement interventions, and monitor changes in FP uptake over time. Routine data were then collected monthly during the intervention period. Quantitative data were analyzed using descriptive statistics to assess changes in uptake of FP methods before and after the intervention.

Results: The median number of FP uptake following integration into the one-stop MNC center was 156, with an interquartile range (IQR) of 130–210. A consistent upward trend in FP uptake was observed throughout the implementation period, with the exception of a decline noted in December, likely attributable to seasonal service disruptions.

Conclusion: Integration of FP services into the one-stop MNC center significantly enhanced uptake. These findings support the incorporation of FP services into routine MNC as an effective strategy to improve accessibility, utilization, and continuity of reproductive health services.

Poster SRHR / EP99

Investing in Surgical Care: A Way to Avert a Major Backslide in Maternal and Neonatal Health

Author: ERIC SSENUNU¹

Co-author: Alex Muhawenimana²

¹ GULU UNIVERSITY

² University of Global Health Equity

The 2025 World Health Day report by the World Health Organization (WHO) highlighted progress and persistent maternal and neonatal health disparities. While global maternal and neonatal mortality rates have declined significantly over the last two decades, these gains remain inequitably distributed, with Sub-Saharan Africa still bearing a disproportionate burden of as high as 70% and 40% of global maternal and neonatal deaths, respectively. Moreover, there is a risk of major backsliding, especially due to cuts in humanitarian funding.

Many maternal and neonatal deaths are due to preventable causes, such as abortion and related complications, postpartum hemorrhage, premature and birth complications, the majority of which are amenable to surgical care, including but not limited to manual vacuum aspiration and cesarean sections. For example, studies have shown that cesarean section has the potential to prevent nearly 100,000 maternal deaths and reduce neonatal deaths by 30-70%. Unfortunately, many women lack access to timely, safe, and quality surgical care. Moreover, it is estimated that those in low-middle-income countries who access it are 50-100x more likely due to complications of CS, including PPH and sepsis, than women in high-income countries. Accessing surgical services such as CS in these settings doesn't guarantee better maternal or neonatal outcomes. Surgical care systems in these areas are ill-equipped to save the lives of mothers and their unborn or newborn babies, with not only delays in deciding to seek care and reaching care but also delays in receiving care.

Therefore, strengthening surgical care systems is essential to promote health for "every woman, every newborn, everywhere". Governments should prioritize investing in building surgical systems that are responsive, resilient, and robust to effectively meet current needs and withstand future maternal and neonatal health challenges. Strategies should be put in place to increase the number of women with access to quality surgical care, increase the number of surgical workforces, reduce the need for surgical intervention, especially when not medically indicated, improve the quality of surgical care, reduce the

financial burden associated with seeking surgical care for women and their babies. Surgical care should be treated as a high-value, essential component of maternal and neonatal health, crucial for achieving universal health coverage; failure of which would risk undermining the hard-won progress made over the past two decades.

Poster SRHR / EP106

Knowledge, attitude and practice of adolescents on sexuality in public secondary schools in the city of Yaoundé

Author: Florent Fouelifack Ymele¹

¹ Higher Institute of Medical Technology / Yaounde Central Hospital

Background: Sexuality refers to the set of biological, physiological, morphological and psychological conditions that characterize the male and female sexes. According to the World Health Organization, adolescence is a period between 10-19 years old. It is characterized by major transformations of the organism associated with the development of primary and secondary sexual characteristics, morphological and psychological changes. Given the increasing rate of STIs in young people aged 15-24 years old and the increase in early pregnancy rate and its complications in adolescents.

Methods: We carried out a descriptive cross-sectional study over 5 months (from February to June 2020) assessing knowledge, attitudes and practices of adolescents with regards to sexuality in 7 public secondary schools randomly selected in the city of Yaoundé using a pretested questionnaire.

Results: A total of 1399 adolescents were recruited. The mean age was 16 ± 2 years. The most represented age group was 14-16 years old, females made up 63.5% of the population, 99.57% were unmarried. Regarding knowledge, the commonest known STI was HIV / AIDS (92.78%) while the other STIs were little known. Only 16.08% of adolescents talked about sexuality with their parents and 27.88% did not know the exact use of the condom. Regarding attitudes, 56.83% of the adolescents did not accept the systematic use of condoms during sexual intercourse. The mean age at first inter- course was 15.2 ± 2 years old with an intercourse frequency of 34% and 59.98% of the adolescents had at least 2 sexual partners while 34.04% did not use condoms the last time they had sex. Anal sex was practiced by 8.5%, oral sex by 16.18% and sexual masturbation by 7.65% of the population.

Conclusion: At the end of our study, it was observed that most adolescents had insufficient knowledge on sexuality, only half had good attitudes, and many had harmful practices which led to physical and psychosocial complications. Campaigns for behavioral changes, intersectoral and interdisciplinary education on sexuality are essential for improving knowledge, attitudes and practices of adolescents.

Keywords: Sexuality, Knowledge, Attitude, Practice, Adolescents

Poster SRHR / EP113

Risk Identification, Retention and Response (IRR), Quality Improvement implementation at Lira Regional Referral Hospital.

Author: Betty Apio¹

¹ Lira Regional Referral Hospital

Introduction; Women are still dying because of failure to identify risk, retain risk and response to risk (IRR). Many pregnant women and babies have interfaced with the health system but their risk factors are not identified or are identified but not followed up only to present as emergencies at a later date ending up with bad outcomes. High impact interventions are required to reduce maternal and perinatal morbidity and mortality.

Objective; To reduce maternal and perinatal morbidity and mortality through improved risk identification, retention and risk response in Lira Regional Referral Hospital from May 2023 to December 2024.

Methodology; A root cause analysis identified the following: Knowledge gap, no screening tools, few screening equipment, no designated space for proteinuria and HB testing, Gap in documentation. Inappropriate management of risk mothers, no communication pathways, no established high-risk clinic and high-risk ward. Doctors were not consistently reviewing mothers. Changes tested; orientation of staff on IRR, Availled screening tool, Weekly review of the register to track complete documentation and share achievements and gaps with staff during WIT, availled screening equipment e.g. BP machines, established a one stop centre for proteinuria and HB testing in ANC clinic, Establishment of the high-risk clinic (every Tuesday) and high-risk ward, assigned a doctor and a midwife to run the clinic and manage prenatal ward. Supplied longitudinal registers for tracking appointments -use of cohort system. posting information of referral on WhatsApp platform, Availability of emergency preparedness kit e.g. PPH, PET, Neonatal resuscitation corner with its equipment and active MPDSR committee.

Results; ANC that had complete risk assessment were ;0% in May 2023 to 79% in April 2024, then 97% Dec 2024. High-risk clinic Enrolment 0%, May 2023 to 75% April 2024, 99% Dec 2024. Assessment in maternity and postpartum, 50%, May 2023 to 96% April 2024, 100% Dec 2024. Maternal death reduced from 16 in 2022, 18 in 2023 to 11 in 2024. Maternal death reduced from 16 in 2022, 18 in 2023 to 11 in 2024.

Conclusion: IRR saves lives of mothers and babies. All required resources should be in place to reduce maternal and perinatal morbidity and mortality. Strengthen screening in lower health facilities.

Poster SRHR / EP119

Utilization of selected sexual and reproductive health services among the undergraduate students at the University of Zambia, Lusaka, Zambia

Author: Manasseh Mvula¹

Co-authors: Bellington Vwalika²; Jane Nkatya³; Lukonde Zimba³; Maureen Masumo¹; Mercy Muyemba¹; Samantha Munang'andu¹; Tulani Francis Lufungulo Matenga³

¹ University of Zambia School of Nursing

² University of Zambia School of Medicine

³ University of Zambia School of Public Health

Background: The utilization of Sexual and Reproductive Health (SRH) services among African university students is low, between 27% and 49%. Factors affecting this include awareness of services, accessibility barriers, and socio-demographic influences. Studies indicate that hesitance to fully utilize SRH services has resulted in unintended pregnancies, sexually transmitted infections, and unsafe abortions, contributing to the loss of approximately 1.7 million young lives globally each year. At the University of Zambia (UNZA), the country's largest public university, the majority of undergraduate students are aged 18 to 25 years. This study was set out to estimate the SRH service utilization and associated factors among undergraduate students at the University of Zambia.

Methods: This study used a cross-sectional design. A total sampling method was used to select schools, while a systematic sampling method was utilized to select participants aged between 18 and 25 years from a provided comprehensive list of all registered undergraduate students, regardless of program and year of study. Data were collected using a validated interviewer-administered questionnaire from 1st September to 31st December 2024. The outcome variable was utilization, which was measured by asking and answering "yes" to the question, "Have you used SRH services before? A multiple regression model was used to assess factors associated with the utilization of SRH.

Results: A total of 414 respondents with a median age of 21 years (IQR: 20 -23) participated in this study. Findings revealed that the utilization of SRH services was 54%. Specific SRH services accessed included condoms (44.9%), SRH health education materials (38.9%), Voluntary Counselling and Testing (36%), pregnancy tests and care (14.5%), and comprehensive abortion care (1.4%). Higher odds of utilizing SRH services were associated with living 2-5 km from a facility (aOR = 5.59, 95% CI: 1.13 - 28.9), and ever having sexual intercourse (aOR = 11.9, 95% CI: 6.81 - 21.5).

Conclusion: The findings from this study highlight a moderate level of utilization of SRH services among students, with a notable reliance on specific services such as condoms and educational materials. The data indicate that prior sexual experience significantly affects the likelihood of utilizing these services. Furthermore, the findings also suggest there is an optimal distance for accessing SRH services—close enough for convenience but far enough to maintain anonymity. Overall, both behavioral factors, like sexual activity, and structural factors, such as facility proximity, are crucial in influencing SRH service utilization among this demographic. Addressing these factors could lead to better health outcomes and increased utilization of SRH services among the undergraduate students at the University of Zambia.

Keywords: Utilization, Sexual and Reproductive Health Services, University of Zambia, undergraduate students

Poster SRHR / EP122

Barriers and Facilitators of Access to Mental Health Services in Gulu

Author: Emmanuel Mpamizo¹ ¹ Gulu University

Corresponding Author: wizomymizo@gmail.com

Background: Literature on the barriers and facilitators of mental health services for children and adolescents in sub-Saharan countries like Uganda is not readily available. This likely highlight the need to a study like ours. Our aim was to explore health worker's perspectives on the barriers and facilitators of the provision of mental health services to children and adolescents with HIV/AIDS in Gulu, Uganda.

Methods: Qualitative research study type where focus group discussions and key informant interview were conducted among health workers of different cadre who are involved in the provision of HIV/AIDS medical services to children and adolescents in Gulu.

Results: Barriers to the provision of mental health services were lack of knowledge, heavy workload, children not brought to the clinic, focus on HIV medication and viral load, unclear procedures and lack of work tools. Facilitators included mental health training, peer workers/lay workers, the use of youth corners and separating clinic days from those of adults, external support from donors and funders, the role of NGOs and the church.

Conclusion: A poor understanding of mental illness, its causes and treatment among both patients and health workers is a barrier and may prevent children and adolescents with HIV/AIDS from accessing or fully utilising mental health services at health centres in Gulu district, Uganda.

Recommendation: Embracing the role of lay and peer health workers, providing mental health training and clarify procedures of screening for and treating mental illness may improve the provision of mental health services for children and adolescents with HIV/AIDS.

Poster SRHR / EP125

Facility readiness and knowledge of health care workers to manage postpartum hemorrhage in public health facilities within Kampala metropolitan areas, Uganda

Author: Abdullahi Teituk¹

Co-authors: Othman Kakaire²; Sam Ononge³; Annette Keesiga⁴

¹ Mubende Regional Referral Hospital

² Associate Professor, Department of Obstetrics and Gynecology, School of Medicine, College of Health Sciences, Makerere University, Kampala, Uganda.

³ Senior Consultant, Department of Obstetrics and Gynecology, Jinja Regional Referral Hospital, Jinja, Uganda.

⁴ Consultant, Department of Obstetrics and Gynecology, Kawempe National Referral Hospital, Kampala, Uganda.

Background: Postpartum hemorrhage (PPH) accounts for about one-third of all institutional maternal deaths in Uganda. Evidence has shown improved maternal outcomes with better readiness and preparedness for PPH management. We determined the level of readiness of health facilities and knowledge of health care workers (HCWs) to manage PPH among public facilities in Kampala metropolitan areas, Uganda.

Methods: We conducted a cross-sectional study among comprehensive emergency obstetric and newborn care (CEmONC) public health facilities within the Kampala metropolitan areas (Kampala, Wakiso, Mukono, and Mpigi districts). Data was collected using a structured questionnaire and a facility observational checklist to assess the availability of indicators of readiness for PPH management. Adequate knowledge was defined as a score of $\geq 75\%$, and a facility was considered ready to manage PPH if it had a composite score of $\geq 90\%$.

Results: We included 191 HCWs from 14 CEmONC centres and Diploma Midwives constituted most study participants 42% (n=81). Less than a third of health workers had received any recent in-service PPH training. Overall, 50 (26.3%, 95% CI: 20.2–33.2) HCWs had adequate knowledge of PPH management. The mean knowledge score was 65.4%, significantly different among cadres of service providers ($p < 0.001$) and those with recent training ($p < 0.001$). Overall, 2 health facilities (14.3%) were ready to manage PPH.

Conclusions: The study showed that most public health facilities surveyed lacked the desired capacity to manage a PPH case with 14.3% (n=2) found ready, coupled with low PPH knowledge among health workers. In-service training was found to improve the level of knowledge among health workers. We recommend that stakeholders address the gaps in human resources, medicines and supplies, equipment, and provider competence in PPH management to promote a reduction in maternal mortality and morbidity from PPH.

Keywords: Facility readiness, knowledge of health workers, Postpartum hemorrhage, Kampala metropolitan areas.

Poster SRHR / EP126

Acceptability of the Moyo device for intrapartum fetal heart rate monitoring at a referral hospital in Uganda: a qualitative study

Authors: Agnes Napyo¹; Albert Ssesanga²; Andrew Weeks³; Brenda Nambozo⁴; David Mukunya⁴; Eunice Akello⁴; Faith Oguttu⁴; John Obbo⁵; Julius Wandabwa⁶; Kenneth Mugabe⁶; Milton Musaba⁶; Ritah Nantale⁷; Usaama Sse-wankambo²

¹ Kabale University School of Medicine, Department of Nursing, Kabale, Uganda

² Accelerating Innovations in Maternal, Adolescent, Reproductive and Child Health (AiMARCH), Mbale, Uganda

³ Department of Women's and Children's Health, University of Liverpool, Liverpool Women's Hospital, Crown Street, Liverpool L8 7SS, UK

⁴ Busitema University Faculty of Health Sciences, Department of Community and Public Health, Mbale, Uganda

⁵ Department of Internal Medicine, Mbale Regional Referral Hospital, Mbale, Uganda

⁶ Busitema University Faculty of Health Sciences, Department of Obstetrics and Gynaecology, Mbale, Uganda

⁷ Busitema University

Background: The Moyo device is an easy-to-use device that allows continuous electronic fetal heart rate monitoring (FHRM). We explored the acceptability of using the Moyo device for continuous intrapartum FHRM in Eastern Uganda.

Methods: Between November 2023 and August 2024, we introduced the Moyo device for continuous intrapartum FHRM among mothers with high-risk pregnancies at Mbale Regional Referral Hospital in Eastern Uganda. We then conducted 34 in-depth interviews with 14 health workers who had used the Moyo device for continuous FHRM and with 20 mothers on whom the Moyo device was used. Participants were purposively selected and interviewed using a semi-structured interview guide. The interviews were audio recorded and transcribed verbatim. We analyzed data using thematic content analysis in Atlas ti.9 software and presented our findings using Sekhon's acceptability model.

Results: Participants perceived the Moyo device as a useful and an easy-to-use tool for intrapartum FHRM. Mothers felt involved in monitoring their babies' condition, with the freedom to ambulate during labour. Moyo facilitated early detection of fetal distress, and triage of patients awaiting caesarean section in a very busy setting. The facilitators to its use were: adequate staff training, health education and counselling of mothers about the device, and tool attributes such as accuracy, reliability and being user friendly. The barriers included poor health worker attitudes, risk of cross-infection, short battery life and the device alarms that were perceived as disturbances.

Conclusion: The Moyo device was acceptable to both health workers and mothers, with improvements seen both clinically and in birth experience. When introducing the device, careful attention needs to be paid to the training of both staff and the laboring women. Potential success of large scale roll out is supported by participants positive attitudes toward the Moyo and high perceived effectiveness.

Poster SRHR / EP127

Feasibility and acceptability of using the BabySaver resuscitation platform and NeoBeat together for neonatal resuscitation in a low-resource setting: A pre-post implementation study

Authors: Agnes Napyo¹; Andrew Weeks²; Benjamin Kamala³; Brenda Nambozo⁴; David Mukunya⁴; Faith Oguttu⁴; John Obbo⁵; Julius Wandabwa⁶; Kathy Burgoin⁷; Kenneth Mugabe⁶; Milton Musaba⁶; Nicolas Pejovic⁸; Ritah Nantale⁹; Thorkild Tylleskar¹⁰

¹ Kabale University School of Medicine, Department of Nursing, Kabale, Uganda

² Department of Women's and Children's Health, University of Liverpool, Liverpool Women's Hospital, Crown Street, Liverpool L8 7SS, UK

³ Department of Obstetrics and Gynecology, Muhimbili National Hospital, Dar es Salaam, Tanzania

⁴ Busitema University Faculty of Health Sciences, Department of Community and Public Health, Mbale, Uganda

⁵ Department of Internal Medicine, Mbale Regional Referral Hospital, Mbale, Uganda

⁶ Busitema University Faculty of Health Sciences, Department of Obstetrics and Gynaecology, Mbale, Uganda

⁷ Department of Pediatrics, Mbale Regional Referral Hospital, Mbale, Uganda

⁸ Centre for International Health, University of Bergen Faculty of Medicine and Dentistry, Bergen, Norway

⁹ Busitema University

¹⁰ 5. Centre for International Health, University of Bergen Faculty of Medicine and Dentistry, Bergen, Norway

Background: BabySaver and NeoBeat devices have the potential to enable bedside neonatal resuscitation, with an intact cord in the presence of the mother. We assessed the feasibility and acceptability of using them together for neonatal resuscitation in a low-resource setting.

Methods: This was a mixed methods study conducted over a period of 11 months at Mbale Hospital in Uganda. We enrolled 150 mother-infant dyads into a pre-post study. During the pre-implementation phase, neonatal resuscitation was conducted based on the existing standard of care whilst in the post-implementation phase we evaluated the BabySaver and NeoBeat. Our primary outcome was the proportion of babies resuscitated at the bedside with an intact cord. Using in-depth interviews and an inductive thematic analysis approach, we also explored experiences of health workers and mothers with use of the BabySaver and NeoBeat.

Results: Bedside resuscitation increased significantly in the post-implementation period (9.3% versus 45.3%, $p < 0.001$ while early cord clamping decreased (26.7% versus 12.0%, $p = 0.042$). The median time to successful resuscitation was shorter post-implementation (8 versus 5 minutes, $p < 0.001$). Infants in the post-implementation phase had higher axillary temperatures at birth and at 0, 10, 20, and 30 minutes post-resuscitation. Neonatal morbidity was lower: APGAR score < 7 at 5 minutes (aPR: 0.36; 95%CI: 0.26-0.50), transfer to postnatal ward with mother (aPR: 9.27; 95%CI: 2.23-38.48), transfer to neonatal unit (aPR: 0.66; 95%CI: 0.56-0.78). Health workers found the devices easy to use, and bedside resuscitation reassured mothers, fostering trust and satisfaction. Barriers included misconceptions about delayed cord clamping, hypothermia concerns, cross-infection risks, and difficult use in theatre.

Conclusion: The BabySaver and NeoBeat improved bedside neonatal resuscitation and reduced morbidity. Bedside resuscitation was also acceptable to the health workers and mothers. Scaling up should address misconceptions about delayed cord clamping and optimize usability in theatre settings where many asphyxiated infants are delivered.

Poster SRHR / EP128

Evaluating a digital health platform's role in enhancing youth sexual and reproductive health access in Ethiopia.

Authors: Blen Getahun¹; Ousman Hussein¹

Co-author: Betaniya Fitsum¹ ¹ *Letena Ethiopia*

Background

Ethiopia's youth, comprising 34.7% of its 135 million population, face significant barriers to sexual and reproductive health (SRH) services, with utilization rates ranging from only 16.9–26.7%. These challenges are mainly due to stigma, cultural taboos, and limited youth-friendly care, contributing to high rates of teenage pregnancy and sexually transmitted infections. Digital health interventions, which leverage the widespread use of mobile phones and social media, offer a promising avenue for delivering accurate, confidential, and youth-centered SRH information and services at scale. This study evaluates the performance, reach and relevance of a digital SRH platform in Ethiopia during March 2025. The platform provides free, anonymous SRH guidance through social media and messaging apps, combining educational content with consultations to address stigma, misinformation, and access barriers. Findings aim to inform SRH policy, strengthen pre-service training, and support the delivery of adolescent-responsive clinical care in Sub-Saharan Africa.

Methods

A retrospective mixed-methods design assesses the platform's effectiveness. Quantitative data from analytics across TikTok, Instagram and Facebook were used to measure user reach and engagement (e.g., page visits, likes). Qualitative thematic analysis of user consultations identified prevalent SRH issues, misconceptions, emotional tones, and stigmas coded inductively with inter-rater reliability ensured ($\kappa > 0.8$). Emerging themes were categorized. A purposive subsample of users with misconceptions underwent phone-based interviews to explore underlying drivers using a semi-structured questionnaire. Quantitative data were analyzed using descriptive statistics, including frequency distributions and proportions. Ethical approval was obtained from a local Institutional Review Board.

Results

In March 2025, the platform garnered over 946,000 views, 29,707 user interactions, and 2,383 net followers. The majority of the engagement came from TikTok, accounting for 83.8% of views, 68.2% of user interactions, and 91.4% of net followers. Among the 217 consultations held, users commonly asked about pregnancy, contraception, and STIs, often expressing worry, curiosity, or desperation. Nearly 40% revealed misconceptions and 11% reflected stigma. Follow-up surveys ($N = 40$) showed limited prior SRH education, high trust in the platform, and strong preference for its anonymity. Almost all users (98%) reported high satisfaction and taking informed action post-consultation. Findings confirm the platform's effectiveness in providing accessible, confidential SRH support and addressing key barriers for Ethiopian youth.

Conclusion

The study provides evidence on the effectiveness of the platform's confidential digital solutions in addressing youth SRH barriers and enhancing access. These findings can be used to help support national SRH policies, pre-service curricula, and scalable innovations across Sub-Saharan Africa.

Poster SRHR / EP129

Young male adults' awareness of and intention to utilize SRH services in selected universities.

Author: Chileshe Mwaba Siwale¹

Co-authors: David Lubansa ²; Marueen Masumo ³; Tulani Francis Matenga ²

¹ UNIVERSITY OF ZAMBIA

² University of Zambia

³ 4. Department of Midwifery and newborn, School of Nursing Sciences, University of Zambia, Ridgeway Campus, P.O. Box 50110, Lusaka, Zambia.

Background

Sexual and reproductive health is a critical aspect for young male adults' well being but often not prioritized. Young male adults have considerable sexual and reproductive health needs yet many are not aware of the SRH services available hence increased risk of having un protected sexual inter- course leading to increased unwanted pregnancies, sexually transmitted infections. High prevalence of sexually transmitted infections, HIV/AIDS, and unmet needs of contraceptives are common problems among young male adults, the study aimed to assess awareness and intentions of male young adults' utilization of SRH services.

Methods

A cross-sectional study design was employed where data was collected using an online questionnaire, two Universities one public and one private randomly selected, and a multistage random sampling was used to select the respondents. The dependable variable was utilisation of SRH services while the independent variables were awareness of and intention to utilise sexual reproductive health services. variables, awareness, intention, and utilization were measured as latent variables based on several related questions and then dichotomized based on the scores obtained. utilization and categorical characteristics were performed using the chi-square test and Fisher's exact test, whereas the independent samples t-test and Wilcoxon rank sum test were employed for comparisons involving numeric variables. Ethical approval was sought from UNZABREC.

Results

The sample selected was 820, 783 (95.5%) young male adults responded to the online questionnaire; with a median age of 22years (IQR 20-23. Almost all (97.7%) were single. Only 16.6% respondents demonstrated awareness of sexual and reproductive health services particularly in areas regarding contraception, sexual reproductive health and sexually transmitted infections and HIV/AIDS. More than half 64% of the respondent reported having had sexual intercourse, with median age at first intercourse being 19 years. of those that had engaged in sexual intercourse 48% had used contraceptive. With regard to intention of utilising SRH services, 76.5% reported having intentions to utilise SRH services. The study revealed that only 52.4% had utilised the SRH services. Of those that that utilised 84.9% sought services from a government facility; and services sought 24.7% contraceptives, 11.8% HIV/AIDS counselling 31.1% HIV/AIDS testing and 4.4 STIs treatment. Statistical test showed significance in utilisation of SRH services being higher among those who had ever engaged in sexual intercourse and those who had higher awareness.

Conclusion

The results About half of the responded reported having had utilised the SRH services and most of them had low awareness on the services and that more than half are sexually active. Considering that the awareness was low among the majority, sensitization on SRH services to male young adults should be prioritised.

Poster SRHR / EP130

Multi-component SRHR programming and Its influence on Knowledge, Attitudes, and Contraceptive Practices among out-of-school adolescents: Implementation evidence from the ANSWER Programme in Northern Uganda.

Author: Cinderella Anena¹

Co-authors: Christine Kajungu ¹; Paul Bukuluki ²; Symon Wandiembe ²

¹ United Nations Population Fund

² Makerere University Kampala

Background: Sexual and reproductive health (SRH) among adolescents and young people in Sub-Saharan Africa is characterized by multifaceted inequities, including poor service coverage, fragmented health systems, and restrictive socio-cultural norms. High burdens of unintended pregnancy, unsafe abortion, and sexually transmitted

infections persist in this demographic, yet SRH interventions often remain inadequately tailored to their unique developmental, psychosocial, and structural needs. Community health worker (CHW) integration, specifically through Village Health Teams (VHTs) has gained recognition as a decentralized strategy for enhancing SRH equity in resource-constrained settings. The ANSWER Programme, financed by the Dutch government and implemented in collaboration with UNFPA, aimed to strengthen youth-responsive SRH systems through VHT capacity-building, targeted outreach, and improved service linkages. The endline evaluation assessed the programme's effectiveness in catalyzing SRH service uptake and enhancing the quality of care.

Methods: A mixed-methods endline evaluation was conducted, triangulating data from quantitative baseline and endline surveys, facility assessments, and service utilization metrics with qualitative insights from interviews and focus group discussions involving VHTs, district health officials, health facility in-charges, and adolescent service users. Primary indicators included: (1) health worker competence in adolescent-friendly service provision (measured via standardized knowledge and performance assessments); (2) facility service readiness (availability of commodities, infrastructure, and trained staff); and (3) youth satisfaction (evaluated using a validated client perception instrument). Complementary qualitative data were collected via semi-structured interviews and focus group discussions with VHTs, adolescent service users, district health authorities, and facility in-charges, enabling contextual interpretation of implementation dynamics and perceived outcomes. A total of 722 VHTs were trained in pregnancy mapping, contraceptive service provision, and referral protocols.

Results: The programme exceeded service coverage targets, reaching 121,622 individuals in 2021 (217%) and 263,212 in 2022 (470%), including 86,238 and 192,053 adolescents and young people, respectively. The voucher-based referral mechanism issued 162,092 vouchers, with a 50% redemption rate for maternal and family planning services. VHT-led pregnancy mapping was associated with a significant increase in first-trimester antenatal care (ANC) attendance (from 16% to 30%), suggesting improved early health-seeking behaviour. Facility-level assessments revealed substantial improvements in adolescent SRH readiness: 78.4% of facilities met adolescent-friendly standards at endline (up from 32.6%). Health worker competence in youth-centred counselling and information provision rose from 18.9% to 76.2%. Notably, young people reported satisfaction with provider respect and professionalism increased from 63.5% to 87.2%, reflecting improvements in interpersonal dimensions of care. Qualitative data, triangulated from in-depth interviews and FGDs, corroborated quantitative findings. Adolescents reported increased SRH literacy and greater autonomy in health-seeking behaviour.

Conclusion: The evaluation provides compelling evidence that strategic engagement of CHWs through structured training and community-based outreach can significantly advance adolescent and youth SRH outcomes in fragile health systems. The ANSWER Programme catalyzed improvements across critical dimensions of access, quality, and user experience. Nonetheless, concerns regarding programme sustainability persist, particularly related to VHT workload saturation, entrenched gender and cultural norms, and limited absorptive capacity of the formal health system. Findings inform scalable policy reforms to institutionalize youth-responsive primary care, highlighting the role of pre-service training, research, and clinical care in advancing SRHR in low-resource settings.

Poster SRHR / EP131

Positioning medical students as reproductive justice advocates: A reproductive justice training for clinical year medical students at Kabale University.

Authors: Angella Namujuzi¹; Davis Nahumuza¹; Peter Isagara¹

¹ Kabale University

Background: Reproductive justice addresses the right to bodily autonomy. It extends beyond access to healthcare to encompass the broader social, economic, and political conditions that enable individuals to make autonomous decisions about their reproductive lives. Uganda faces significant Reproductive Health challenges that are compounded by socio-structural barriers. Whereas medical students are equipped with the clinical skills to address these health challenges, their

training and capability to address the social determinants of reproductive health are limited as the medical curriculum fails to integrate reproductive justice principles in medical training. This training gap is also associated with negative views on abortion, gender roles, violence against women, and sexuality.

Methods: We conducted a one day training involving 25 clinical year medical students on the reproductive justice framework. A pre-training and post-training assessment was administered to assess the knowledge, attitude and practices of the students towards Reproductive justice.

Results: 81.8% of participants reported webinars and conferences as their primary source of information on RJ. 44% of the participants reported minimal confidence in their understanding of reproductive justice. This reduced to 18.2% post-training. There was a 12% improvement in the students' understanding of reproductive health concepts.

Conclusions: There is limited understanding of reproductive justice concepts among undergraduate medical students at Kabale University. The limited of training and exposure is the main driving force behind this. Medical students possess the potential to understand and apply reproductive justice principles to address local socio-cultural barriers of reproductive health. There is need to design and implement a structured curriculum on reproductive justice for medical students and all other future reproductive health providers.

Poster SRHR / EP135

Integrated inter-professional hands-on pre-service training in Family Planning (LARC) and Comprehensive Abortion Care (CAC); Lessons from Zambia

Author: Alice Ngoma Hazemba¹

Co-authors: Bellington Vwalika²; Maureen Masumo³; Selestine Nzala²; Swebby Macha²

¹ University of Zambia, School of Public Health

² University of Zambia, School of Medicine

³ University of Zambia, School of Nursing Sciences

Zambia has ratified many conventions with regard to sexual reproductive health amongst them is provision of comprehensive abortion care services. The Zambia 1972 Termination of Pregnancy Act is considered one of the most liberal in the world but this has not translated into service provision. Limited access, inadequate trained providers and lack of awareness on safe abortion services has resulted in unsafe abortions that has contributed to maternal morbidity and mortality in Zambia. Nine percent of the current MMR, which stands at 195 per 100,000 live births, are attributable to abortion (ZSA, 2024). Additionally, Zambia has a high-unmet need for contraception, which currently stands at 16% (ZSA, 2024) which leads to unwanted pregnancies that subsequently lead to unsafe abortions. Strategies to improve abortion care services and family planning through training of pre-service health providers such as nurses, midwives, public health scientist and Doctors would change this narrative. Since June 2023, the University of Zambia with collaboration with University of Michigan is implementing a project sponsored by Center for International Reproductive Health Training (CIRHT) that aimed at developing a curriculum for training pre-service learners in Comprehensive Abortion Care and Long Acting Reversible Contraception through an interdisciplinary approach involving the schools of Medicine, Public Health and Nursing. The aim is to provide an integrated inter-professional hands-on pre-service training in comprehensive SRHR, including LARC and CAC to strengthen skills and competencies of learners. The integrated framework to interdisciplinary teaching and learning includes; theoretical learning conducted in respective disciplines (medical, midwifery, nursing and public health) based on depth needed; Skills lab/simulation based learning covering what was taught in theory all the disciplines; and a supervised clinical practice, on carefully selected clients to meet each discipline's objectives and competences. Through this strategy of an interdisciplinary training, we will be able to produce a critical mass of graduates who will be able to offer quality Sexual Reproductive Health Rights services (SRHR). The outcome for this interdisciplinary approach will be availability and accessibility of quality abortion care and family planning services for the end users in Zambia.

Poster SRHR / EP136

Leveraging peer-led models and economic empowerment to advance SRHR equity among out-of-school adolescents in Uganda: Evidence from the ANSWER programme in West Nile and Acholi sub-regions

Author: Cinderella Anena¹

Co-authors: Christine Kajungu ¹; Paul Bukuluki ²; Symon Wandiembe ²

¹ *United Nations Population Fund*

² *Makerere University Kampala*

Background

Out-of-school adolescents and youth in sub-Saharan Africa represent a structurally excluded demographic with limited access to quality sexual and reproductive health and rights (SRHR) services. Entrenched socio-cultural norms, gender inequities, financial dependency, and weak community– facility linkages amplify their vulnerability to unintended pregnancies, unsafe abortion, and gender- based violence (GBV). The Dutch-funded and UNFPA-supported Advancing SRHR (ANSWER) programme was designed and implemented in Uganda’s West Nile and Acholi sub-regions to address these multidimensional inequities through a systems-oriented, community-anchored, and adolescent-responsive approach. An endline evaluation investigated the programme’s impact on SRHR knowledge, attitudes, and service uptake among out-of-school adolescents aged 15–24 years.

Methods

A mixed-methods quasi-experimental design was applied with pre- and post-intervention assessments across a longitudinal cohort (n > 3,000). Quantitative data captured changes in contraceptive knowledge, awareness of pregnancy risks, and knowledge of post-GBV support services. STATA 15.0 was used for inferential analyses. Qualitative data from 32 focus group discussions and 18 key informant interviews with adolescents, caregivers, and frontline implementers were analyzed thematically using NVivo 12, focusing on mechanisms of change, social norm shifts, and intervention acceptability. Process monitoring data captured fidelity, peer educator reach, session completion, and referrals. The programme integrated core principles of intersectionality, gender-transformative practice, and youth participation throughout design and implementation.

Results

Contraceptive knowledge significantly increased from 48.6% to 59.9% (p < 0.001), with knowledge of at least one method from each category (short-, medium-, long-acting) rising from 28.3% to 39.3%. Awareness of adolescent pregnancy risks and unsafe abortion increased from 47.2% to 56.2% (effect size = 14.7%, p < 0.001). Despite improved awareness, reported condom use among sexually active youth declined, suggesting deeper behavioural or relational barriers requiring targeted normative interventions. The programme established 288 VSLAs engaging 8,558 youth, of whom 65.3% completed over 80% of the SRHR curriculum. A total of 1,171 peer educators reached 7,705 peers with accurate SRHR information. Similarly, strengthened bi-directional referral systems enabled 8,072 adolescents to access contraception or GBV support services while participatory adolescent health forums engaged 15,063 youth (61.6% female), catalysing intergenerational dialogue and community buy-in. Qualitative insights highlighted increased agency among adolescent girls and reduced stigma related to contraception. Peer educators were described as trusted, relatable messengers, enhancing the acceptability of SRHR information compared to traditional service providers. Moreover, the local health systems reported improved coordination, with strengthened feedback loops between community actors and service delivery points.

Conclusion

The ANSWER programme validates a scalable, gender-transformative model that embeds peer-led SRHR education within economic empowerment platforms and reinforces community–facility link- ages. Its impact across knowledge, attitudes, service uptake, and social norms suggests that addressing structural and relational determinants in tandem can accelerate SRHR equity for out-of-school youth. The approach aligns with CIRHT-UM’s agenda for integrated, evidence-based SRHR programming and offers a replicable framework for advancing adolescent-responsive policies in low-resource set- tings. Future scale-up should institutionalise adolescent leadership, strengthen male engagement strategies, and deepen intersectional approaches to ensure no adolescent or youth is left behind. To sustain SRHR gains, scale-up must institutionalize and integrate rights-based, gender-transformative, and intersectional approaches across the programming continuum.

Poster SRHR / EP137

Awareness and Willingness to Use Pre-Exposure Prophylaxis Among Women Seeking Abortion Services in, Kafue, Zambia

Authors: Alice Hazemba¹; Patrick Kaonga¹; Zimba Lukonde¹ ¹ Unza

Background:

HIV Pre-exposure prophylaxis (PrEP) is a highly effective HIV prevention strategy, especially for individuals at heightened risk. In 2016, Zambia launched PrEP as a major HIV prevention strategy and set up a National PrEP Task Force to oversee the creation and promotion of policy. Despite enacting the policy, its uptake remains limited, particularly among women seeking abortion services. This study was aimed to assess awareness and willingness to use PrEP and identify associated factors the use of PrEP among women seeking abortion services in Kafue, Zambia.

Methods:

An institutional-based cross-sectional study was conducted from October to December 2024 among women seeking abortion care services recruited systematically randomly as they were accessing care at public hospital in Kafue, Zambia. Data was collected using an interviewer-administered structured, and pretested questionnaire. Awareness and willingness consisted of dichotomous responses (yes or no) whether women were aware or willing to use PrEP respectively. Multiple regression model was used to assess factors associated with awareness and willingness to use PrEP among women seeking abortion care services.

Results:

A total of 250 respondents participated in this study. Results showed that 76.0% (n = 190) of participants were aware of PrEP, and 71.2% (n = 178) expressed willingness to use it. However, actual utilization was low, with only 18.0% (n = 45) having ever used PrEP. Prior awareness was a strong predictor of willingness (OR = 5.232, 95% CI: 2.139–12.799). 72.7% of Married individuals, 74.6% of Protestants and 61.8% participants who were unsure of their partner's HIV status were less likely to be willing to use PrEP. (OR = 0.273, 95% CI: 0.099–0.752), (OR = 0.254, 95% CI: 0.066–0.982, p = 0.047) and (OR = 0.382, 95% CI: 0.146–0.997) respectively. However, a recent history of sexually transmitted infections increased willingness (OR = 3.444, 95% CI: 1.028–11.545). Concerning HIV risk behaviors, 94.4% (n = 236) reported unprotected sex in the past six months, and 39.2% (n = 98) had not undergone HIV testing in the last year. While overall perceived stigma toward PrEP use was low at 8.4% (n = 21), social stigma from friends and family (12.4%, n = 31) and provider-related discrimination (5.6%, n = 14) were still reported. However, perceived stigma was not significantly associated with willingness to use PrEP ($\chi^2 = 1.4643$, p = 0.481).

Conclusion:

In conclusion, the study demonstrates a high level of PrEP awareness and willingness, but low actual use, among a population exhibiting elevated HIV risk behaviors. Key predictors of willingness to use PrEP include prior awareness, marital status, religious denomination, STI history, and partner HIV status. Although stigma was not statistically significant, its presence underscores the need for stigma-sensitive approaches. Integrating PrEP education, STI screening, and couple-based HIV testing into abortion care services can enhance prevention efforts for this vulnerable group.

Keywords: Pre-Exposure Prophylaxis (PrEP), HIV Prevention, Awareness, Willingness, Risk Behaviors, Perceived Stigma, Abortion Services, Logistic Regression, Kafue General Hospital, Zambia.

Poster SRHR / EP140

Prevalence and associated factors of postpartum depression among women attending postnatal clinic at Gulu Regional Referral Hospital, Uganda

Authors: Betijuma Luwedde¹; Brenda Nakitto¹

Co-author: Nannungi Christine ²

¹ Faculty of medicine Gulu University

² Faculty of Medicine Gulu university

Background: Postpartum depression is a prevalent and severe mental health condition marked by episodes of major depression occurring during pregnancy and after childbirth. Postpartum depression a serious psychiatric disorder and one of the most common complications of childbirth that negatively impacts the mother

Objective: We aimed to assess the prevalence and associated factors of postpartum depression among women attending postnatal clinic at Gulu Regional Referral Hospital, Uganda.

Design: This was a facility-based cross-sectional study with a quantitative approach.

Methods: The study recruited 226 mothers attending the postnatal clinic at Gulu Regional Referral Hospital. Data were collected using interviewer guided questionnaires. Edinburgh Postnatal Depression Scale (EPDS) was used to assess postnatal depression. EPDS score ≥ 13 defined postpartum depression. Poisson regression was used to analyze associated factors.

Results: Of the 226 participants, 74% (n= 165) were aged 20-35 and their mean age and interquartile range was 28(23-33). Majority had 2-3 pregnancies 58.3% (n=130) of which 70.9% (n=158) were planned. The prevalence of postpartum

depression was 38.6%(n=86). The factors that were significantly associated with postpartum depression were other religious affiliations (aPR: 1.32, 95% CI: 1.08-1.64, P = 0.008), monthly income (aPR: 0.51, 95% CI: 0.29-0.88, p= 0.016), Number of pregnancies: 2-3 (aPR: 9.01, 95% CI: 2.19-3.70, P<0.001), >4 pregnancies (aPR: 9.62, 95% CI: 2.25-4.11, P<0.001), Number of living children: 2-5 (aPR: 1203862, 95% CI: 292351.5-4957335, P<0.001), >5 children (aPR: 1492914, 95% CI: 339771.3-6559681, P<0.001) and those who don't mind about the sex of the baby (aPR: 1.33, 95% CI: 1.04-1.71, P = 0.023).

Conclusion: Overall, the prevalence of postpartum depression was high at 38.6%. The factors that were significantly associated with postpartum depression were other religious affiliations, Monthly income, Number of pregnancies: 2-3, >4 pregnancies, Number of living children: 2-5, >5 children and those who don't mind about the sex of the baby. Therefore, there is need for early screening for depression during antenatal care as well as increasing utilization of family planning services to aid child spacing and control of the number of pregnancies.

Poster SRHR / EP141

Uptake and Factors Associated with Obstetric Ultrasound Scans before 24 weeks of gestation among Pregnant Women attending Antenatal Care in Gulu Regional Referral Hospital, Gulu City: A Cross Sectional Study

Authors: Denish Okot; Ian Lutara; Innocent Canogura; Jonan Nyesisga; *Gulu University*

Background: Obstetric ultrasound scans are essential for prenatal care, but the evidence of their uptake is still low in Low and Middle income countries (Kim et al., 2018). Ultrasound scans enable early detection of potential complications and improving maternal and fetal health outcomes (Lagrone et al., 2012). Obstetric ultrasonography is important in determining the presence and location of the pregnancy, estimating the age of pregnancy, placenta localization; amniotic fluid assessment, and assessing fetal anatomy among others. The WHO recommends that at least two obstetric ultrasound scans, one before 24 weeks of gestation. We wanted to determine the prevalence of uptake of obstetric ultrasound scans before 24 weeks of gestation and associated factors among pregnant women attending Antenatal Care (ANC) at Gulu Regional Referral Hospital.

Methods: A cross-sectional study was conducted among 428 pregnant women attending ANC at a tertiary hospital (Gulu Regional Referral Hospital) in Gulu City. A systematic sampling technique was used to select study participants. Data was collected using a structured questionnaire and analyzed using descriptive statistics and logistic regression. Logistic regression analysis was performed to determine the association between the explanatory and response variables. The strength of association of dependent and independent variables was presented as crude and adjusted odds ratio (AOR) at a 95% confidence interval. The level of significance was declared at a P-value of less than 0.5 in multivariable logistic regression. Narratives, figures, and tables were used to obtain the results.

Results: Out of the 428 respondents: 180 (42.06%) had not undergone any ultrasound scan, 248 (57.94%) had at least one ultrasound during the current pregnancy. This study found a 57.94% ultrasound uptake rate among pregnant women in Gulu District, higher than some rural areas in Uganda but still below WHO recommendations. Residence in Laroo sub-county was significantly associated with higher uptake of obstetric ultrasound scans. This suggests that geographic location plays a critical role, possibly due to better health service access, infrastructure, or active community engagement in maternal health within this subcounty. The result highlights the importance of addressing geographic disparities in availability and accessibility of ultrasound service among other health services and scaling up successful strategies used in Laroo to other sub-counties. Other sub-locations, such as Layibi, did not statistically significantly influence uptake, indicating potential disparities in healthcare delivery or awareness that require further exploration. Participants whose husbands had attained tertiary education were significantly more likely to utilize ultrasound services. Women who had a previous birth with a congenital abnormality were significantly less likely to utilize ultrasound services in subsequent pregnancies.

Conclusion: My findings can guide healthcare providers and policymakers in developing targeted interventions to enhance ultrasound scan utilization improving timely diagnosis of complications in great number of women improving maternal and fetal health outcomes in Gulu City and all of Uganda.

CALL TO ACTION

INVITATION TO COLLABORATE WITH CIRHT

- The Center for International Reproductive Health Training (CIRHT) is very pleased to collaborate with academic institutions which intend to strengthen or integrate training on contraception and comprehensive abortion care in their pre-service education.
- Please write a maximum of ten-fifteen pages concept note on the program you want to implement in your institution. The focus areas should be in improving the teaching, clinical service delivery and RH research (focusing on family planning, comprehensive abortion care, and SRHR). A full program document is expected once your proposal is accepted.
- You can access CIRHT past and current work here: <https://cirht.med.umich.edu/>

Proposals needs to include the following:

Your proposal document should comprehensively address the following elements:

1. **Project Title and Coordination Details:** Begin by providing a clear and concise title for your project proposal. Include the names of the in-country Principal Investigator and any co-Principal Investigators, specifically from the fields of OBGYN, Midwifery, or Nurse Practice, along with the name of their affiliated institution.
2. **Interest and Country Context:** Explain your interest in applying for this grant. Describe the current state of reproductive health training and services in your country, providing a detailed profile of the existing sexual and reproductive health services and policies. This section should be between 2 to 5 pages, offering a comprehensive overview of the national landscape.
3. **Program Rationale:** Clearly articulate the rationale behind your proposed program within one-two pages. Highlight the specific needs and challenges your program intends to address.
4. **Objectives and Activities:** Outline what you aim to achieve through your program. Detail your program's objectives and describe the planned interventions or activities, with an explanation spanning 3 to 5 pages. This section should effectively convey the scope and approach of your initiative.
5. **Measures of Success:** Describe how you will determine the success of your program within a one-two pages section. Discuss the criteria and indicators you will use to measure outcomes and impact.
6. **Institutional Support:** Include a letter of support from your institution, affirming its commitment to the upcoming partnership. This letter should demonstrate institutional backing for your proposal and the planned collaboration.
7. These components will ensure that your proposal is comprehensive, well-structured, and adequately demonstrates the potential impact and feasibility of your project.

The expression of interest proposal can be submitted either in English, French, or Portuguese language to tawmicha@med.umich.edu or/and cirht-info@umich.edu



Reproductive Health Professionals Change Lives

Together we commit training the next generation of doctors,
nurses and midwives to be confident, compassionate leaders in
their communities.



SEPTEMBER 17-19, 2025

Acholi Inn Hotel, Gulu

<https://cms.cirhtglobal.org/event/3/>