

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



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DUAL CONTRACEPTIVE USE AND ASSOCIATED FACTORS AMONG FEMALE SEX WORKERS IN BUSIA MUNICIPALITY, BUSIA DISTRICT, UGANDA IN 2024

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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.

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