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

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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 Stata 18.0.

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.

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