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



Contribution ID: 12

Type: Poster Presentation Only

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.

Thursday, September 18, 2025 3:48 PM (3 minutes)

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 socioecological 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.

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Session Classification: Poster CAC

 ${\bf Track\ Classification:}\ \ {\bf Comprehensive\ Abortion\ Care}$