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

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Abstract

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.

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