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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.

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Background:

Adolescent girls and young women living with HIV (AGYWHLIV) 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 AGYWHLIV in semi-rural Uganda. This study aimed to determine the prevalence and factors associated with modern contraceptive use among AGYWHLIV 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 AGYWHLIV 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 AGYWHLIV aged 21.6 ± 2.5 years. The study found a moderately high prevalence (62.4%) of modern contraceptive use among the AGYWHLIV. 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, AGYWHLIV 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 AGYWHLIV 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 AGYWHLIV 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 AGY-WLHIV in similar settings.

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